

Everybody In!

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ISSUE NO. 27 - FALL 2021

The Unseen Dental Crisis of American Seniors

By Benjamin Day

This fall Healthcare-NOW asked our members across the country, particularly seniors with Medicare coverage, to tell us their stories about trying to access and afford dental care. We were absolutely overwhelmed by the power of the 150 stories we received, and so we compiled a selection of them into a report: “The Unseen Dental Crisis of American Seniors.”

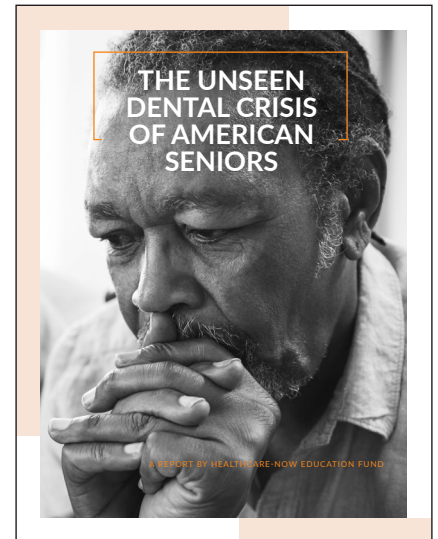
We submitted our report and our members’ stories to members of Congress, who have been debating all year whether to finally add dental, hearing, and vision benefits to Medicare. You can access the full report on our website here:

<https://bit.ly/dentalmedicare>

Over and over, we heard some of the same heart-wrenching themes reported by our members:

- » **People having teeth pulled instead of repaired**, due to lack of funds;
- » Those who have lost most of their teeth, being **unable to afford implants or dentures**, leaving them unable to eat healthy food, and feeling intense social isolation and depression due to their facial appearance;
- » Families **losing all of their retirement savings** to pay for expensive dental care;

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Interview with Healthcare-NOW's Outgoing and Incoming Directors of Communications

Stephanie Nakajima has served as Healthcare-NOW's Director of Communications since 2015, and became Executive Director of Mass-Care in October. Gillian Mason has stepped into the role with more than a decade of community organizing and communications experience. She'll be working remotely from Corpus Christi, Texas!

HCN to Stephanie Nakajima: What have you learned in the seven years you spent at HCN?

SN: Organizing is fundamentally a local project; it's relationships, building community face to face, and planting roots for the long run. As a national outfit, HCN's work is to support this local organizing, but it's the local group itself that has to do the work to grow and reach new people through on-the-ground organizing.

Groups need a long-term goal to structure their work, as well as benchmarks along the way to ensure they're on track. In my experience, most groups need to grow in membership to have the necessary muscle to hold power to account.

Both community and strategy are necessary to build an effective organization. Some groups are discussion clubs, while others are all business and no fun. Groups must have both - focusing on strategy, benchmarks, and goals, while having dinner together.

In most places, we need more organizing events rather than educational ones. More than waiting to be educated on the issue, people are waiting to be organized on Medicare for All.

HCN to SN: How has the movement changed since 2015 when you were hired?

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- » Many are living with **constant mouth pain and attempting to self-medicate** or even self treat, without being able to afford dental care;
- » **Flying to Latin America** to search for affordable dental care; and
- » Seniors **putting off retirement for years, or even decades**, since their social security income would be inadequate to cover dental care.

We share edited versions of three of these stories here, which convey better than any presentation why we need a Medicare for All solution that includes universal dental care as well as medical care.

SANDY *Turtle Creek, Pennsylvania*

"I'm a 64 year old woman who is shut in my apartment. Instead of having friends, going places, doing things, I don't leave my home because I have no teeth. After a horrific divorce, I lost my teeth, and

cannot afford dentures. It has caused a deep depression, and loneliness. I'm 64, which I don't feel like should be the end. I should be going to church, having friends, going places, but can't. Due to the embarrassment and shame of not having teeth. I'm never going to be able to afford nice dentures, so this has become my life."

CYD *Portageville, New York*

"Around the beginning of the 21st century, I opted to have my entire upper teeth removed for a denture. Before that I was getting frequent infections with gum disease. Each round of cleaning, scraping and pulling was a plunge into panic over how to pay for it... I had insurance at the time, but the price above my coverage wiped out my savings... Two years later, when we were living with my retired parents because of complete insolvency, my bottom teeth started to go... We took out a care credit loan to have the lowers pulled, and have lowers made with implanted snaps, and new uppers that they had me believe were needed. Eventually, we found

out that "Care" credit wasn't much better than check cashing companies in their rates and policies. After paying more than twice the original loan, it was payed off, but the dentures were already failing. I have fixed two missing teeth on my own, using a jeweler files to shape teeth pulled from old dentures, and several coats of super glue."

MARY *Devine, Texas*

"I had my bottom teeth pulled out in hope of getting affordable dentures. I went to see about them, and the price is always three to six thousand dollars... I don't have insurance. My husband has Medicare but it doesn't cover dental... We both can't eat nuts, dried fruit or even salads. We would like to eat healthy. We are unable to have protein foods. I have gotten choked. I mostly eat very soft foods and make smoothies. It is quite painful. It saddens me because of lack of concern and our quality of life is affected." **HCN**

The Fight for Medicare Expansion

By Ibrahima Sankare

During the almost endless negotiations over the "Build Back Better" bill, Healthcare-NOW and the Medicare for All movement have pursued four demands to expand Medicare:

1. add dental, vision, and hearing coverage to Medicare,
2. lower the age of Medicare to 60,
3. create an out-of-pocket limit for Medicare enrollees, and
4. allow Medicare to negotiate lower prescription drug prices.

However, right-wing Democrats in Congress and the American Dental Association have attacked these demands by attempting to block

Medicare negotiation of drug prices and comprehensive dental coverage. At the time of writing this article the fate of these provisions

is uncertain, but without the Medicare for All movement they would not be on the table at all, and the Build Back Better bill is an import-

ant test of the power of our movement - and shows how much more grassroots capacity we'll need to win! **HCN**

LIST OF SHAME

These eight members of Congress oppose giving Medicare the power to negotiate lower drug prices in Build Back Better.

They're putting Big Pharma cash before our lives and livelihoods.



Sen. Tom Carper (D-DE)



Sen. Chris Coons (D-DE)



Sen. Kyrsten Sinema (D-AZ)



Sen. Bob Menendez (D-NJ)



Rep. Stephanie Murphy (D-FL)



Rep. Scott Peters (D-CA)



Rep. Kathleen Rice (D-NY)



Rep. Kurt Schrader (D-OR)

Communications Directors... from page 1

SN: In 2015 single-payer activists (the OG moniker) were playing a lot of defense, which of course continued through Trump's reign of terror. Bernie Sanders ran twice and elevated the issue nationally, to much weeping and gnashing of teeth by the mainstream media and establishment. We've capitalized on this to go on offense, making support for Medicare for All a true litmus test for incumbent and candidate Dems, and also setting new standards for what counts as an "incremental" reform - expanding public, not private, healthcare.

HCN to Gillian Mason: Why, personally, has Medicare for All been so important and urgent for you?

GM: Unfortunately, like a lot of Americans, I believed the lie that we have the "best healthcare system in the world" - until I got sick.

I developed a chronic condition in my 20s that led to expensive drugs and multiple hospitalizations. I was in grad school at the time, and my student insurance refused to pay for the tests my doctors wanted to do to find the root cause. The prestigious universities where I was doing a full-time schedule of "part-time" teaching didn't offer me healthcare at all.

I was deep in debt, depressed, and feeling powerless in 2009 when I met Ben Day and a whole community of Medicare for All activists in Boston who introduced me to an idea that should have been obvious



Stephanie Nakajima

from the very beginning: Healthcare is a human right, and everyone "deserves" it.

That idea changed my life.

Those experiences have led me to believe that Medicare for All is a moral imperative. It's the only way to guarantee healthcare as a human right and an important first step to a society that re-centers people instead of money.

HCN to Gillian Mason: How can our movement win the fight for Medicare for All?

GM: We are going to win the fight for Medicare for All through grassroots organizing, which is a term a lot of people use these days, but I'm not sure they know what it means.

Winning is going to require each of us to have a lot of conversations with people we



Gillian Mason

haven't ever talked to about healthcare before, whether they be our co-workers, our family, our neighbors, and especially people who don't look like us. It takes courage to sit across the table from someone who may not agree with you, look them in the eye, open up a dialogue, and build a relationship based on trust.

That's why I'm so excited to be joining Healthcare NOW as a Director of Communications. I hope to be able to dig in with our current and emerging leaders and support them in the conversations they're having on the ground, as well as to help develop new leaders who are ready to do the same. We can make sure that every community with even one person who believes in Medicare for All in it develops into a cadre of folks ready to lead us to victory. **HCN**

Abortion Access & Medicare for All

By Sofia Sepulveda

2021 has not been a good year for abortion access. 47 states have introduced abortion restriction or outright bans, 8 of them were successful in enacting these laws, once again flexing the muscle of the white elder patriarchy and their insistent idea on monitoring birthing people's bodies.

While we push back, we also need to push forward by supporting HR1976, which will eliminate the Hyde Amendment and will provide universal coverage for the procedure. While the bill does not prevent states from passing anti-abortion laws, the Women's Health Protection Act (H.R. 3755/S. 1975) does. Enacting Medicare for all alongside the Woman's Health Protection Act can put an end to this conservative over-reach. **HCN**



Take Action for Single-Payer Healthcare!

Legislation by Rep. Pramila Jayapal would create a single-payer system, "expanded and improved Medicare for All."

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 Rep and ask them to co-sponsor H.R.1976! Sen. Bernie Sanders's companion Medicare for All bill will be introduced later in the session.

117 Current Co-Sponsors of H.R. 1976 (by last name):

Rep. Adams, Alma S. [D-NC-12]
Rep. Barragan, Nanette Diaz [D-CA-44]
Rep. Bass, Karen [D-CA-37]
Rep. Beyer, Donald S., Jr. [D-VA-8]
Rep. Blumenauer, Earl [D-OR-3]
Rep. Bonamici, Suzanne [D-OR-1]
Rep. Bowman, Jamaal [D-NY-16]
Rep. Boyle, Brendan F. [D-PA-2]
Rep. Brown, Anthony G. [D-MD-4]
Rep. Bush, Cori [D-MO-1]
Rep. Carbajal, Salud O. [D-CA-24]
Rep. Cardenas, Tony [D-CA-29]
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. 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. Deutch, Theodore E. [D-FL-22]
Rep. Dingell, Debbie [D-MI-12]
Rep. Doggett, Lloyd [D-TX-35]
Rep. Doyle, Michael F. [D-PA-18]
Rep. Escobar, Veronica [D-TX-16]
Rep. Espaillat, Adriano [D-NY-13]
Rep. Frankel, Lois [D-FL-21]
Rep. Gallego, Ruben [D-AZ-7]
Rep. Garcia, Jesus G. "Chuy" [D-IL-4]
Rep. Gomez, Jimmy [D-CA-34]
Rep. Green, Al [D-TX-9]
Rep. Grijalva, Raul M. [D-AZ-3]
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. Huffman, Jared [D-CA-2]
Rep. Jackson Lee, Sheila [D-TX-18]
Rep. Jacobs, Sara [D-CA-53]
Rep. Jayapal, Pramila [D-WA-7]
Rep. Jeffries, Hakeem S. [D-NY-8]
Rep. Johnson, Henry C. "Hank," Jr. [D-GA-4]
Rep. Jones, Mondaire [D-NY-17]
Rep. Kahele, Kai'i [D-HI-2]
Rep. Keating, William R. [D-MA-9]
Rep. Kelly, Robin L. [D-IL-2]
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. Leger Fernandez, Teresa [D-NM-3]
Rep. Levin, Andy [D-MI-9]
Rep. Levin, Mike [D-CA-49]
Rep. Lieu, Ted [D-CA-33]
Rep. Lofgren, Zoe [D-CA-19]
Rep. Lowenthal, Alan S. [D-CA-47]
Rep. Maloney, Carolyn B. [D-NY-12]
Rep. McCollum, Betty [D-MN-4]
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. Mfume, Kweisi [D-MD-7]
Rep. Nadler, Jerrold [D-NY-10]
Rep. Napolitano, Grace F. [D-CA-32]
Rep. Neguse, Joe [D-CO-2]
Rep. Newman, Marie [D-IL-3]
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Rep. Omar, Ilhan [D-MN-5]
Rep. Pallone, Frank, Jr. [D-NJ-6]
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. Pressley, Ayanna [D-MA-7]
Rep. Price, David E. [D-NC-4]
Rep. Quigley, Mike [D-IL-5]
Rep. Raskin, Jamie [D-MD-8]
Rep. Roybal-Allard, Lucille [D-CA-40]
Rep. Rush, Bobby L. [D-IL-1]
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. Sherman, Brad [D-CA-30]
Rep. Smith, Adam [D-WA-9]
Rep. Speier, Jackie [D-CA-14]
Rep. Stansbury, Melanie Ann [D-NM-1]

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. Tonko, Paul [D-NY-20]
Rep. Torres, Ritchie [D-NY-15]
Rep. Trahan, Lori [D-MA-3]
Rep. Vargas, Juan [D-CA-51]

Rep. Veasey, Marc A. [D-TX-33]
Rep. Velazquez, Nydia M. [D-NY-7]
Rep. Waters, Maxine [D-CA-43]
Rep. Watson Coleman, Bonnie [D-NJ-12]
Rep. Welch, Peter [D-VT-At Large]
Rep. Wild, Susan [D-PA-7]
Rep. Williams, Nikema [D-GA-5]
Rep. Wilson, Frederica S. [D-FL-24]
Rep. Yarmuth, John A. [D-KY-3]

MEDICARE FOR ALL ACT 2021



CALL NOW: 202-224-3121

The Road to 218+51

Healthcare-NOW took a deep dive on the demographics of the districts we've won - and those that remain - and discovered that the unprecedented support for Medicare for All we've seen over the past several years has come disproportionately from densely urban districts, solidly Democratic districts, communities of color, and lower-income districts. For the remainder, our movement will need to organize and win in suburban, ex-urban, and rural districts, as well as swing districts and whiter and wealthier communities.

Check out our full video analysis: <http://bit.ly/roadto218>

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