

PNHPWW 6th Annual Public Meeting Summary



It's Time to Add Your Voice

Keep the Pressure On Towards Improved Medicare for All in 2011

This was a positive and encouraging meeting with over 170 attendees. We had great speakers, an award, video, music, and Q&A session. For those of you unable to attend, the event was videotaped for cable TV and YouTube and we hope to put some of the links and highlights on the PNHPWW web site very soon.

Welcome - PNHPWW President Don Mitchell

Don welcomed everyone and expressed thanks for those involved in organizing and participating in the weekends' programs. He gave a brief summary PNHP and of our Western Washington chapter.

Greeting - Jim McDermott, MD, US Congressman, 7th CD

PNHPWW Honorary Chair, Jim was out of town but has been a presence in all 6 APM meetings. Commenting on PPACA, he said "We wouldn't get it right in one-fell-swoop." It helps 32 million more Americans, but many fundamental problems remain below the surface, such as the fee-for-service system and the disparities between specialties and primary care. We will eventually adopt a Medicare for All system like other countries but it won't come easily. Persistent hard work by individuals is needed. He expressed his appreciation for the significant contributions of PNHP and our speakers in working to organize the grass roots health care justice movement and urged us to keep up the good fight until everyone is free from worries about access to health care.

Mark Dudzic – National Coordinator - Labor Campaign for Single Payer

Longtime labor organizer for the Oil Chemical and Atomic Workers Union, Mark's presentation was a very welcome addition by bringing a labor perspective to those of us

working in health services. As Labor Campaign for Single Payer National Coordinator, Mark seeks to bring organized labor to actively support single payer reform. Like following speakers Margaret Flower and Katie Robbins, Mark was one of the courageous individuals who stood up for single payer and was arrested during Senator Max Baucus's Senate Finance Committee hearings on health care reform. The following are some of the thoughts Mark expressed:

Historically, labor has led the fight for significant social change and now needs to transform itself to be what it used to be, and take an active leadership role in the struggle for health care justice. It needs to be present in the national debate.

When labor finally engages in the fight for health care, it will change the game. Labor is one of few significant organizations not controlled by corporate interests. It can put troops on the ground.

Organized labor needs to speak for all workers, not just those in bargaining units and even the unemployed.

Organized labor can't bargain for health care anymore. People are losing their jobs.

We need to get private insurance out of the picture – it is organized to deny health care.

PPACA has some important provisions that help a lot of people. It's best achievement is that expectations have been created for health care for all and that the government has some sort of a role in that.

We can't pay for PPACA – it will collapse under it's own weight trying to fulfill its promises, as costs go up. We have to be there when PPACA collapses.

Regarding PPACA and the new Congress – watch out for the “death of a thousand cuts.” The Dems may respond by moving backward.

SP feature important to labor - find new jobs for those displaced by system changes.

Waiver for states – we need to make progress at the state level – So far, Vermont is a symbolic achievement that could help bring the SP movement together. If California moves to SP, the whole nation will move.

We need to align ourselves with broader movements in society – groups organized to protect Social Security, Medicare, public education, anti-war. These are our natural allies

and we need to reach out to them. Particularly, we need to express solidarity with public employees who are now under fierce attack.

As a former shop steward, Mark is disturbed by the politics of the health care reform movement – it is bargaining against ourselves. We should bargain off the other side's demands – not thinking or hoping they are reasonable & will come our way. It was “idiocy” that the health reform “debate” bargaining started off with the public option rather than using it as a backup. We must not bargain away our power before we get to the bargaining table.

We need to build a force outside of Congress to press accountability on our reps.

Finally, “Stay strong on SP – keep our eyes on the prize.”

2011 Dr. John Geyman Health Justice Advocate Award

Sherry Weinberg, last year's winner, presented our “2011 Dr. John Geyman Health Justice Advocate Award” to Mary Margaret and Rev. Paul Pruitt.

John Geyman, MD, is a Board Member of PNHPWW, Past President of national PNHP, Past Chair of the Family Medicine Department at the UW, and author of many key articles, blogs and books on health care reform and why we need to fight for a publicly financed health care system that includes everyone. John's latest book **Hijacked: The Road to Single Payer in the Aftermath of Stolen Health Care Reform** is essential reading for anyone who wants to better understand how our health care system got this way and what we can do about it. Available through www.pnhp.org

Paul Pruitt graduated from divinity school in 1957 and pastored churches in Tacoma and the High Point area of West Seattle. Mary Margaret was a vocational counselor in public schools and then a public school nurse for 22 years. Meanwhile, she and Paul raised 4 children. In 1977 Paul joined the WA State Legislature where he served for 8 years as a State Representative from the 34th District. In 1995, Paul and Mary Margaret retired and have worked tirelessly for a number of social justice issues, but particularly in health care. In 2000 they helped organize what is now Health Care for All - Washington and serve on its Board. They were very active in the initiative campaign in 2000 and in lobbying for the Washington Health Security Trust in Olympia the last three years. Mary Margaret chairs the HCFA-WA Political Action Committee. Thank you so much for the example you have set for our social justice advocate community!

Margaret Flowers, Congressional Fellow PNHP

Margaret is a pediatrician who has suspended her practice to dedicate her life to tireless health justice advocacy, as she crisscrosses the country, departing her knowledge and some of her boundless energy to everyone who crosses her path. She put herself on the frontlines as one of the Baucus 8 who were arrested in the Senator's Senate Finance Committee health reform hearings. As an articulate spokesperson for PNHP, she has appeared on the Bill Moyers' Journal, Ed Schultz Show and many other venues.

In addition to speaking at the PNHPWW APM, while in Seattle Margaret led special meetings for health sciences students at UW, a meeting for local SP activists, and gave three radio interviews. All the while, keeping in touch with her three teenagers back home in Maryland via laptop and Blackberry.

Margaret began by citing Dr. Carol Paris, also of the Baucus 8, who has described a new syndrome affecting both patients and physicians alike – “PIISD” (Private Insurance Induced Stress Disorder – *Psychiatric Times* – Oct 8, 2010 - The essential feature of private insurance induced stress disorder (PIISD) is the development of characteristic symptoms following exposure to an insurance-induced traumatic stressor involving direct personal experience of an event or witnessing an event that threatens another person. Traumatic events include, but are not limited to, rescission of health insurance after developing a costly illness, denial of health insurance due to a pre-existing condition such as being female and fertile or delay of needed treatment or medication due to requirements for pre-authorization. In the case of physicians, traumatic events include witnessing the deterioration of patients due to financial ruin resulting from uncovered costs of care. Similar to some forms of PTSD, this disorder is prone to be severe because the stressor is of human/corporate design. **Note: this diagnosis is not currently reimbursed by health insurance carriers.**)

To run the risk of paraphrasing Margaret:

Why did I leave practice, why do you do this? I was hoping for a real debate in the reform process – about what really works and what would solve our problems. We didn't get that debate. We got “health insurance reform, not health care reform.” Why – because of corporate control of the political process and the media. But we are not done yet!

We have been accepting patches (expansion of Medicaid, subsidies, tax credits). We have expanded Medicaid for all those years, but the number of uninsured continues to rise. Meanwhile, we have been losing ground – costs are up, the uninsured are up, benefits decrease, and outcomes continue to be poor.

In 2009, I thought we would have that real debate – but we were excluded from the committee – we decided to stand up and expose what was going on.

At some point we all have to ask ourselves “when are we going to stop accepting these small changes and fight the real fight?” What are we willing to do? When will we say we are willing to do the hard work? To me that time is now.

We aren’t asking for too much, but it will take more than simple advocacy. Other movements have been willing to make personal sacrifices.

“**ICU**” can summarize the approach we need to take:

I = independence from any political party. Our agenda comes first. Our role is to push politicians and organize the base. The majority in our country does support changes necessary to achieve national health insurance.

C = be clear on our objectives – an equitable Medicare for All system that brings everybody in, keeps nobody out and controls costs. The public option was injected to confuse and divide health justice advocates. And it worked well to divide us.

U = be uncompromising. Compared to other countries, we have a weak infrastructure. The current level of benefits described as a “Cadillac plan” is what used to be an “adequate” plan a few decades ago. We mustn’t stop until we achieve benefits that cover all the medical needs for all.

There is much to be encouraged about at what is going on at the state level – there are more than 20 states with single payer legislation. The definition of what is considered “politically feasible” has changed significantly in Vermont. Anything less than single payer is not practically feasible.

If we listen to our politicians, the media and others, there is never going to be the “perfect time” for pushing for true health care reform. There is always going to be an excuse – such as “wait to see what happens with PPACA.” Now is the time with state budgets collapsing and safety nets dissolving. Even if we don’t win today, we need to let them know we are not going away.

At the national level, PPACA is already unraveling – 300 waivers have been granted exemptions to people and businesses from provisions of law.

Health insurance is a product to make a profit. When it is no longer possible to make a profit, the insurers no longer have a reason to offer it.

PPACA will be subjected to “death by a thousand cuts” – continuing to keep health care a market-based commodity.

Some try to blame the national deficit on Medicaid & Medicare, when their costs are increasing at a slower rate than private insurance. The best way to help M&M is to fix the underlying health care system.

What can we do in our advocacy work? Focus on education. Counter misinformation. Learn how to speak. Talk to family, friends and neighbors. Organize an event. Once people understand single payer, they “get it” and approve. Everyone can contribute, has a talent – help in some way you feel comfortable, are good at. Corporations have money, but not votes.

Our goal is to create a healthy society. Ten percent of health is determined by access to health care, the rest by “social determinants of health” – education, clean air & water, access to affordable food, a job with a living wage, a home free of violence. We need to work together with other progressive groups – we have a common agenda.

Remarks - Hugh Foy

Hugh told us, movingly, personal stories of how disasters in health care are not only crashing on the shores of Harborview every day, where he is Director of Surgical Services, but also on his own home doorstep, involving close neighbors and family - pain, bankruptcy, catastrophes.

Hugh asked for donations from those who could give, to help with our chapter’s work to end these tragedies, and to also join our communications network. Please add your name to our email list so that we may keep in touch. Total donations including new memberships/renewals and contributions, totaled \$1936.

Katie Robbins, National Organizer, HealthCare-Now!

Since 2004, HC-N! has been the major national organization seeking to link grassroots groups advocating for single payer across the country. It was founded to support HR676. It has a diverse board – union, church, and physician members.

HC-N! provides lots of resources through its web site at www.healthcare-now.org.

Katie, also a member of the “Baucus 8,” serendipitously exploited her marriage to get the New York Times to run its longest story ever on single payer. Her 10-year partner developed a need for medical care but didn’t have insurance. So Katie married him and he got covered by Katie’s insurance in the bargain. She cites this as an example that we have to make the health care issue personal and visible. This gives others the courage to speak out and act.

She followed with a short video – showing how one leader with guts can get up and do something “crazy,” but the “first follower” is maybe even more critical to affirm the leader as reasonable, and to get the others to quickly join to get something going.

We will have to deal with health care again within 5 years because the trajectory we are on is unsustainable. We in the single payer community have the information. Call your elected officials, but also friends, family.

There is pressure for us to support PPACA to “see if it works” – but we already know it doesn’t meet our **values** of health care – universality, equity, it doesn’t ensure people will get the care when they need it and it won’t contain costs. We need to talk about the vision we support – we have the solution.

Update on the Washington Health Security Trust – Chuck Richards **President – Health Care for All - WA**

Chuck gave an update on the Washington Health Security Trust legislation (SB 5609 and HB 1096), which HCFA-WA authored. It has been reintroduced in the House and Senate. Members are going to legislative meetings, watching how our representatives are trying to implement PPACA, point out its deficiencies, and maintain vigilance. Nationally, the focus is on saving, improving and expanding Medicare.

A major push is to tighten and develop the grassroots organization around the state – with a goal to have coordinated activists in all 49 state legislative districts. As an example, in the King County legislative districts, there are Action Teams organizing neighbors. HCFA-WA is working on a Speakers Bureau.

There are lots of resources downloadable at the expanded and improved HCFA-WA web site (thanks to Don and Julie Bunger) - <http://www.healthcareforallwa.org/>.

The Wicklines Music & Video

Before, and during the meeting, Bob, Lynda and Marcee Wickline played their single payer health care reform music and led the audience in singing, including the Mad as Hell Doctors anthem, “Health Care for All,” shown with an accompanying video of many Congressional (bad) actors, and the good MAH Doc’s on tour. Actually, the Wickline’s contributions started well before the meeting with the making and placing of radio announcement ads publicizing Medicare for All, WHST, and the APM meeting. Thanks for all you have done in volunteering your hard work and passion over the last three years!

Q&A with Speakers

Q1 - Please provide three quick points to explain Single Payer

A1 - Publically funded; privately delivered; universal

We need a mass movement in the streets. The recent election shows what happens when you pull your punches. The right wing expressed the rage of those affected by society’s inequities. Margaret – “take it to the streets”

Q2 – What can we learn from the Egyptian model?

A2 - We need a mass movement. The recent election clearly showed what happens when you pull your punches and don’t clearly articulate a vision in a time of crisis. The right wing focused the populist rage of what Americans feel about what is happening to them. Our challenge is on how to organize from below.

We need to be part of a larger movement – organize actions of civil resistance.

Margaret - “We need to follow the Egyptian model and reach the tipping point.”

Q3 - Why are large corporations opposed to SP when it would be in their interest - at least competitively?

A3 - Mark – I don’t think large corporations can be convinced to fight for single payer, at least in the short run. They are engaged in a “race to the bottom.” Their solution to health care is to dismantle what workers have already won – promote defined contributions (not defined health care benefits), promote private insurance savings accounts – “you are in charge of your own health care.” Once we win SP, they will embrace it, as they have done in Canada, Europe, etc.

Q4 - How/why can HC 676 cover the undocumented?

A4 – (aside from the moral issue) Why? – there are better outcomes in countries that cover everyone within its borders. Communicable disease threats, etc. We provide

their health care anyway, in a costly & inefficient manner. Immigrants – both doc & undoc, already pay taxes, etc., & get less back in health care benefits. Under HR 676, everyone is presumed to be eligible. PPACA excludes the undocumented, but we will still pay for emergency room care. Costs go up when there is a barrier of fear to seek care for less than true emergencies.

Q5 – How to organize physicians?

A5 - Most (59%) are already in favor of universal care, guaranteed by the government. There is a fear of retaliation for speaking out for single payer. Margaret – this should not stop us.

Physicians are hurting - in a state of grief - losing their voice & control of their practices. Health care professionals are ripe to organize. We need to speak to them at grand rounds, med society meetings. Tell stories as the Mad as Hell Doctors do.

Q6 - How can we get MoveOn on board?

A6 - MoveOn started with grass roots organizing, but now is more of a top down, party-line leadership organization. Many people are frustrated because that wasn't its roots. Angry about how the abandonment of SP was decided and how the public option position was chosen.

Go to local MoveOn groups & reach out

Q7 – How can we use new social networking tools like Facebook?

A7 – HC-N! has Facebook supporting HR 676. It has many good things to bring but organizing online has mixed blessings. Mark – there is a danger of losing face-to-face organizing skills developed in previous social movements. We need to know people in our neighborhoods. We need new social nexus points to organize (skills to build movements – see Malcolm Gladwell in the *New Yorker* - Oct 4, 2010 “Small Change” – Why the Revolution will not be Tweeted”; *New Yorker* - May 11, 2009 “How David Beats Goliath ; When Underdogs Break the Rules”)

Q8 – Should we be supporting Democrats?

A8 - Mark – Don't bargain against yourself

Don's succinct summary of the evening

Labor has contributed historically and we need labor more than ever now. Don't start bargaining halfway to the other side. Educate. Health care justice is part of a larger

movement for social & economic justice. Now is the time to get involved, and maybe into the streets.