

Socialist Party USA

Health Care Organizing Packet



November 2009

Position Paper on Health Care

In 1898 a group that would eventually form the Socialist Party of America gathered in Milwaukee, Wisconsin to develop a list of political demands. One of the first called for a public health care plan that would cover all working people in the country. Since this moment, socialists have been at the forefront of movements calling for the recognition of health care as a human right.

This paper is written to encourage locals and individual members of the Socialist Party USA to become involved in campaigning for single-payer healthcare. Our party program recognizes single-payer as an important step toward the creation of a fully socialized medical system.

We will begin with a basic history of the struggle for health care which highlights key changes in the health care sector in the US. Finally, we will examine some of the political dynamics surrounding the active campaign for single-payer healthcare and recommend how socialists who are dedicated to promoting socialized medicine can work inside of it.

History of Health Care Reform in the US

Despite the early demands by Socialists in Milwaukee for government-run health care, most health care for the poor and working class was delivered either through cash payments to often substandard doctors or through charity hospitals often run by religious institutions.



Quality health care through private practitioners or hospitals was reserved for elite groups.

As demands for access and for government supervision of health care practitioners increased, the government began to play a larger role in the supervision, administration and delivery of health care. Health care became a primary demand for liberal, socialist and communist campaigners. Social pressure aimed at creating a national public health care system was clearly evident by the 1930s.

These campaigns produced important incremental health reforms, yet the US still lagged far behind other industrialized countries in the creation of a public health care system. Germany, for instance, had created the framework for a national health care system as early as

1883. Other countries would wait until the post-WW II reconstruction. Of particular note is the British National Health Service, a system of socialized medicine, which was created post-war despite the fact that the British economy had been ruined by the war. The global trend was clear – industrialized societies were shifting to the public administration of health care.

Multiple factors retarded the growth of a public system in the US. McCarthyism limited the political space to argue for government intervention in the economy. Doctors, acting through the American Medical Association, asserted their right to deal with patients without interference from the government. Finally, US workers and their trade unions had accepted the notion that employment was the primary means to secure health insurance.

Despite the national stalemate, some reform programs were implemented on the local level. For instance, in the state of New York, the reform administration of Fiorello LaGuardia attempted to limit the effects of private health insurance by encouraging the creation of non-profit health care providers (GHI & HIP). Despite these attempts, no serious moves toward a national system were made. The vast majority of Americans were left to bargain with an increasingly ruthless private insurance industry.

Eventually the post-war malaise wore off. Significant reforms occurred as part of the Great Society agenda of President Lyndon Baines Johnson in the mid-60s. Such reforms were assisted by the general political mobilization of the Civil Rights movement. The Medicare and Medicaid programs were constructed in 1965

in order to provide guaranteed coverage to the elderly and indigent. Still though, health insurers and medical practitioners continued fending off demands for full public coverage.

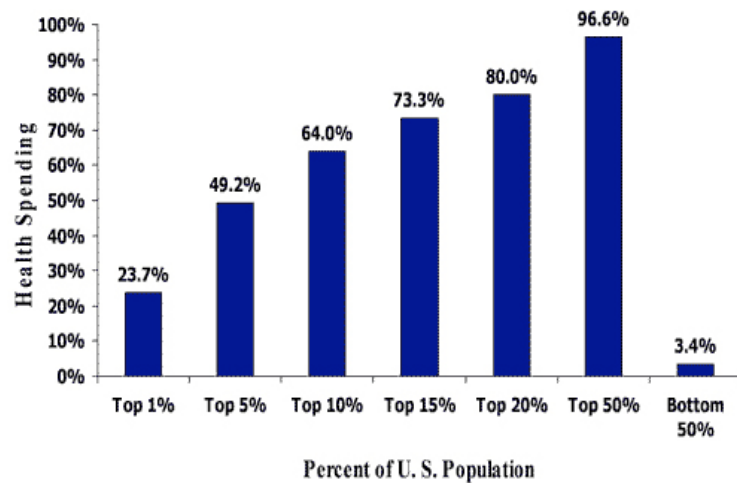
By the early 1970s another shift occurred. The price of health care began to rise rapidly, more and more Americans lost their insurance as they lost union jobs and health insurance companies implemented tighter controls on access to care. The rise of Health Management Organizations in this period represented a fundamental change in the philosophy of health care. Doctors were stripped of their ability to determine care – MDs were traded in for MBAs – as a business model was strictly imposed on health care. Health care became a business to be run like any other for-profit enterprise irregardless of the social costs.

By the early 1990s, the health care system in the US was engulfed in a deep crisis. Costs had skyrocketed, in large part because of the business management practices of the HMO's and other private insurers. The higher the prices climbed, the more the insurance companies clamped down on access to care. Nearly every recommended medical procedure was contested by the insurers. The refusal to pay for necessary procedures led to near social revolt as doctors began to make coalitions with their patients.

Mass outrage led, in the mid to late 90s, to another shift in how health care was administered. Private insurers adjusted to subscriber and physician dissent by approving most doctor recommended procedures. The companies maintained profit margins by increasing premium costs and cherry-picking subscribers – favoring the young and healthy over the elderly or those with pre-existing conditions. Costs further skyrocketed and the ranks of the uninsured swelled.

Health Care Crisis Today

Today, what passes for a health care system in the US is in shambles. More than 58 million people have no



access to health insurance and as unemployment increases the ranks of the uninsured are sure to swell. As a result of lack of access and high costs, 6 out of 10 Americans polled by the Kaiser Family Foundation reported that they had either delayed or deferred necessary health care procedures. More than 20,000 die each year from treatable illness and the US ranks low among industrialized nations in health care outcomes. US health care is expensive and ineffective. It mostly exists to ensure the continued profit of private insurers and pharmaceutical makers.

Health care is very much an industry. Profits from this sector have filtered deep into the political system. Both democrats and republicans have fed from the health care campaign contribution trough.

The health care lobby has assembled an army of lobbyists to shape the debate on health care reform. At important points in early 2009 the industry spent more than \$2.3 million a day on lobbying and employed dozens of former elected representatives as spokespeople.

The rising cost of health care has placed a particular strain on state and local governments. These entities are usually responsible for financing state-based Medicaid programs and for paying premiums for public employees' health plans. Attempts to shift costs from the state and onto public employees have been a source of serious contract disputes. A single-payer program would, therefore, relieve this significant fiscal stress from state and local governments thereby freeing up funds for other social programs. For more information, visit Healthcare-NOW's "Win-Win" campaign page. <http://www.healthcare-now.org/campaigns/win-win/>

Single-Payer Campaigns

A lot of political energy has gone into developing a national campaign to demand a single-payer health care



system. Single-payer would abolish private health insurance companies making the government the single-payer. Single-payer does not deal with other important questions such as who owns health care facilities and employs doctors and who owns the pharmaceutical companies. However, we understand it as important steps towards a socialized system.

There are currently two single payer bills in the US Congress. In the House of Representatives, the bill is called HR676 and is sponsored by Rep. John Conyers of Michigan (D.). The other bill is S703 and is sponsored by Sen. Bernie Sanders of Vermont (I.). There are significant differences between these bills. Most importantly, the Conyers proposal opens the health care system to all “residents,” while the Sanders bill stipulates “citizens.” We should only support a system which provides care without charge to anyone in the

country who demands it regardless of immigration status.

Institutionally, single-payer gained national exposure during campaigns in the late 90s waged by the Labor Party (US). The 2000 presidential campaign of Ralph Nader further introduced single-payer into national politics. After the collapse of the Labor Party and the political disappearance of Nader, activists interested in continuing the struggle for single-payer coalesced to form the group Healthcare-NOW. Dissident physicians organized themselves into the Physicians for a National Health Program. Both groups carry out multiple functions including education, lobbying and grassroots campaigning. They offer resources that can be used to build local campaigns.

There are also many trade unions – from nationals to locals – that have endorsed single-payer campaigns. Slowly, the union movement is learning that health care should not be linked to employment. It should be a human right. To date, 572 union organizations in 49 states and 22 international/national unions have endorsed HR676. Union support can provide much needed resources and people power to health care campaigning.

Public Option or Single-Payer

Widespread confusion exists over what the relationship is between the Obama backed “public-option” and single-payer healthcare. Many in the US see the two proposals as being the same.

The public option proposed by the Obama administration is not the same as single-payer. The public-option has been presented as a public plan, which would “compete” with other private plans in a health insurance exchange. The exchanges will bring different private plans and, if approved, a public plan into competition with one another. Not surprisingly, the exchanges are championed by the right-wing Heritage Foundation and supported ideologically by the false idea that the market competition lowers prices. Despite overwhelming evidence to the contrary, Obama has adopted the insurance exchange idea as part of his abandonment of single-payer. The only way private health companies will lower prices in these exchanges is by increasing co-pays and limiting the extent of policy coverage.

The public option will also likely come along with individual mandates to purchase health insurance. The federal government will force people into the insurance exchanges. Those who refuse coverage will have to pay a penalty ranging from \$2,500 to \$4,000 each year. Private insurers will be able to tap into this market of uninsured and sell them low coverage, high-fee plans.

Where is the Movement Now?

Following the release of Michael Moore’s SiCKO in 2007, single-payer campaigns enjoyed a surge in exposure and organizing. Campaign groups sprang up all over the country, unions became more interested and a sec-



tion of the Democratic Party (mainly organized around the Progressive Democrats of America) attempted to push the agenda inside of their party. Most of the socialist left, absent a few ultra-sectarian groupings, also engaged in the organizing.

Single-payer campaigns provided an opening for activists to enter working class communities. The crisis was so deep that all sorts of institutions, for instance churches that were otherwise inaccessible opened their doors to single-payer campaigners. Especially in 2008, it seemed possible that a critical mass might be built in support of HR 676. However, the forces thrown into motion were still small, and an overemphasis on lobbying the Democratic Party reduced the ability of the campaign to grow into anything approaching a mass movement.

The campaign and eventual election of Obama deeply divided the movement. During the campaign, a highly funded group called Health Care for American Now (HCAN) was created and presented itself as the embodiment of the Obama campaign's future health care proposal. Incremental health care reform activists who had previously supported single-payer gravitated toward HCAN. Much of the reform-wing of the Democratic Party followed suit though an important minority remain supporters of single-payer.

Obama's election and the health care proposals created a new political context where the health care debate was reduced to support of watered-down Congressional reforms or joining the Republicans in opposition. Single-payer activists, especially those in Healthcare-NOW and PNHP, attempted to force their way into the debate by using civil disobedience. They were denied by a Senate Finance Committee composed of Democrats and Republicans who had taken large-scale contributions from the health insurance and pharmaceutical companies. Civil disobedience continues with dozens of activists being arrested in several cities.

Committed activists in the single-payer movement – an even thinner section than the high point in 2007-08 – are refusing to retreat without a fight. However, the movement will need to be re-built and re-structured from the bottom-up in the future. There will certainly be an ideological honeymoon with whatever version of the health care reform passes. Yet, as indicated earlier, the reform plan will not address any of the fundamental contradictions of the private health insurance industry. If anything, the reforms may exacerbate medical bankruptcy and will not solve the access crisis.

The experience of this round of reforms proves that quasi-insider lobbying will yield few results. Winning single-payer and building a framework in which we can logically discuss a fully socialized system will require a mass movement of the size and conviction of the Civil Rights movement. As socialists we should assist in anchoring the movement in working class communities, in championing the cause of the victims of private health insurance and in raising demands inside trade unions for logistical and financial support of single-payer campaigns. In summary, health care reform holds the promise of becoming a primary issue for the class struggle of the 21st century and an opportunity to demonstrate the bankruptcy of the market system.

What We Want

Single-payer is, of course, not a complete solution to the health care crisis. For instance, if a single-payer system were created, a large-scale demand for primary health care might develop. This increased demand would quickly overrun the available facilities. We should therefore, side-by-side with campaigns for single-payer, be arguing for public control over medical facilities in order to guarantee access to care. Further, no medical system can be considered just if it does not ensure open access to pharmaceuticals. These companies must also be brought under public control. The sum total of this process would be a socialized medical system. Don't be afraid to raise questions to single-payer campaigners about socialized medicine. Full socialization should be presented as something separate and different from single-payer, but as a logical outcome of the process of winning single-payer access to care. It is only in this way, by socializing the entire health care sector, that we can seriously discuss treating quality health care as a human right.

Strategies for Healthcare Organizing



There are several possible strategies when organizing for healthcare. You might choose to employ any number of them depending on your particular local situation. What follows is a guide to what we see as possible strategies.

A - Educate Fellow Members

Organizers cannot organize if they do not understand the issue the campaign addresses. Be sure that all of your members and close contacts have at a least a working knowledge of the health care issue. Use the “Position Paper on Health Care” as a means to do this. Make health care a part of your next membership

meeting.

B - Hold a Public Meeting

One of the best ways to get people active on a campaign is to get them informed about the issues. A great way to do this is by holding a public meeting on health care – our own health care town hall. There are two ways this public meeting can be organized.

C - Escalate

As interest grows, people will want to convert ideas into action. You may need to escalate the campaign. The great secret of organizing is determining when to move quickly and militantly and when a calm contemplation of tactics is more effective. Here are some general ideas about escalating your campaign

1 - Panel Discussion

A panel discussion is a good way to bring together speakers from a variety of healthcare interests. Invite a range of speakers. These speakers can come from within your local or you can invite ally organizations to provide a speaker (see section on allies). The panel should present both a broad overview of the issue and how it particularly affects your area. Be sure to give time for questions and open discussion.

2 - Movie Screening

When showing a movie (see movie list), there should be a short introduction before the film in order to frame the issue. The film will serve to broadly present the issue. Hold an open discussion after the film. This will allow everyone to discuss the issue of health care. The discussion may help you to find new targets for protest and involve more people in the campaign.

3. Private Health Care Companies are Natural Targets

The local or regional headquarters of many private insurers can be found in most major cities. Street protests outside of their offices can help to galvanize support for your campaign. If possible, it is best to make some specific demands of the company – “approve this person’s procedure.”





4. Give Your Campaign a Human Face

We believe that health care is a human right. The best way to demonstrate the real human costs of a for-profit system is build campaigns around the cases of real people. Look for a person being denied necessary care. Write about a person bankrupted by health care bills. Seek out the victims of for-profit care and put them at the center of your campaigns.

5. Research the Campaign Donations of Elected Officials

Private Insurers and Pharmaceutical makers have managed to delay or defer significant reforms by using campaign donations as a way to

purchase elected officials. Use the website <http://www.opensecrets.org> to track local officials' campaign contributions. Compare your findings with their voting record on health care. Consider developing literature exposing their links, confront them at public hearings and even organize demonstrations exposing the links.

D. Tips for Successful meetings!

-At any meeting you should make sure to create a safe space for people to speak. You should encourage discussion of attendees' particular healthcare horror stories. From these stories you should be looking for possible individual cases to form a campaign around. For instance, if an insurance company is denying someone access to care you can build an organizing campaign.

- Contact list building is important. Always make sure to collect contact information for those in attendance – name, email, phone and address. Don't be shy about asking people to "sign-in."

-You should have informational materials about healthcare available to hand out at the meeting as well as general Socialist Party information. Contact the national office a few weeks beforehand and have SP literature shipped out for the meeting. Also, you can download informational flyers from Healthcare-NOW and PNHP (see links below).

- If possible, you should have a way for attendees to follow-up with an action. Whenever possible you should have a next meeting already scheduled. It is important to include new people in an active way in movement building – share tasks and allow new people to bring new organizing ideas.

E. General Outreach Tips

6. Tabling

The goal of tabling is to reach out to members of a particular community or to reach out to the general public. With this in mind, your objective with a table is to engage in substantial conversations whenever possible.

-Set up a table in a public place, like a park, or busy street corner. When choosing a location also think about what sorts of people will be in the area in relation to who you want to reach.

-Ideally you will have multiple people staffing the table. This will allow for both wide disbursement of materials and the possibility of holding more substantial conversations.

-Stock the table with informational leaflets as well as flyers that ask people to take an action, attend a meeting,

write a letter, make a phone call. Preferably there will be multiple ways you are asking people to get involved.

-You should also have sign-up sheets to gather information.

- Think about the appearance of the table. It should be clear at a glance that you are providing information about healthcare reform. The appearance of the table should attract people to come talk with you.



7. Phone Banking

Phone banking is the most effective means to reach out to both your members and your contacts. Contrary to popular belief, most people will not be annoyed by the occasional phone call. Phoning also cultivates a more personal relationship with supporters while email can be more easily disregarded. Organize fellow organizers to help with phone banking. It is fun and best done with others.

8. Social Networking

Social Networking sites offer the powerful possibility to link people globally. They can be used effectively to help increase the exposure for your meetings. However, they should not be your sole means of communication. Face-to-face and phone

contact are irreplaceable techniques for organizers

MySpace, Facebook, Indymedia, Craigslist and Twitter have yielded positive results for activists. In addition, the site <http://blogger.com> can be used to design an easy to administer website.

9. Leafleting

- Unlike tabling, the goal of leafleting is to get information out to as many people as possible. This method is best used when promoting a particular event. It is best to target the particular community you wish to organize.

- Ideally, you will have multiple people in several locations. This allows for the maximum number of leaflets to be distributed.

Choose locations that are high traffic areas. Public parks, downtown areas, busy street corners are all good options.

-When handing out the flyer you want to give a verbal indication of what the flyer is about. You may use a slogan, or give a direct request i.e. "Come to a meeting about healthcare."

F. Work with Other Groups in a Coalition

We should always be looking to create broad movements. The Socialist Party USA is not an island and because of our small size, we have a limited ability to run effective campaigns on our own. In order to do this it is necessary to identify organizations and non-aligned individuals interested in single issue organizing.

-Identify allies - groups with interest in the area you are working in.

-Approach the groups with an open invitation to work together. It is important to create space where actual collaboration can occur. It is important to resist the urge to attempt to control the direction of the organizing.

-If groups express an interest, call a meeting to discuss the project. Again, it is important to come to this meeting with ideas, but not with the intention to dictate the terms of the project. You must allow space for democracy.

-Out of the meeting you should come up with a general direction for organizing and then use the techniques above to do outreach and grow the campaign.

Be creative! Be bold! And, always look to involve the greatest number of people possible!



Resources

Socialist Party Platform on Health Care

Health Care

The Socialist Party stands for a socialized health care system based on universal coverage, salaried doctors and health care workers, and revenues derived from a steeply graduated income tax.

1. We give critical support to the demand for the immediate abolition of all private health insurance companies through the creation of a single-payer health system. We see single-payer as an important step in the direction of a fully socialized national health program with full standard and alternative medical, dental, vision, and mental health coverage for all. This system would be publicly funded through progressive taxation and controlled by democratically elected assemblies of health care workers and patients. The National Health Program should improve, and replace, Medicare and Medicaid.

2. We call for a health care system that emphasizes preventive care, respects patients' privacy, gives special attention to the needs of the physically and mentally disabled, and conducts treatment and research unimpaired by sexism, racism, or homophobia.

3. We call for full funding for AIDS research, prevention, and treatment. We demand full civil rights for people living with AIDS.

4. We call for public ownership and worker and community control of the pharmaceutical industry.

5. We call for educational programs to help prevent drug addiction; for voluntary treatment programs for addicts and alcoholics; and for the availability of free, sterile needles for those still using IV drugs.

6. We call for the reinstatement of funding to community mental health services so that low-cost or no-cost treatment is available on a voluntary basis, with clients' rights respected. We oppose involuntary incarceration for treatment without due process.

7. We support the right to choose or refuse medical treatment, the right to die, and the right to assisted suicide.

8. We call for full community decision-making regarding the creation, organization or elimination of public health care facilities.

Reading List

Mary O'Brien and Martha Livingston, 10 Excellent Reasons for National Health Care, The New Press, 2008.

Molly Mahar, Money-Driven Medicine: The Real Reason Healthcare Costs So Much, Harper Business, 2006.

Steffie Woolhandler and David Himmelstein, *Bleeding the Patient Dry: The Consequences of Corporate Healthcare*, Common Courage Press, 2001.

Movies

SiCKO, Michael Moore, 2007.

Sick Around the World, PBS Frontline, 2008.

Money-Driven Medicine, California Newsreel, 2009.

WebZine Resources

Review of Money-Driven Medicine

<http://socialistwebzine.blogspot.com/2009/10/documentary-rails-at-stupid-health-care.html>

Dis-invited from a Healthcare Rally – Socialist Shows Up

<http://socialistwebzine.blogspot.com/2009/08/dis-invited-from-health-care-rally.html>

Lipstick on a Pig: The Failure of Obama's Health Reform

<http://socialistwebzine.blogspot.com/2009/07/lipstick-on-pig-failure-of-obamas.html>

Obama's Health Insurance Plan Channels...The Heritage Foundation?

<http://socialistwebzine.blogspot.com/2009/08/obamas-health-insurance-plan.html>

Allies

Physicians for a National Health Program

PHNP has more than 15,000 members nation-wide. They provide critical educational resources to the single-payer campaign and have sponsored mobilizations including the "Mad as Hell" Doctors National Tour.

<http://www.pnhp.org>

Healthcare-NOW

National campaign calling for the creation of a single-payer national health care system. Healthcare-NOW has been at the forefront of local and national mobilizations for the last few years. They can provide important campaign materials to get your organizing started.

<http://www.healthcare-NOW.org>

California Nurses Association

CAN represents thousands of health care workers and has led struggles in support of single-payer. One important CAN initiative is the collection of health care horror stories which can be found on their website.

<http://www.calnurses.org>

Unions for Single-Payer Healthcare

Useful website which lists all of the local and international unions that have endorsed HR676. Union support can provide key person-power and financial resources for health care campaigning.

<http://unionsforsinglepayerhr676.org>



Socialist Party USA Statement

Vote No on Obama-care! Healthcare is Our Human Right!
November 2009

While citizens in most other industrialized nations enjoyed the benefits of publicly administered healthcare from the aftermath of WW II forward, Americans have suffered under a healthcare system dominated by private corporations. For-profit healthcare has produced negative health outcomes at all levels of the system. More than 48 million people have no health insurance, 30 million more are underinsured and 6 out of 10 Americans report that they have either delayed or deferred a necessary medical procedure in the last year. Americans are more than ready for publicly-run healthcare that guarantees access at all levels of the system.

Unfortunately, the bill recently passed by the House of Representatives, The Affordable Healthcare for America Act (HR 3962), and the proposals being considered by the Senate will not provide the relief Americans so desperately need. Instead, these reforms were shaped and, in some cases, authored by the very same private interests who have spent decades collecting massive profits by restricting access to care. As a presidential candidate, Barack Obama sensed the growing public anger about healthcare and scored many popularity points for promising “universal healthcare coverage.” Once in office, after taking millions from the healthcare lobby, his rhetoric shifted to the neoliberal promise of “choice and competition” in healthcare.

The primary problem with HR 3962 and the Senate proposals is that all of the changes they propose are made within a for-profit system. The House Bill strips the insurance companies of the right to deny coverage based on a pre-existing condition. Yet, it de-links the public option from Medicare reimbursement rates, thereby surrendering

pricing to the private sector. The Bill removes the anti-trust exemption enjoyed by private insurers. However, it simultaneously mandates that all Americans carry some form of health insurance, thereby herding millions into low-coverage high-fee private plans. Each step in a positive direction is coupled with a restructuring that will enrich private insurance companies and pharmaceutical makers.

The bills lost further reform credentials as Democrats cut last minute deals with Republicans. Immigrants were removed from eligibility for the public option, abortions were written out of the proposal and Medicare funding was cut. The Medicare cuts are particularly cruel, since they will reduce an already compromised plan to bare bones coverage. Some of the cuts will limit private insurance profiteering, but others will slash necessary items such as exercise programs for seniors. Overall, these omissions signal that the reforms are not about providing comprehensive medical coverage, but about political expediency within the establishment political class. The next round of negotiations in the Senate is sure to produce even further regressive measures as campaign-donation driven legislators cut more deals.

What people in this country need is healthcare. It is their right as human beings. The only way to secure this



right is to place the healthcare system in public hands—to remove the profit-motive from the system. Single-payer healthcare, as embodied in House Resolution 676, would be a positive step in this direction. It would provide

universal access to care to all residents of the United States by abolishing private health insurance companies. In thirteen clearly written pages, HR 676 does the things the 1,990 page HR 3962 does not. Access to care is made universal, a framework is created to make bulk negotiations with hospitals and doctors and healthcare activists would be freed to set their sights on making the pharmaceutical industry public as well.

The Socialist Party USA therefore encourages its members and supporters to continue their work in the single-payer movement and to pressure elected representatives to vote “No” on the Senate proposal and, eventually, on the merged bill. All non-violent forms of protest should be employed to prevent the passage of this legislation. The protests should clearly oppose the legislation. We do not want a stronger public option, we want what is rightfully ours—unfettered access to healthcare services.

The passage of the weak and contradictory reform bills threaten to disgrace the notion that the public sector should play a prominent role in the administering of healthcare. Resisting the Obama, House and Senate proposals for reform not only promotes the idea that healthcare is a human right, it sends the message that people will not allow private sector campaign contributions to drive politics—the satisfaction of our needs as humans should shape legislation.

Access to healthcare is our human right. We must build a movement to secure this right.

Say no to HR 3962!

Say no to Obama Care!

Yes to single-payer!

Yes to a socialized medical system!

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