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[Single Payer Rises Again](#) [1]



When Sergio Espana first began talking to people, just over a year ago, about the need for fundamental changes in the U.S. healthcare system, confusion often ensued. Some people didn't understand why, if the Affordable Care Act (ACA) had passed, people still wanted to reform the system; others thought organizers were trying to sign them up for "Obamacare."

[Healthcare is a Human Right Maryland](#) [2], the group to which Espana belongs, is in pursuit of

something else: a truly universal healthcare system that would cover everyone and eliminate insurance companies once and for all. Espana and many others in the growing movement see opportunity in the renewed discussion around healthcare reform as the ACA's insurance exchanges go into effect.

They believe that the ACA's continued reliance on (and subsidies of) private insurance simply aren't good enough. People are still falling through the cracks, employers are trying to dodge the requirement that they provide insurance for their workers, and many states refused federal subsidies to expand their Medicaid programs. What these activists want is a program that would replace existing insurance programs, cover everyone regardless of their employment status, and be funded by the government, with tax dollars. Such a plan had strong support when the national healthcare overhaul was being crafted in 2009—including initial backing by President Obama—but the president and Congress decided it wasn't politically possible and passed the ACA as a compromise.

Now, the rocky launch of the healthcare exchanges that form the cornerstone of the Affordable Care Act has helped revive interest in single-payer, says Ida Hellander, director of policy and programs for the advocacy group [Physicians for a National Health Program](#) [3]. New York State Assemblymember Richard Gottfried, the author of a 20-year-old single-payer bill that is receiving renewed support, points out that single-payer would avoid many of the issues of the ACA's launch. "When you don't have means testing and you don't have to make guesses about who's going to cover your doctor or your ailment, it's very simple."

While Republicans on the national stage have been grandstanding about "repealing and replacing" the ACA, grassroots activists are on the ground in many states organizing their neighbors around the idea of real universal healthcare. A national program remains the end goal, but Nijmie Dzurinko of [Put People First! Pennsylvania](#) [4] believes that state efforts could have a domino effect. "Our job is to change what's politically possible," says Drew Christopher Joy of the [Southern Maine Workers' Center](#) [5], which is leading the effort in that state.

According to Hellander, about 25 states already have solid organizing toward single-payer, often accompanied by pending legislation. Some of these efforts predate the ACA: The [California Nurses Association](#) [6] led the charge for single-payer in the mid-2000s, twice getting a bill through the California legislature only to have it vetoed by Gov. Arnold Schwarzenegger. Hellander says that the ACA has slowed down some efforts at state reform, as officials turned to setting up exchanges, but the law spurred others in Minnesota, Washington, Hawaii and Oregon. In New York, Gottfried notes that his bill has support from physicians groups, the nurses union and a majority of the lower house of the legislature. And in Massachusetts, considered the laboratory for the ACA, single-payer is now on the table thanks to gubernatorial candidate Don Berwick, the former administrator of the [Centers for Medicare and Medicaid Services](#) [7] under Obama.

The biggest legislative victory to date has come in Vermont. Act 48, signed into law by Gov. Peter Shumlin in May of 2011, would begin to create a "universal and unified" healthcare system for the state. The bill, pioneered by the [Vermont Workers' Center](#) [8] (VWC), is at the cutting edge of national healthcare policy. Its passage resulted from years of on-the-ground organizing around the principle that healthcare is a human right—that it must be universal, equitable, participatory, transparent and accountable.

However, Act 48 marks just the beginning of a lengthy process toward healthcare for all

residents of the state, regardless of employment or citizenship. The next steps are to figure out how “Green Mountain Care” will fit into federal requirements set by the ACA and to pass a mechanism by which the program will be financed.

The VWC favors a more progressive income tax on individuals and employers, along with a wealth tax. Mary Gerisch, president of the VWC, says, “Even though new taxes or progressive taxation sounds very scary, in reality it’s going to be cheaper for everybody, just like it is in every other country, for them to pay it in taxation rather than to pay out of pocket at the doctor.”

This growing movement has attracted growing opposition, says Gerisch, who notes that a number of TV ads and websites have popped up to oppose Green Mountain Care. And [Vermonters for Health Care Freedom](#) [9], a new 501(c)4 organization founded by longtime Republican political operative Darcie Johnston, has paid for several ads and robocalling campaigns against the plan.

Small business owners, in particular, are susceptible to the fear that new taxes will put them out of business, Gerisch says. She mentions one example of a small business owner who was worried about a 10 percent tax (even though no tax has been decided upon), only to find out that he was already paying 13 percent of his profits to buy insurance for his employees, which would be unnecessary under a state plan.

Healthcare is a Human Right believes the organizing model pioneered in Vermont represents the best chance for passing universal healthcare, and the group is forging ahead with that model in its Maine, Maryland, and Pennsylvania chapters. Among the key elements are base-building and education. To combat corporate scare tactics, activists focus on arming citizens with good information.

In Maryland, according to Espana, more than 90 percent of the 1,200-plus people the organization has surveyed over the last year believe that healthcare is a right, and more than 86 percent support a publicly funded system. “Maryland has been coming off more and more as a progressive state. We’ve been able to get some version of a DREAM Act through, we got marriage equality last year—those are great victories but, economically, they’re not that transformational,” he says.


Joy sees an opportunity to build a strong community-labor alliance around universal care in Maine, where [the state AFL-CIO](#) [10] has gotten on board with the Healthcare is a Human Right campaign, and the [Maine State Nurses Association](#) [11] held a free health clinic to provide services and connect people to the campaign.

Dzurinko and Put People First! Pennsylvania have been organizing statewide—not only in Philadelphia and Pittsburgh, but in rural counties where the conventional wisdom has been that progressives can’t win. Dzurinko says that people in those counties frequently suggest, unprompted, that the U.S. should have a national healthcare system “like in Canada.”

“We often limit ourselves tremendously by not talking to people that we fear or that we have been told won’t agree,” Dzurinko says. “We can’t talk about universality unless we really are talking about everyone, and that means organizing in all communities.” Joy agrees: “If you’re not taking the time to really organize from the ground up, we’ll end up with the ACA again.”

For Espana, organizing around single-payer presents an opportunity to begin a broader discussion about economic justice and human rights. “All of these politics of austerity are just

lies,” he says. “Through a fight for healthcare reform you can demonstrate that not only is it morally righteous for us to have a universal healthcare system, but it’s actually cheaper.”

Attachment	Size
 <a href="#">In These Times February 2014.pdf</a> <small>[12]</small>	1.12 MB

February 3, 2014 - 12:00am — ayema

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