



Health Care for All - California

SINGLE-PAYER UNIVERSAL HEALTH CARE



Greetings California Single-Payer Activists!

HCA Board of Directors

Chair's Observations
Millie Braunstein

Chair

Millie Braunstein

Here we are, close to the end of June, and the state, nation and world continue to deal with the crisis brought on by COVID – 19. **We live day to day** with so many **unanswered questions** and **unreliable predictions**.

Vice Chair

Danny Braunstein

The **pandemic**, along with the uncoordinated response, lack of resources, loss of jobs, etc. **has magnified** problems within our society that go beyond access to health care. The **injustices and horrors** of the **inequities related to class and race** now lay open for all to see.

Treasurer

Yi Shephard

Given the lack of nationally coordinated resources to deal with the pandemic, the **people of California** have come **together to solve** the front-line **problems** that continue to emerge. Community leaders, providers and volunteers are securing personal protective equipment for essential workers, delivering food, securing housing for the homeless, providing virtual services and referrals, etc.

Recording Secretary

Vacant

Membership Secretary

Nel Benningshof

People continually show **resilience and creativity**. On-line communication has become the new way to connect with family and friends, to do business, to access educational resources and even to talk with health care providers.

Chief Technical Officer

Vacant

Single-payer **activists** continue to **join forces** and **speak with one loud voice**. **Californians can** take the **bold leap** and move to a **single-payer financing system**. More studies are not needed. The **evidence is clear** – **one unified financing system** is the **only way to achieve essential health care** that is **affordable for EVERY CALIFORNIA RESIDENT**.

Board Members

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Jump to Articles

- [Education and Training Opportunities](#)
- [Healthy California Now Report](#)
- [HCA Candidate Endorsements for 2020](#)
- [Sample Letters to the Editor](#)
- [Sample Editorials and Guest Commentary](#)



Forest Harlan

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Use Goodseach for searching and shopping. Select "Health Care for All - California as charity.

Use e-script when shopping or dining out. Select "Health Care For All-California Education Fund Inc" as nonprofit.

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June 12th - Healthy California for All Commission Hearing

A number of single-payer supporters were in attendance at the June 12th **Healthy California for All Commission hearing** ([recording available on their website](#) and [on YouTube](#)). With a notice of fewer than ten days, the commission staff reported **over 300 attendees on the Zoom meeting**. The Environmental Report and agenda, which was sent out prior to the meeting, identified that the Commission had formed two Stakeholder focus groups: one a provider group, and the other an employer group. **NO provisions had been made for a consumer focus group!!**

While the report indicated that the majority of Commissioners favored taking sequential steps, four spoke passionately about the **urgent need to address the disparities in health care** that Californians are experiencing. Questions and comments from the attendees were **very critical of the lack of consumer input**; the tone was urgent and pointed to a broken system. A **plea was made** for taking a "leap" to a **single-payer system**.

Thanks goes out to **all of you** who sent in your questions, comments and stories. The Commission Chair, **Dr Ghaly, clearly heard your input**. He expressed gratitude for the public process and stated that **a pause would be put on the recommendations** from the environmental report in order to **focus on the populations not yet heard from**. The **Healthy California Commission** just scheduled their **next public meeting** for **July 8**, sooner than anticipated!

[Healthy California for All Commission](#)

Zoom Meeting

Wednesday, July 8, 3:00 PM – 6:00 PM.

[Click here register to attend via Zoom.](#)

Register today!

The agenda is available [here](#).

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Education and Training Opportunities

Tues., June 30, 5 - 8 Pm Pt/ 8 - 11 Pm Et: One Payer States Office (OPS) Hours

The League of Women Voters of the United States had its health care caucus on June 24. OPS is offering this OPS Office Hours soon after the caucus, for basic education and advocacy while league members are newly motivated. This will not be limited to LWV members, but will be focused on the needs of any new advocates, with some breakout topics for more experienced advocates, as well.

At 5:30 PM PT/8:30 PM ET, Betty Keller, MD will be giving a short outline on the basics how single payer works for the different participants: the person getting health care, the person or entity providing care, and the administration of the

system, followed by plenty of opportunity for Q + A. We will be discussing such topics as eligibility, accessing the care, how the doctor's office or hospital gets paid, how you pay your share of your care, and what potential it has for improving public health based on the single risk pool.

[Click here for more information about OPS Office Hours.](#)

Tues., July 7, 4 - 6 PM Pacific: LWV Tutorials for Activism

The League of Women Voters is providing an opportunity for Health Care Activism trainings, to follow up on the Caucus. Some tutorials will be specific to League work, so along with the caucus, this is a good place to refer your League friends who may be on the fence regarding advocacy for a publicly-funded universal health care system, not knowing what LWV national policy allows them to do.

Barbara Pearson is inviting you to a scheduled Zoom meeting.

Topic: HCR4US Zoom Meeting

Join Zoom Meeting

<https://umass-amherst.zoom.us/j/771520361?pwd=SFBqdXBqUGZ1VzhObHRiR0hMWlIKZz09>

Meeting ID: 771 520 361

Password: SinglePay

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[Click here for more single-payer healthcare resources from the League of Women Voters.](#)

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Healthy California Now Report

By Pat Snyder, HCA's Representative to Healthy California Now (the statewide single-payer umbrella organization)

Cindy Young has stepped down as HCN President due to personal work demands. Plans to fill her position have not been announced. Thanks to NUHW, Michael Lighty will provide support to operation of the coalition in the interim.

Prior to the announcement of the Healthy California for All Commission meeting on June 12, HCN sent a letter to Governor Newsom and Dr. Mark Ghaly, HHS Secretary and Chair of the Commission urging that it be reconvened. HCN remains in contact with commission staff and is submitting a letter to the Commission in response to the meeting. It requests greater opportunities for

public input and more timely access to Commission documents. The letter continues our advocacy for a larger public voice in the advisory group structure.

Advocates are urged to review the [“Environmental Analysis of Health Care Delivery, Coverage, and Financing in California” report](#) published by the Commission, as it contains information that will be useful to us in working to influence the work of the Commission.

Health California Now has published a statement on racial justice and police brutality. The statement also highlights the injustice in health care which people of color experience, resulting in severe disparities in health access and outcomes. [The statement is available here.](#)

HCA will resume monthly meetings in July; the dates are to be determined.

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HCA Candidate Endorsements for 2020

by Dan Hodges

As a 501c4 tax exempt organization, HCA – CA and the HCA chapters are permitted to endorse candidates. Recently, certain HCA Chapters as well as the Board of Directors have made endorsements of selected candidates for the state Senate and Assembly, as part of HCA’s “Healthy Majority” campaign in 2020. The mission of the Healthy Majority Campaign, first launched in the spring of 2008, is to help elect super majorities – “the Healthy Majority” – of pro-single payer candidates to the Senate and Assembly.

Pro-single payer candidates who are in an electoral district where there is an HCA chapter can be endorsed by the Chapter. (When there is more than one HCA chapter in an electoral district, each of those chapters must agree on the endorsement.) When there is a pro-single payer candidate in an electoral district where there is no HCA chapter, then the HCA board can make the endorsement.

Below is an example of the message sent to the candidate after an endorsement is made:

Health Care for All – California (HCA) is a nonprofit grassroots organization dedicated to achieving guaranteed universal health care using a publicly financed single-payer system. We endorse candidates for statewide legislative offices after reviewing their stated positions regarding support for prospective single-payer healthcare legislation. The organization’s website is at: <https://healthcareforall.org/>.

For the November 3rd. election, HCA endorses Scott Rhinehart for Assembly in District 73.

Please add “Health Care for All – California” to your list of endorsements on your campaign’s website. You may cite our endorsement in your campaign literature and public announcements.

HCA’s logo is attached, in case you want to post it on your endorsements webpage and include it in your literature.

In response to this message, the candidate replied as follows: "On behalf of myself and our entire campaign team, thank you for this endorsement. Very honored. In solidarity! Scott"

HCA-California 2020 Candidate Endorsements:

Senate:

Pamela Swartz (SD1)
Nancy Skinner (SD 9)
Scott Wiener (SD 11)
Josh Becker (SD 13)
David Cortese (SD 15)
John Laird (SD 17)
Toni Atkins (SD 39)

Assembly:

Jim Henson (AD 3)
Kevin McCarty (AD 7)
Veronica Jacobi (AD 10)
David Chiu (AD 17)
Rob Bonta (AD 18)
Alex Lee (AD 25)
Ash Kalra (AD 27)
Mark Stone (AD 29)
Maria Estrada (AD 63)
Liz Lavertu (AD 71)
Scott Rhinehart (AD 73)
Cottie Petrie-Norris (AD 74)
Sarah Davis (AD 78)

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Sample Letters to the Editor

Dear Editor,

It is undeniable that the numbing isolation forced upon us by the pandemic has given us time to brood over all that we have lost: jobs, healthcare, loved ones, wholesale forfeiture of our previous quality of life. One way to begin to lift ourselves out of the depths of our despair is to use this opportunity to improve on our pre-pandemic lives.

More than anything else, the pandemic has exposed the dysfunctionality of our employer-provided healthcare system that is profit-dependent and reliant on an excruciatingly complex, redundant, and wasteful private insurance system. The health crisis may be global but the healthcare crisis is uniquely American.

Not only have millions of Americans suddenly become unemployed but simultaneously deprived of their healthcare at a time when they need it most and can least afford to be without. Ironically, hospitals and healthcare workers

are also financially strapped as their normal activities have been deferred to control the spread of the coronavirus.

It is time to admit that the average American cannot afford to continue to prop up a system that could very well bankrupt them if they face a medical catastrophe. There is a reason that the rest of the industrialized world relies on some sort of single-payer health care system.

Nationally, California is once again leading the way in exploring a single-payer universal health care alternative. Call or e-mail Governor Newsom and your state legislators to voice your support for a single payer plan.

Join your local Healthcare for All Chapter. Your health and your finances will benefit from your activism.

Linda Baumann

Dear Editor,

It is a false belief that money can be saved on a healthcare system that involves profit taking. To correct that belief, we must consider the wasteful 18% administrative, overhead costs incurred by private health insurance companies compared to, for example, the 1 1/2% Medicare expends. Also included are the billions of dollars in profit taken by pharmaceutical companies, charging us sometimes as much as 100 times the overseas cost.

These are the simple principles supporting the idea of single payer, a system whereby a single, public, non-profit agency (in this case, the government) administers the payment of all medical bills and costs without disrupting privately delivered health care.

Taking out profit, reducing overhead, accompanied by negotiating prices with corporate pharmaceutical companies, would give us the latitude to spend less (anywhere from \$2-5 trillion in the next decade) and provide high-quality healthcare access to every resident, instead of the inequitable, rationed-by-income, piece-meal, non-system we struggle under today.

This change will give us unprecedented freedom of choice in any doctor, clinic or hospital as well as freedom from fear of financial ruin due to medical bankruptcy. This program would guarantee coverage for all, from cradle to grave, regardless of employment, race, gender, economic or marital status—you get the idea, everyone in, no one out.

Concepts like freedom, independence, security, protection of family, and the American Dream, all embedded in both conservative and progressive values, are realized in a single-payer health care system--a simple, elegant and superbly American proposition.

Patty Harvey

Dear Editor,

With the pandemic, I hope it is apparent to everyone that it is in our common interests to have a healthy community. To be healthy, we need to ensure that our bus drivers, garbage haulers, fast food workers, housecleaners, nursery school teachers, homeless people, doctors, politicians—are all healthy.

The only way to insure everyone in our community is healthy is to have universal health care. Single payer has worked so well in many countries and they spend far less on healthcare than we do. And, they are healthier in those countries and live longer.

People, through no fault of their own, are losing their jobs due to the pandemic, and at the same time those who have it, lose their health insurance. It makes no sense to tie health insurance with jobs at a time when people are forced to change careers as many jobs become obsolete.

Our insurance companies don't work to keep everyone healthy. They make their money on our sickness. We get less care and pharmaceutical company and insurance companies profits soar.

Visit Wikipedia and see a map of the world with countries that have universal free healthcare. They are the numerous. We can come up with the money, just as we have done to fund the coronavirus crisis.

We need everyone to help change the way we do business in this country. Write a letter, join a Healthcare for All group, call your representatives. We live in a participatory democracy only if we participate.

Jean Jackman

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Sample Commentary/Op-Ed

Understanding the Health Care Reform Options

by Leah Schwinn

[The Partnership for America's Healthcare Future](#) - Have you heard of this group? It represents health insurance companies, pharmaceutical companies and for-profit hospitals (our local Sierra Nevada Memorial Hospital is a non-profit). They are spending millions of dollars to scare Americans about Medicare for All, so while you may not have heard of them, you are likely to hear from them.

The following quotes come directly from their website. Let's review their goals. "Every American family should be able to afford the care." "They need to lead a healthy life." "We want to work together to lower costs." Then why do pharmaceutical drug prices and insurance premiums keep rising?

The Affordable Care Act required everyone to buy health insurance. People bought what they could afford to pay monthly (a low premium), but their high deductible keep them from accessing the care they need. These are the underinsured.

Today 84.2 million Americans are uninsured or underinsured. Medicare for All would cover everyone. The Partnership wants to “Build on the strength of the employer-provided health coverage that more than 180 million Americans rely on today.”

But the underinsured rate is growing fastest among those receiving employer-provided health care. And many workers are paying a higher share of their premiums. Our businesses can no longer afford the burden of providing health coverage to their employees. It’s hurting our economy.

The Partnership says, “Health care decisions should be made by patients and their doctors – not politicians.” Right now, you and your doctor decide what is best for you, but you need the health insurance companies’ approval of that care. These companies weigh your care against their profits. The more claims they deny, the more profit they make.

They consider Medicare for All, Medicare Buy-in or a Public Option to be “starting over with a brand-new government health insurance system.” We’ve had Medicare for 55 years. Expanding what we have is hardly starting over.

Medicare has very low overhead. It runs about 2-3% overhead compared to ten times that much for private insurance companies. If Medicare were expanded to cover everyone, it would include younger, healthier people. Medicare could then afford to provide more benefits.

The Partnership declares that “Any one -size -fits -all new government health insurance system would mean Americans would have to pay more, to wait longer for worse care.”

A study published Feb. 15, 2020 in the Lancet Health Policy Journal from Yale University, finds that with Medicare for All, we would realize a 13% savings in national healthcare expenditures, equal to more than \$450 billion dollars annually and save more than 68,000 lives.

The Partnership tells us that some plans proposed may cost \$32 trillion. They don’t mention that figure is for ten years. They don’t mention, that with our current system we will spend \$47 trillion over the ten years.

According to their website, every American will pay more taxes. It doesn’t mention that almost every American will be paying less because there will be no premiums, deductibles and co-pays to pay.

Many studies have shown that wait times in America are comparable to wait times in the other industrialized nations who provide universal coverage with better health outcomes than America.

American healthcare has fallen in health outcomes like infant and maternal mortality rates. We will not pay more. We will not wait longer. We will have better care.

Medicare is a single-payer system - one payer. It is not socialized medicine, where the government owns the hospitals and employs the medical staff. Medicare just pays the bills. In Medicare for All, all of the providers, doctors and hospitals would remain the same, but we wouldn’t have the networks the insurance companies put in place to limit our choices.

When everyone is in the same plan, savings from greater efficiency, and money now spent on profits, advertising, lobbying and exorbitant CEO salaries, would enable Medicare to improve the number of benefits, and expand to cover everyone. No one will go bankrupt from medical bills.

Medicare for All, which the Partnership wants you to be afraid of, would provide everyone with high quality care. Dental, vision, hearing, mental health, women's health, and long-term care will be included. There will not be a sudden disruption of the system. Bernie Sanders's Bill in the Senate has a 4-year transition plan. HR 1384: Medicare for All Act (Rep. Pramila Jayapal) proposes a 2-year transition.

The only healthcare future the Partnership cares about, is their future profits. Let's put patients over profits instead.

We Need Clarity while Talking 'Medicare for All'

by Patty Harvey

There are those who would seek to alleviate the fear, engendered by lack of information about single payer health care, by promising to water down the sound proposals for universal health care now upheld by numerous, non-biased, fact-based studies as well as by the single-payer success stories in every other industrialized democracy on earth.

Instead, half-baked plans like Medicare X, Medicare Buy-In and Public Option confuse the issue. These proposals are designed to elicit political support without addressing the importance of correctly educating the public about real, effective change that would save money and save lives.

The idea of simply "improving on the ACA," and our existing complex, ineffective, inequitable, and ruinously expensive current non-system is hoping for a silk purse from a sow's ear. Any "improvements" that allow for-profit entities to continue to add ever-complex bureaucratic layers and expense on the costs of care are anathema to success.

Pitting a public option against corporate health insurance would quickly result in a two-tiered population of the poor and un-healthy overburdening the government-funded option—a race to the bottom as the for-profit groups select the wealthiest and healthiest.

Going that route today may salve the risk aversion that dominates the uninformed, but would end in disappointment coupled with the conclusion, "We tried healthcare reform, and it doesn't work."

Improved Medicare for All means specifically single payer; it is not socialized medicine or even "government-run" medicine. The federal government becomes the entity that handles payment of bills.

Unlike private insurance plans, Medicare does not control doctors, their recommended treatments or drugs, or hospitalization. The paperwork, formularies, requirements and restrictions that are part of for-profit health insurance plans have driven hundreds of docs across the border to Canada. They can practice medicine without insurance breathing down their necks, and save the some \$100,000/year cost in fighting them. In fact, doctors recently

were offered a pay raise in Quebec, which they refused saying their salaries were already sufficient, and extra funds should go to improving the health system.

Single payer also means no more premiums, deductibles, co-pays. It means a health care card given at birth entitles every resident to quality health care for life with any doctor or hospital they choose. People may have to pay slightly higher taxes, but the savings on no medical bills ever, more than compensates for the “loss” of private insurance!

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