



Health Care for All-Washington Newsletter

An informational publication of HCFA Education Fund for health reform advocates

Fall 2018

Is Medicare for All "Socialist"?

By Martha Koester

According to the traditional definition, no. It is a question about who owns the means of production, though socialists have never entirely agreed on who should own the means of production. The socialists who led the Russian revolution thought that the state should own them and operate them in the interests of the proletariat, which would supposedly eventually lead to communism and the dissolution of the state. But "left socialists," now commonly known as anarchists, thought that ownership should be in the hands of small collectives of workers and that the state should have a minimal role in production. They thought that a centrally planned economy was a bad idea.

People who pay a lot of attention to public policy usually are familiar with these traditional definitions, but "socialism" as a modern meme is construed differently by various sub-populations. For people over 60 (or anyone old enough to have participated in school drills where you hide under your desk upon warning of a nuclear attack), the term invokes the Iron Curtain, suppression of dissidents in Eastern Europe, and the arms race. However, for the last forty years, conservatives in the US have commonly called any spending of money by governments for the benefit of the general public "socialist." We live in a universe of discourse in which this has become, for all practical purposes, what socialism means.

There is a sense in which public goods really are socialist. "From each according to his ability; to each according to his needs" does indeed loosely describes how public fire departments operate. You pay to support the fire department according to how much your property is worth, but they don't send out a truck unless you have a fire. This is a huge improvement over having several private fire departments waste time arguing about who has the right to put out a fire as your house burns to the ground—Benjamin Franklin had figured that out in the 1730s. Even if you don't have school age kids, you benefit from living in a society with an educated work force and from having publicly financed transportation infrastructure. In fact, America was the first country in the world to treat elementary education as a public good. Most developed countries treat health care as a public good. By and large, market goods cannot even exist without solid investment in public goods—roads are necessary for people to have iPods, but not the reverse. That health care is not considered a public good in the U.S. costs our economy billions.



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HEALTH CARE FOR ALL
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advocates for high
quality, sustainable,
affordable, publicly
funded health care**



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Health Care for All-WA Newsletter

Fall 2018

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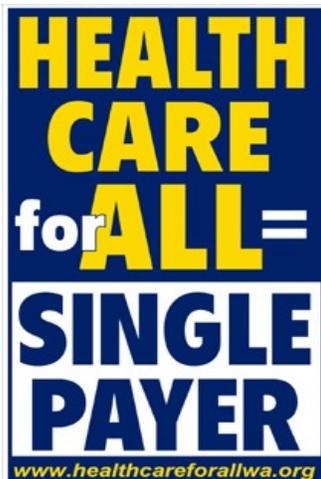
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From the President's Desk

by Marcia Stedman, President.

Now that autumn is here and the days are getting shorter, it's time to take stock of where we are, where we want to be, and how we will get there.

2018 Mid-term Election Season

Access to affordable health care tops the list of voter concerns in this 2018 campaign season, and the candidates are listening. For many of them, universal health care is their signature campaign issue and we are hopeful that once in office they will deliver on their promised support. Want to know where your candidates stand on this important issue? You can view the results of our candidate questionnaire in our online 2018 Voters' Guide at:

http://www.healthcareforallwa.org/2018_candidate_questionnaire_results.

2019 Legislative Session Preparations

HCFA-WA leadership has been meeting with House and Senate legislative staff and an economist from the University of Washington as we begin drafting our revised 2019 WHST legislation. We are pleased with the collaborative relationships that have developed with the staff as well as with our Prime Sponsors Rep. Nicole Macri and Sen. David Frockt, and we look forward to working with them on developing this important bill over the next few months.

What to do now:

Make plans to attend the HCFA-WA Annual Meeting on Saturday November 17th, at Horizon House in Seattle, and invite your friends. Please see the announcement elsewhere in this Newsletter.

Participate in Town Halls and Candidate Forums. Ask the candidates if they support universal health care and if they will co-sponsor our 2019 legislation. Let us know of public events in your area by posting the information on our Facebook page, or sending us an e-mail at

communications@healthcareforallwa.org and we will get the word out to others.

Request a presentation by a member of our Speakers' Bureau here: <http://www.healthcareforallwa.org/contactus> We will be happy to provide updates on our progress to your group or club, and answer your questions as well.

Make a financial contribution to support our statewide education and mobilization efforts. You can make a one-time donation or become a sustaining member by making a budget-friendly recurring donation at whatever level works for you. It's easy to do this either online at <https://healthcareforallwa.nationbuilder.com/donations> or by mail using the enclosed remit envelope.

And last, but certainly not least, please remember to VOTE!

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Fundraising Committee Report

By Peter Lucas, MD, Chair

On July 28, HCFA-WA held its first ever gala event. A goal, in addition to raising our profile and generating excitement for our cause, was to raise funds to support our efforts. We were successful in that regard, and raised many thousands of dollars. However, we did fall short of our financial goal. We subsequently identified several reasons for not achieving our aim, and will take these into account when there is another gala. We fully expect to do better the next time.

Over the past few months, members of the Fundraising Committee, board members and staff have met with several potential major donors and organizations who have a strong interest in our cause. There are further meetings scheduled. While the meetings so far have not produced significant concrete results, we expect that several of these individuals and entities will make donations, especially when they are informed of our progress, legislative strategy, support, and planned activities. Some have indicated that they will wait until after the mid-term elections.

HCFA-WA engaged the services of a

professional fundraising firm for three months earlier this year. Frankly, we were somewhat disappointed by the results of that relationship and have decided not to extend the contract. However, we might contract with individuals who have fundraising skills for specific projects in the future.

Grassroots organizing and development have been a winning strategy for many causes. Bernie Sanders' presidential bid is a shining example. His campaign raised large amounts of money by pooling relatively small donations from millions of individuals. While we cannot match his numbers, clearly expanding our base of support and donations could do much to help us financially. So we urge readers of this newsletter to make a one-time or recurring donation to HCFA-WA or HCFA Education Fund at: <https://healthcareforallwa.nationbuilder.com/donations>

And don't forget to come to our 2018 Annual Meeting November 17! (Details elsewhere in this issue)

###

Maternal Mortality Rate Cut in Half in California

Review by Sarah K. Weinberg, MD, Editor

An interesting article was published in the September 2018 issue of Health Affairs, "Addressing Maternal Mortality and Morbidity in California through Public-Private Partnerships". The authors, Elliott K. Main, Cathie Markow, and Jeff Gould, are professors at Stanford University.

California is a huge state with a highly diverse population and much geographical variation, making it a good model for the U.S. as a whole. There are nearly 500,000 births every year, about 1/8 of births in the U.S. Similar to the U.S., California noted a rise in maternal mortality, severe pregnancy complications

("severe morbidity"), and caesarean section rates from 1990 into the 2000s. Maternal mortality was 13.1 per 100,000 births in the baseline average (2005-09).

Starting in 2006 the California Department of Public Health began a Pregnancy-Associated Mortality Review project working with the California Maternal Quality Care Collaborative (also begun in 2006) involving clinicians, hospitals, and other stakeholders. This large group of multidisciplinary experts worked out four key steps in the journey toward large and sustained improvement in maternity outcomes:

Continued on p 5

Political Action Committee

By Chuck Richards & Ronnie Shure, Co-Chairs

Striving for a record number of co-sponsors, HCFA-WA introduces two WHST bills in 2019.

The campaign season is upon us again. Every two years before the general election, Health Care for All-Washington finds that this is our best time to reach new candidates and legislators to tell them people want universal health coverage for ALL Washington residents.

During this campaign season, HCFA-WA has two asks: First, we ask candidates and incumbents to commit to co-sponsor the Washington Health Security Trust (WHST) in the first week of the upcoming legislative session. Bring along your friends and neighbors who care about “state-wide health security you can trust, regardless” to your constituent meetings. Candidates and incumbents for the House can see the latest version as HB 1026 (2017-18). Those for the

Senate can see the latest version as SB 5701 (2017-18).

A second bill is being developed with our prime sponsors, Rep. Nicole Macri (D-43) and Sen. David Frockt (D-46) that will include key elements of the WHST bill and lay a foundation for later passage of a revised WHST bill with a detailed financing system. More information should be available by November. Meanwhile, if you have questions, contact us at action@healthcareforallWA.org.

The voice of constituent voters is strongest during an election campaign. Some candidates have already committed to signing on in our 2018 Candidate Questionnaire. Check the latest results for your LD on our website, www.healthcareforallWA.org, then clicking on Voters’ Guide, General Election Edition.

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Voters’ Guide on the HCFA-WA Website

By Kelly Powers, Vice President

New for this election season, HCFA-WA has created an online Voter’s Guide on our website for supporters to check how their state legislative candidates have responded to our Candidate Questionnaire asking them if they plan to support the WHST legislation if elected.

Summary of the responses so far:

- 86% of LDs have at least one candidate who has responded
- 64 candidates have replied that they will vote for and co-sponsor a WHST-like bill
- 38% of general election candidates have responded so far, including 12 just last week

Find your legislative district on our website page:

www.healthcareforallwa.org/2018_candidate_questionnaire_results.

We are still getting some responses trickling in, and we plan to send one more email reminder. For candidates in your LD, do ASK them to support our bill when you go to candidate forums this month. Be specific! And thank the ones that state sincere support.

###

Medicare and socialism

Continued from p. 1

Since we are trying to sell the voting public on the proposition that health care should be a public good, replying to the question “Is Medicare for All socialist?” should never be “No,” even if this is the correct answer by historical definition. What we should do instead is immediately pivot to the issue of public goods, as in “What we are advocating is that health care should be a public good, like roads and public safety. Medicare for All will make this happen.”

When conservatives attack the idea of health care as a public good, we should explicitly defend all public goods by name, because public goods in general are under attack. While most understand the need to be taxed for things like roads, fire and police departments, and the military, there is less agreement on the need to be taxed to support public schools, universities, libraries, public art, and performance facilities. Only a few libertarians imagine that they can be entirely self-sufficient.

Note that the foundational nature of public goods allows plenty of room for all kinds of supplemental private augmentations. If your kid needs help in a particular school subject, you can

hire a tutor. You might decide to add fire extinguishers in every room in your house in addition to the smoke alarms required by the building code. If the cops don't cruise by your warehouse often enough, you are free to hire security guards in addition.

Promoting the idea that health care should be a public good also leads us to many potential coalition partners who also are involved in the provision of public goods.

It isn't any surprise that Millennials have a favorable impression of socialism. They grew up in a world in which conservatives have defined all public goods as socialist, and if that's socialism, then they want a nice big helping of it. Gulags and the Berlin Wall are things that they read about in history class and promptly forgot about after finals are over. As Cold War memories fade, more and more people will be making the default assumption that public goods are “socialist.” Why should people pay taxes to pay for health care if they are part of the 85% majority who account for only 15% of health care costs? For the same reason that they pay taxes to support the fire department even though very few people have fires. ###

Maternal mortality

Continued from p. 3

1. Link public health surveillance to action steps – the intensive review of each maternal death analyzed contributing factors and the Collaborative could develop large-scale quality improvement efforts to address identified problems.
2. Mobilize a broad set of public and private partners – this started with organizing the Collaborative and getting a large number of hospitals and providers, payers, public groups, etc. to join.
3. Establish a low-burden, rapid-cycle data system – the Collaborative established the Maternal Data Center to do this.
4. Implement focused public health and clinical intervention projects – using results from the intensive review, the Collaborative was able to prioritize projects to address the most common causes of maternal mortality, and to create quality improvement toolkits,

learning collaboratives in 75% of California's hospitals.

Good results we noted within a year or so of this work, and by 2015 California's maternal mortality had dropped to 7 per 100,000 births, comparable to western Europe's 7.2/100,000.

How is this related to HCFA-WA and its advocacy of universal health coverage?

This large collaborative effort is exactly what a publicly funded universal health coverage system could enable, and it illustrates why U.S. maternal death rates are so much higher than in western Europe. A unified health care system that provides coverage for everyone residing in the U.S. would make such collaborative projects much easier to set up, and also enable extending the model to other areas of health care in addition to maternal care.

###

Bits and Pieces

Former UN chief chides U.S. for lack of universal health coverage

In an interview with The Guardian, former UN Secretary-General Ban Ki-Moon stated that failure to provide health care to 29.3 million people is “unethical” and “politically wrong, morally wrong”. Why is the U.S. an outlier?

“...the political interest groups are so, so powerful, Even presidents, Congress, senators and representatives of the House, they cannot do much so they are easily influenced by these special interest groups.” Ban hopes that California or New York will be the first to pass a single payer bill, sparking a national wake-up call.

Ban’s interview came as member of The Elders, a group started by Nelson Mandela to promote peace and human rights, and to promote ideas like universal health care.

Expanded Medicaid leads to dramatic drop in rural uninsured residents

The *Denver Post* noted that the rate of uninsurance among rural Coloradans dropped from 42% (2008-09) to 13% (2015-16), thanks to Colorado electing to expand Medicaid under the ACA.

WABE, an Atlanta radio station, noted that in Kentucky, where Medicaid was expanded, the rural uninsured rate dropped from 1 in 3 to 1 in 6, while in Georgia, where Medicaid was not expanded, the rural uninsured rate has

remained steady at 1 in 3.

California legislature shifts away from single-payer to a public option

Reported in Don McCanne’s quote-of-the-day on 9/25/18:

- AB 1810, enacted in June 2018, established a Council on Health Care Delivery Systems, and included instructions to develop a plan to provide coverage and access to health care through a unified financing system for all Californians.
- This week, Gov. Brown signed AB 2472, a bill that instructs the Council to determine the feasibility of a public option plan to compete with private plans. The report back is due in October 2021.

This effectively stalls any action in California for the next 3 years. Best for Californians to turn their attention to national Medicare for All, supporting candidates for Congress who pledge to support it, and a federal administration that can implement it.

Brief report from Spokane

Spokane HCFA supporters had a booth at Valleyfest 2018 the weekend of Sept. 21-23. They signed up 25 new people in two days. Way to go, Spokane!

###



Join Now for 2018!
Health Care for All – Washington

Yes, I'll join to work for high quality, sustainable, affordable, publicly-funded health care for ALL Washington residents

Circle how you can help: Speaking/ Fundraising/ Phoning/ Demonstrations/ Writing/ Action Teams/ Meet with legislators/ Online & Social Media/Other _____

\$ _____ Contributions to **HCFA Education Fund**, a 501(c)3, are tax deductible.

\$ _____ Contributions to **Health Care For All-WA**, a 501(c)4, go for vital organizational growth, but are **not** tax deductible.

\$ _____ total

Suggested contribution \$35 _____ \$ 50 _____ \$100 _____ Other \$ _____

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Phone _____ Email _____

Legislative District _____ Monthly email bulletins __ Yes __ No

Thank you for your support.
Health Care For All-WA
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Join us for a 2019 Legislative Update in your LD

Every two years HCFA-WA sets up constituent visits with legislators in each LD across the state. This effort can use your energy and skills. For more information, contact us at action@healthcareforallwa.org. Give us your LD number and a phone number to contact you. To help support our work this fall, here are some questions for you:

- Do you know your legislators, or do they know you?
- Can you make appointments with any of them for a meeting?
- Can you recommend a place in your LD where neighbors can meet to talk about the latest developments in advocating for universal health coverage before the meetings?
- Are you free to do any calling of other HCFA-WA supporters in your LD?
- Are you interested in hosting a house party for friends or neighbors for an update on universal health coverage in our state?

Health Care for All-Washington

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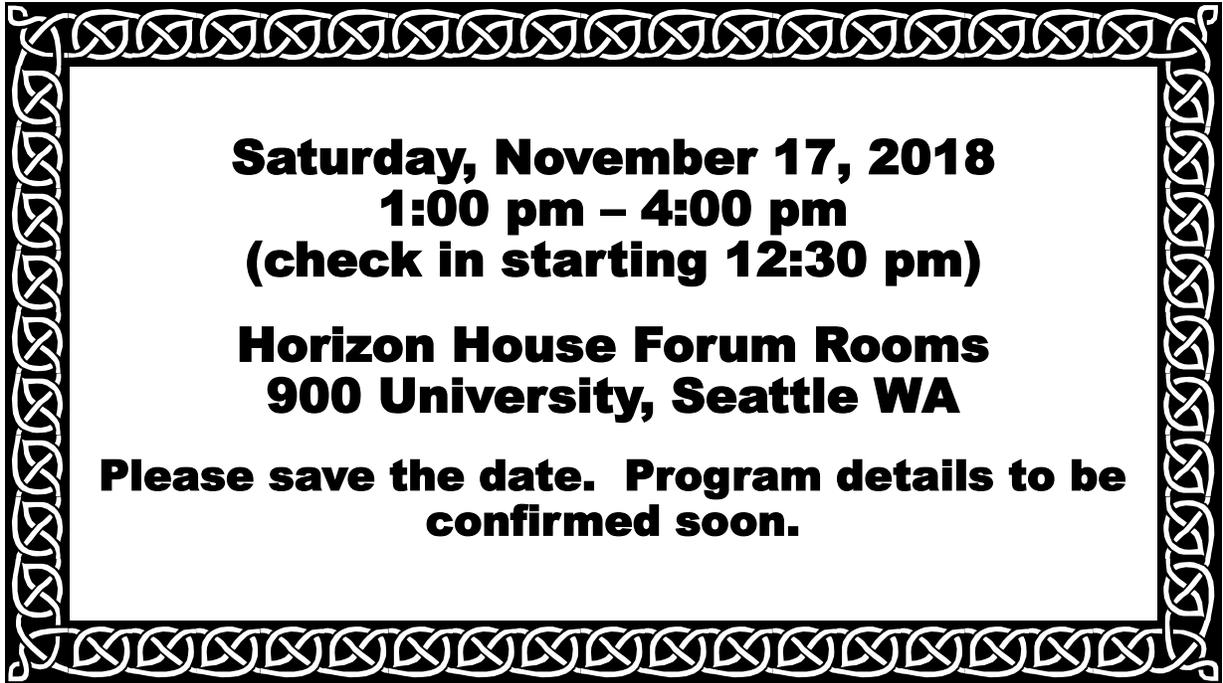
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HCFA-WA Annual Meeting



Saturday, November 17, 2018
1:00 pm – 4:00 pm
(check in starting 12:30 pm)

Horizon House Forum Rooms
900 University, Seattle WA

Please save the date. Program details to be confirmed soon.