

# Everybody In

*Healthcare-NOW!'s Quarterly Newsletter on the Single-Payer Healthcare Justice Movement*

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## 2014 National Single-Payer Strategy Conference!



Healthcare-NOW! hosted its tenth annual Strategy Conference in Oakland, CA this year, where over 300 activists converged for our first joint conference with the Labor Campaign for Single-Payer Healthcare and the One Payer States network.

The conference offered thirteen plenaries and fourteen workshops, covering the history

and prospects of state single-payer ballot initiatives, how to make labor-community collaborations work, developing strategic work plans, the health care is a human right model, organizing around HR676 to build the national movement, and more.

Healthcare-NOW! created a Wiki for the conference, and attendees have uploaded

their notes, photos, and video of every single speaker and workshop. If you missed the Oakland conference, or are interested in the workshops that you missed, visit the wiki here:

<http://singlepayer2014.wikidot.com>

## Hobby Lobby & Wal-Mart

### *2014's Wake-Up Call on Employer-Based Health Insurance*

By Benjamin Day

2014 was supposed to be the year the Affordable Care Act finally started turning its wheels: expanding Medicaid in the states with sane leadership, and rolling out exchanges (or "insurance marketplaces") everywhere. We all know how the story of bring-insurance-to-the-uninsured has gone, but the surprise plot twist for 2014 effects a much larger group of people: those who rely on their employer for health insurance.

In June the Supreme Court ruled in *Burwell v. Hobby Lobby* that private employers have the right, based on their religious beliefs, to eliminate coverage of certain forms of

contraception from the health insurance they offer to their employees.

In October, Wal-Mart - not to be outdone - unilaterally eliminated health insurance coverage for all of its employees working less than 30 hours per week, and increased the insurance premium for all of its other workers. The cut for part-timers affected only 30,000 of Wal-Mart's more than 2 million employees, because so few of their part-time workers could afford the company's health plan on a Wal-Mart wage in the first place.

The decisions produced a national wave of calls to end a system of health insurance that subjects workers' life-saving access to health

care at the whims of their employers. Princeton health policy expert Uwe Reinhardt published a rebuttal to the Hobby Lobby ruling in the *New York Times* that concluded: "The Supreme Court's ruling may prompt Americans to re-examine whether the traditional, employment-based health insurance that they have become accustomed to is really the ideal platform for health insurance coverage in the 21st century."

We can't think of any century in which employer-sponsored healthcare would be moral or efficient, but we plan to make this the century it comes to an end.

## John Lozier Speaks With Us About Homelessness and Healthcare

*John N. Lozier has been executive director of the National Health Care for the Homeless Council since its founding in January 1990. The Council is a network of more than 10,000 doctors, nurses, social workers, patients and advocates who share the mission to eliminate homelessness. John lives in Nashville, TN with his wife Joceline, and sits on the Board of Healthcare-NOW!*

### Can you start off by talking about how people come to experience homelessness, and whether the healthcare industry plays a role in that?

Medical debt, deeply rooted in the current system, is a major and often overlooked contributor to homelessness. PNHP research shows that over 60% of personal bankruptcies in the US are the result of medical debt. From bankruptcy there is a well-worn path through eviction, followed by temporary stays with family or friends, to sleeping in a car, a shelter or outdoors.

Beyond that driver of homelessness, untreated illnesses play a huge role in selecting who will experience homelessness in an economy that is sorely lacking in affordable housing. Those who are most quickly squeezed out onto the streets tend to be those with so-called “behavioral health” problems – addictions and mental illnesses. Without minimizing the difficulties in treating these diseases, very helpful treatment approaches do exist, but are far from universally available. Uninsurance and underinsurance play a central role in excluding people who need and want treatment. Even when one has a payment source, system insufficiencies create wait lists for people who need to enter treatment at the point when they are ready.

### Does homelessness and housing insecurity create particular challenges for accessing needed healthcare?

Most assuredly. The Institute of Medicine of the National Academy of Sciences recognized this as early as 1988 in its seminal publication, *Homelessness, Health and Human Needs*. Beyond the very high uninsurance rates in the homeless population, competing survival priorities can take precedence over seeking health care. Just as people a bit higher in society’s pecking order might have to choose between paying for medicine and heating the house, people experiencing homelessness may have to choose between standing in line for a meal or a chance for a shelter bed and standing in line or waiting for a health care visit. Think about Maslow’s hierarchy of human needs, and what choice you would make.

Transportation is another problem. While public transportation and safety-net services sometimes help, many people without homes must walk to get places, and services are not always located close to

areas where people stay. In Health Care for the Homeless, we see terrible foot problems, a result of all that walking, of sleeping sitting up (fluids pool in the lower extremities), and of high rates of diabetes.

Poor provider attitudes toward people who are obviously homeless and distressed – perhaps with poor personal hygiene (hard to control when you’re on the streets!), bad odors and strange behaviors – create new barriers to care. People are pushed away in ways ranging from subtle to brutal.

### If a single-payer healthcare system were implemented in the United States, how would that effect homelessness?

It would help to end mass homelessness by dramatically improving access to care. It would reduce immense human suffering.

Medical debt would be a thing of the past, closing a front door into homelessness. At the primary care level, the barrier of co-pays and deductibles (an oddly emerging barrier for dispossessed people as they become auto-enrolled in Medicaid managed care programs under the Affordable Care Act) would be eliminated. Specialty care and non-emergency procedures would become available – no longer would people living under bridges have to forego oncology services or cancer surgery for lack of a payer. And reasonable health planning would help ensure appropriate geographical distribution of services.

### Adequate housing and access to healthcare are both fundamental to quality of life and human dignity, but they are also two massive industries in the United States. Do you see parallels between the social movements to recognize healthcare and housing as rights? Are there spaces where these two movements could work together?

We do work together. We share the theoretical perspective that housing and health care are both human rights, and as such are interdependent and inseparable. Moreover, we recognize on a very practical level that housing *is* health care: one cannot expect to get well or stay well when living without housing, exposed to all sorts of infectious agents, the harsh elements, parasites, violence, poor nutrition, and poor rest.

One way that insight takes form is in the widely accepted “housing first” approach to homelessness interventions. Usually focusing on people whose health status makes them particularly vulnerable to homelessness, “housing first” moves homeless people into housing without expecting sobriety, employment or other indicators of



John Lozier

“housing readiness.” Housing becomes the foundation upon which a person can begin to become healthy.

The National Health Care for the Homeless Council enthusiastically participates in the work of the National Low Income Housing Coalition for a National Affordable Housing Trust Fund to increase the actual supply of housing. The Corporation for Supportive Housing helps to bring our expertise in health care delivery into housing first developments.

Of course, I describe a relatively narrow focus on homelessness, the place where the extremes of poor housing and poor health intersect and offend the conscience. The collaborations among organizations

are mostly focused on services and housing initiatives. The challenge is broadening this work to bring the human rights perspective to our well-intentioned colleagues who may have less expansive visions. Ultimately in a democracy, the strength of the profiteers in industry must succumb to a mobilized constituency insisting on basic human rights.

**Where can we learn more?**

At our website (nhchc.org), the organizations mentioned above (nlihc.org and csh.org), and the National Coalition for the Homeless (nationalhomeless.org) are great places to start.

## The Living Hope Wheelchair Association

*We spoke with leaders of the Living Hope Wheelchair Association, based in Harris County (which includes Houston), Texas, which is a member of our affiliate Health Care for All Texas. Raymundo Mendoza (board secretary and Living Hope member), Francisco Cedillo (board treasurer and Living Hope member), and Francisco Arguelles (Executive Director of Living Hope Wheelchair Association) answered our questions. You can learn more about Living hope at LHWAssociation.org or by calling 281-764-6251.*

**Why was the Living Hope Wheelchair Association formed, and can you tell us a bit about the situation faced by its members?**

Living Hope is an organization formed by immigrants with spinal cord injuries working to improve our quality of life through services, advocacy, and community organizing. We formed in 2005 when the Harris County Hospital District decided to stop providing basic medical supplies to immigrants who were not eligible for Medicaid. We had to organize to find ways to help one another raise funds to buy catheters, diapers, and other supplies, and after some years evolved to become a small non-profit organization operated by us with the help of some volunteers.



Suffering a catastrophic spinal cord injury has a brutal impact on a person's life. If this person is an immigrant or a low-wage worker in the United States then he or she is in an extremely vulnerable situation. During our existence as an organization we have been able to help each other first to survive the depression that comes after the accident, then to survive the problems that come with not having

resources to buy medical supplies and equipment. We have learned to improve our quality of life through hope and solidarity, sharing what we have and organizing to get what we need.

**What does the experience of Living Hope members tell us about the healthcare system in the United States?**

Our experience with the healthcare system in the United States is a mixed one. We are grateful to doctors and nurses in the emergency services that took care of us after we were victims of a crime or

suffered car or workplace accidents. We are grateful to therapists and rehabilitation specialists that have helped us along the years. On the other hand it is very frustrating not having access to regular healthcare. It is very painful to see our members needing attention and having to wait until they are in very bad shape because they can only be treated as emergencies. We have a member that needed dialysis treatment three times a week due to the kidney damage he suffered when he was shot in a drive-by shooting and he could only receive treatment every week

or every ten days when his potassium reached critical levels; even though we were able to get him more regular treatment in a clinic, the damage to his health was devastating.

More recently one of our members, who is also our board treasurer, had to wait fourteen hours seated in his wheelchair in the waiting room at the county hospital before a doctor saw him. They didn't even give him a bed during those fourteen hours so he could lie down and avoid developing a bedsore ulcer that can be very dangerous



because they take months to heal. We know this is not the fault of doctors and nurses but a consequence of terrible public health policies that exclude so many people from having access to health care.

We believe that the fact that we are not included is a great injustice because we have contributed to the economy of this country and this is very frustrating. We want equality for all, health is a human right, and we don't go to the emergency room because we enjoy it!

The situation in Texas is particularly bad, we are the state with more uninsured people and recently Governor Perry refused to take advantage of available resources to expand Medicaid, ignoring the negative impact this has on the whole system; we believe it is outrageous that he and other politicians don't see that while they count the votes they win with these decisions, we have to count the hours we spend waiting in the emergency room, the hours we spend in severe pain because we don't have access to treatment and medicine, and we count those who die and could have lived if their right to health care would be respected before the profits of insurance companies or the electoral interests of politicians that have never suffered like regular people.

**Advocates for a single-payer healthcare system will often hear the question: "Will this cover undocumented immigrants?" How does Living Hope make the case that access to health services and goods should be available to all, regardless of documentation status? What can advocates for truly universal health care learn from Living Hope's experience speaking with the broader community in Texas?**

For us this is very simple: We are human beings, we have human rights, just like the rest of people in the U.S. Including undocumented immigrants in the healthcare system makes sense from a public health point of view and also from an economic point of view, it has been demonstrated by many different well respected studies; but

that shouldn't be the main reason why we are included: human dignity should be.

Texas is the state with more uninsured people and so many groups defending human rights in our state are working for a Medicaid expansion so we can have a better healthcare system. Ours is a very religious state and we think that those who want to deny our rights and humanity need to ask themselves: If we are not their brothers and sisters, how can they say that God is their Father?

So to advocates all over the country we have one advice: do not try to convince your opponents only with cost-benefit analysis, or seductive talking points; it is better to share stories that show the humanity, suffering and dignity of our communities and then let our opponents and the undecided do their homework with their consciences and beliefs, most people will do the right thing when they can connect with their own humanity and not just with ideological noise.

**If a national, single-payer system was implemented that included all residents, how would that affect the lives of Living Hope members?**

Having access to a single-payer system would have a great positive impact in our lives, it would mean opening the possibility of regular health care services that would help us prevent problems instead of having to live in a constant state of emergency. We are clear that a single-payer system would not solve all of our problems, we will still be in our wheelchairs, we will still have to face the discrimination we encounter both as immigrants and as persons with a disability, but what people who have health insurance and good health need to understand is that for us this is not an issue, this is a battle of life and death, and having access to health care will reduce the amount of pain we have to live with every day, it will help us live longer. So, paraphrasing our friend Ken Kenegos from the Health Care for All coalition here in Houston: those who prevent us from entering hospitals are today's version of Alabama Governor George Wallace standing in the door of the University of Alabama in

1962. We know we are human beings and have rights and dignity; the question is if many of our current politicians in Texas are ready to acknowledge this and be on the right side of history.

## New York Assembly Sponsoring Historic Single-Payer Hearings

The Health Committee of the New York Assembly has announced that it will be hosting a historic series of six public hearings across New York state to receive testimony on the "New York Health," bill which would establish a single-payer healthcare system for the state. Below is the announcement from the NY Assembly Health Committee, along with the dates of the hearings. The Campaign for New York Health - a coalition of organizations advocating for single-payer legislation in the state - is spearheading the grassroots campaign, and they've set up a new web-site here: [www.nyhcampaign.org](http://www.nyhcampaign.org).

*"New York Health," a universal "single payer" health coverage bill, would replace insurance company coverage, premiums, deductibles, co-pays, limited provider networks and out-of-network charges. Instead, it would provide comprehensive, universal health coverage for every New Yorker, with a benefit package more comprehensive than commercial or other health plans, with full choices of doctors and other providers. The program would be funded by broad-based taxes based on ability to pay. It would eliminate the local share of Medicaid (which would become part of New York Health). The bill, A.5389-A/S.2078-A, was introduced by Assembly Health Committee Chair Richard N. Gottfried and Senator Bill Perkins.*

*This series of public hearings around the state will review the effects and costs of the current health coverage system on patients, health care providers, employers, labor, taxpayers and health and health care. It will review how the single-payer system would work in New York.*