Everybody In!

Without Medicare for All, Millions Lose Their Health Insurance

By Benjamin Day and Stephanie Nakajima, Healthcare-NOW

The coronavirus health crisis will be remembered as the ultimate indictment of the U.S. healthcare system, and will prompt a massive, national demand for Medicare for All before it is done, because it is sadly on course to leave millions uninsured and completely overwhelm our inadequate healthcare resources.

During the March 15 Democratic debate, Joe Biden rejected the notion that Medicare for All was important for dealing with the coronavirus outbreak: "You have a single-payer system in Italy, it doesn't work there. It has nothing to do with Medicare for All. That would not solve the problem

at all. We can take care of that right now by making sure that no one has to pay for treatment - period - because of the crisis."

One week after the debate, as infection rates started to climb precipitously in the U.S., Americans found that they were facing astronomical hospital bills for treatment of coronavirus.

Two weeks after the debate, 3.3 million people filed for unemployment in a single week. 40 million Americans applied for jobless benefits in June - close to 1 of every 4 working adults in the country.

While many may think that the Affordable Care Act or Medicaid will catch those who lose their employer-sponsored healthcare, in reality it can be quite difficult to

qualify for free care when you lose your job. People living in states that have not expanded Medicaid in particular are seeing catastrophic loss of healthcare coverage.

Incredibly, the $2 trillion relief package passed by Congress and Trump in late March included no provisions to extend healthcare to those who lose their jobs. Unemployment benefits expired in July, which Congress allowed to lapse despite unemployment remaining above 10%, and no bill has yet been introduced to address the second pandemic of uninsurance. Never have we encountered a moment when it was so urgent to de-link healthcare coverage from the workplace, and pass Medicare for All on an emergency basis. *HCN!*

Interview with Sydney Studer

Sydney Studer is a 26 year old from Kansas City. She is a recent law school graduate and avid runner. She has rescued a greyhound named Tink, and March Madness is her favorite holiday!

Healthcare-NOW: What were the first symptoms of COVID-19 you experienced, and what have your symptoms been like since then?

Sydney Studer: My very first symptoms were light headedness, fatigue, body chills, headaches, and body aches. I woke up fine that day but after I worked from home all morning, I stood up around noon to go for my regular lunchtime run. I was met with what felt like a

wall. I was so sick and it felt like it came out of nowhere. I didn't run. And I didn't know that the previous day would've been my last real run for a long time.

My symptoms have come and gone in waves, with two different points where I thought I was better, only to take steps back. One step forward, two steps back is an understatement. Now it's fatigue, headaches, nausea, brain fog, chest heaviness and shortness of breath.

HCN: Has the U.S. employment-based healthcare system worked for you, or for other COVID-19 "long haulers"?

Hospital Beds and the Crisis of Rural and Underserved Hospitals
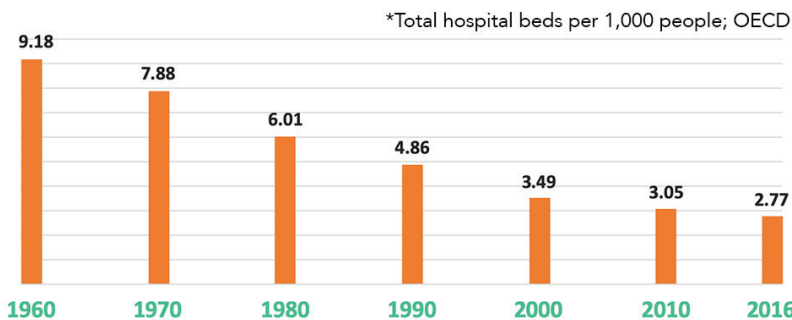
By Stephanie Nakajima, Healthcare-NOW

In the U.S., hospitals close when they're not "profitable" - even if they're needed by the community. After decades of market-driven closures, our supply of hospital beds has been cut by almost 70% since 1960, to 2.77 beds per 1,000 Americans - one of the lowest rates in the developed world. Italy, a country hit hard by the European debt crisis and continuing to struggle with high unemployment, has more beds and physicians per capita.

It's true that fewer beds are necessary as more treatments can be delivered in an outpatient setting; but hospital closures - including crucial rural and safety-net facilities - are also a factor in declining numbers. Over the past decade, 120 rural hospitals have closed, with states in the South faring worst, especially those that haven't expanded Medicaid. This has left more than 30 million Americans an hour or more away from critical care.

Safety-net hospitals in urban areas have also taken a hit. Hahnemann University Hospital, one of the most centrally-located safety net hospitals in Philadelphia, was bought by an investment banker and shuttered last year. The loss is tragic for the community it served; 150 patients came through its emergency room every day, half of whom were on Medicaid and two-thirds black or Latino. The investor offered use of the space to the city for coronavirus testing and treatment for the outrageous sum of one million dollars per month; in June, more than 70 healthcare workers responded by protesting outside of the shuttered hospital.

Medicare for All would finance our hospitals fairly - not by their profitability or market value, but by their value to the community. Global budgeting of hospitals would likewise ensure adequate funds are available to meet the needs of facilities, with contingency funds for crises like COVID-19, stewarding our money towards healthcare rather than wasteful administrative services or profits. *HCN!*

U.S. Hospital Beds Down 70% since 60s

*Total hospital beds per 1,000 people; OECD

Year	Beds
1960	9.18
1970	7.88
1980	6.01
1990	4.86
2000	3.49
2010	3.05
2016	2.77

Medicare for All Wins Every Primary State, Still Rejected by DNC

by Benjamin Day, HCN

The coronavirus pandemic has put a final nail in the coffin of employment-based healthcare, which has collapsed along with the current economic crisis. 87% of Democrats support Medicare for All, according to a Hill-HarrisX poll released in August. And for the first time we also have exit polling data on Medicare for All in every Democratic primary. Despite the use of biased language by pollsters, a majority of Democratic voters supported Medicare for All in every single state - including states carried heavily by Joe Biden, Pete Buttigieg, Amy Klobuchar, and other candidates who have opposed the policy.

> *"A government plan for all instead of private insurance?"*

State	Support
Alabama	51%
Arizona	58%
California	55%
Colorado	54%
Florida	55%
Illinois	61%
Iowa	57%
Maine	69%
Massachusetts	50%
Michigan	57%
Minnesota	62%
Mississippi	60%
Missouri	58%
Nevada	62%
New Hampshire	58%
North Carolina	55%
Oklahoma	54%
South Carolina	49%
Tennessee	53%
Texas	64%
Vermont	73%
Virginia	52%
Washington	63%

Source: CNN Exit Polls, 2020

Healthcare-NOW Launches Patients Over Profits Donation Tracker

The Patients over Profits Pledge asks elected officials not to take campaign contributions from the corporations involved with the Partnership for America's Healthcare Future (PAHCF) – the coalition of Big Pharma, health insurers, and other corporate forces fighting Medicare for All.

The new Patients over Profits Donation Tracker does the research for you - search for your candidates, and the tracker will pull up a list of donations they have received from healthcare corporations and executives funding opposition to Medicare for All.

Use it today: **tracker.healthcare-now.org**

Tell our Politicians to take the Patients Over Profits Pledge.

Supporters: Take Action

SS: My primary care physician has been helpful — but they can only do so much. I had a chest X-ray and bloodwork - it all came back fine. I'm hesitant to get heart tests and the like because of expenses.

HCN: When health insurers attack Medicare for All, they call it a "one size fits all" plan, implying that younger and healthier people may not need the comprehensive coverage that seniors and those with chronic health conditions may want. How would you respond to them?
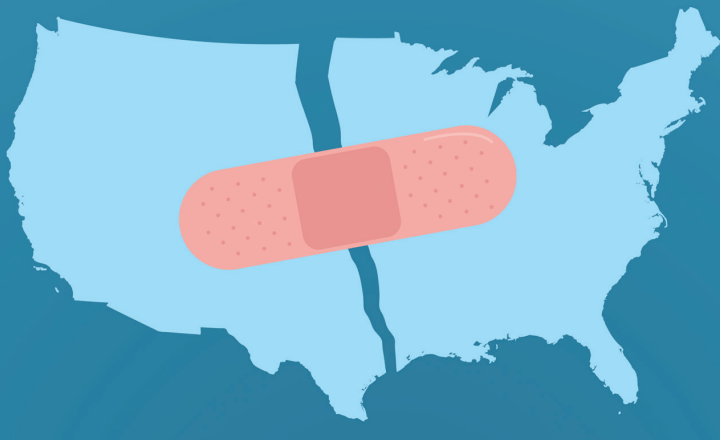
SS: It is absolute bullshit. Any other way is too nuanced. Some young people may not need as comprehensive care at this time … but there are hundreds of Unexpected and life-altering illnesses. Car accidents, work accidents, tick-born diseases like Lyme, and others. So while people may not need as comprehensive care NOW... they VERY well may in the future.

Healthcare companies are only calling out Medicare for all because it isn't good for their business. Everyone needs coverage no matter what. Illness should not cause debt. Period.

HCN: If we had a Medicare for All system, how would your experience with COVID-19 been different, and why do you support Medicare for All?

SS: I wouldn't be nervous to go get tests I want in order to give myself peace of mind. I wouldn't get nervous I'll lose my job and then lose access to my insurance. I, and others, would feel confident in their ability to obtain care. When people know they are cared for and have the access they need, it is better for everyone involved. *HCN!*

MEDICARE FOR ALL

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