



## Health Care Olympics

Which of these are ways to qualify for free health care?



- Move to any other developed country in the world but the U.S.
- Lose all your assets
- Qualify for the Olympics.
- All of the above

[Ariana Ramsey](#) of the bronze-medal U.S. rugby team was delighted to discover that health care at the Olympic Village was **free** for athletes. She spent her post-game stay tending to health care and posting her amazement on [social media](#).

Ariana's second discovery was that the U.S. is the only developed country that does not guarantee health care to its residents. Our complicated, inefficient, commercial system of healthcare also puts us at the bottom of the charts in health outcomes.

The U.S. did very well in winning medals for its excellent athletes—but earns **NO GOLD** for its health care at home.

**All but 43 countries in the world have free -healthcare or access to universal healthcare for at least 90%**

**of their citizens** according to Hudson's Global Residence Index. Countries with no free healthcare include the **United States, Nigeria, Yemen, South Africa, Egypt, Afghanistan, Pakistan, and Iran.**

## What Now? Read the Vermont Study Report ... and Educate, Educate, Educate

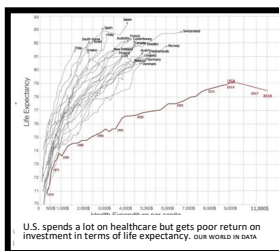
Since the VT Update was not adopted at the Convention, the HealthCare Reform Interest Group (HCR) is not at this time promoting a forceful advocacy program for Leagues (other than Vermont) to combat privatization, but can continue our own study and active programs to educate others.

The [VERMONT STUDY REPORT](#) will help us answer Olympian Ramsey's question about why health care is free in other countries but not in ours and other questions embedded in it:

**\*\*Do we in the U.S. pay more for health care because it's better than elsewhere?**

**\*\*Has the U.S. always been the outlier?**

This graph from [international data](#) ([Click for larger image](#)) shows the U.S. even with 24 major countries until around 1980, when our progress in life expectancy leveled off, and our



overall health care expenditures outpaced expenditures of all other countries--and continues to do so.

**\*\*What was happening in U.S. health care in the 1970's?**

Chapter 5 of the VT Study details "How For-Profit Entities Came to Dominate American Health Care" going back to the 1920s and 30s. The graph (on page 29) starting in 1970 shows Canada and the U.S. about equivalent--until Canada implemented a publicly-funded, privately-delivered health care program, and we opened the door to corporate provision of healthcare services.

Fast forward to 2021 (and page 43 of the VT Study), unregulated private equity investment has grown by a factor of 40 since 2000, to an amount equivalent to about 10% of the U.S. economy, prompting experts to warn:

***the results [of private equity in health care] are potentially catastrophic for patients, payers, and the long-term stability of the healthcare supply chain. And, because the consequences in healthcare involve not just dollars but lives, these potential harms must not be ignored. (Scheffler et al.)***

New videos and slide sets from activists [Rose Roach](#) and [Steve Auerbach](#) on "[Labor and Statewide Healthcare Reform](#)" and "[Tackling Egregious Drug Pricing](#)," respectively, are available to make the points easier to share.

We have plenty of work to get up to speed on the dangers of privatized health care, and no time to lose.

**NEXT HCR4US MEETING**  
**Sunday, August 25**  
**8:00 p.m. ET**

Register at  
<https://tinyurl.com/HCR4US-Aug25>



### TENTATIVE AGENDA:

Intros for New Attendees — Announcements  
Legislative Actions — State Reports  
Newsletter — Break-out Sessions

## In Case You Missed It

**June 4** We just found this...[A letter against private equity](#) on the LWV.org website. LWVUS joined a coalition of 96 organizations, including PNHP and Be a Hero, encouraging the Dept. of Justice and other agencies to investigate and prosecute abuses by private equity companies in health care.

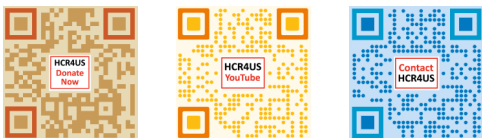
(Please look at this on the website and help us understand the ramifications of this document.)

**Aug 7** America at a Crossroads presented "[Abortion, Women, The Law, and the 2024 Elections](#)" with Mary Ziegler and Dahlia Lithwick with Madeleine Brand

**Aug 13** One Payer States hosted Rose Roach "[Labor Campaign for Single Payer Minnesota Healthcare Reform](#)"



**Aug 17** CBS Saturday Morning covers "[How AI Might Change Medical Care](#)"



## Websites

**HCR4US Youtube Channel:**

<https://www.youtube.com/c/LWVHealthCareReform>

**HCR4US Web-Contact Form:**

[tinyurl.com/Contact-LWV-HCR-4US](https://tinyurl.com/Contact-LWV-HCR-4US)

**HCR4US Google Drive:**

<https://tinyurl.com/HCR4US-Minutes-etc>

**HCR4US Toolkit:**

<https://lwvhealthcarereform.org>

**HCR4US :** *Dedicated to educating and mobilizing League members to work toward legislation that enacts the goals of our LWVUS health care position*

**Newsletter Committee:** *Barbara Pearson, Jon Li, Candy Birch, Ceil Tilney*

## Intersection of Maternal Health with Reproductive Choice

Passion about reproductive rights resonates throughout the League of Women Voters. Past President Deb Turner, a retired gynecological oncologist with experience as a regional medical director for Planned Parenthood, spoke out strongly on behalf of the League against Dobbs and for full citizenship for women. Her three-part blog argues that "[Abortion Is More Medically Complex than Anti-Abortion Laws Suggest.](#)" In addition to frequent posts on reproductive rights in its [BLOG](#), LWVUS follows the issue on Twitter/X, Facebook, Linked in, and Instagram.



*The passion of the late Dr. Deb Turner, LWVUS president, inspires HCR.*

Like the general population, for most League members, interest in reproductive rights is personal--for themselves or a loved one. There is almost always a story intensifying their feelings about the issue. Our colleague Layla Houshmand (of Maryland) has shared her [story](#) and the passion for advocacy it engendered.

Layla became pregnant in 2021--before Dobbs--in a pro-choice state. She is young and healthy, financially secure, and well connected in the medical field. She has a Ph.D. in biomedical engineering, has worked in global consulting, and now leads a neuromodulation group at her work. But nothing in her scientific background prepared her for the sudden-onset infection in her optic nerve, made more virulent by the immuno-suppression that is a natural part of pregnancy.

The cure required her to abort the pregnancy as soon as possible. Unfortunately, her path to abortion was critically delayed by an anti-choice technician who blocked her urgent calls to the doctor. She survived the devastating experience (although she lost sight in one eye and is unable to carry another pregnancy), and is now a passionate advocate for maternal health and abortion rights.

Local and state Leagues from across the political spectrum share a similar concern and are pursuing a variety of actions to regain women's autonomy. LWV Tennessee issued a [position statement](#) that echoed the [LWVUS position on Public Policy on Reproductive Choices](#), but also spelled out state-specific conditions. The Legislative Action Committee of LWV Massachusetts [presented testimony](#) for state bills ensuring access to full spectrum pregnancy care, including abortion. Likewise, LWV Colorado members were key to the [Colorado petition drive to protect abortion](#) from government interference, and LWV Florida voted to [join a statewide coalition](#) and encouraged Leagues around the state who collected signatures to ensure a constitutional right to abortion in Florida. LWV Texas, too, is a strong advocate. Their [2024 keynote speaker](#) was an attorney with the Center for Reproductive Rights, and their Legislative Action Team follows reproductive law closely, issuing frequent action alerts to its members.

This is just a small fraction of Leagues that have taken a public stand and participate in state-based advocacy on the issue, as reflected in websites and social media from Leagues in Minnesota, Washington, New Jersey, Ohio, Kentucky, Missouri, Arkansas, North Carolina, and Arizona, to name just a few.