

## MISSION

To educate and mobilize League members to work toward legislation and other reforms that enact the goals of our LWVUS health care position, with a strong focus on [expanded and improved Medicare for All \(a single-payer system\)](#).

## 3.5% — *Effective Non-violent Campaigns*

### *How many activists does it take to move the needle toward health justice?*

In these weeks of topsy-turvy priorities at the national level, state-based campaigns for health justice maintain a path forward for us. Are they up to the task?

The [study of non-violence](#) by political scientists provides hope that disparate groups that combine their campaigns toward a common high-level goal can make a movement strong enough to create change.

They show that unified non-violence has succeeded (more often than violence) against well-financed, politically powerful vested interests — as with the rise of civil rights in the U.S. or the fall of apartheid in S. Africa. By contrast, scholars say, disunity within the Arab Spring kept it from achieving its goals.

Statistical analyses at Harvard and elsewhere with data like those at the [Global NonViolent Database](#) show the key to be a threshold of 3.5% of the population *actively participating* in unified campaigns (i.e. about 2.3 million in the UK, 11 million in the U.S.)

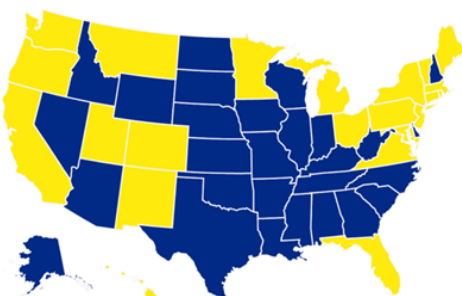
***For ultimate success, organizations ADD to each other's efforts strategically and do not let differences in tactics subtract from the quest for maximum impact.***

When states share a common aspiration to establish equitable and inclusive health care for their diverse populations, they grow their numbers of active participants by allying with other social justice campaigns.

Thus, health justice makes progress when issues like labor demands, fair housing or voting rights are advanced. As the [Mission of One Payer States](#) (OPS, the advocacy organization) states: **We fight to win**

**high-quality, cost-effective health care for all.**

**Working together, we build powerful state, regional, and national solutions.** OPS welcomes whichever tactic achieves the goal first. (This is also consistent with LWVUS Health Care position.)



This [OPS map](#) shows 21.5 states with organizing infrastructure to achieve state-based M4A/Single Payer. Most state bills follow the general form of last session's gold-standard [House #3421](#), but are financed through a state Medical Trust instead of the national Medicare Trust. A couple, notably New

Jersey and Maryland, take a different approach, and Montana with no grassroots organizing demonstrates that M4A could be established by a clause in the ACA.

Economic analyses show in clear language that a state plan can leave Medicare intact and be economically feasible. For example, [the analysis done for Massachusetts by G. Friedman](#) quantifies the redistribution of federal money, which already accounts for more than 50% of health care expenses in the state; it also recoups the inflated overhead of healthcare delivery administered by for-profit corporations (15-30% estimates vs. 2% for CMS). State Medical Trusts also estimate savings from negotiation of drug prices conservatively at 8%. The remainder of the funding raised by state taxes is far below the current "private tax" in premiums and out-of-pocket expenses levied by our current corporate insurances.

In brief, states show that with NO NEW MONEY, they can keep the hope alive for high-quality public healthcare — privately delivered, but publicly financed — everyone in, nobody out. *(by Barbara Pearson)*

## Newsletter

## Staff:

- Barbara Pearson  
- Candy Birch

## Attendees

AK — Carolyn V. Brown  
CA — Michelle Famula  
CA — Jon Li  
CO — Linda Mahan  
FL — Candy Birch  
KY — Harriette Seiler

MA — Barbara Pearson  
MI — Maria Woloson  
NY — Judy Esterquest  
NY — Judy Huber  
NY — Alberta Roman  
OH — Bill Davis

VT — Jean Hopkins  
VT — Eduardo Siquera  
WA — Mo Brinck-Lund  
WA — MaryLynne Courtney  
WA — Alan Unell



### In Case You Missed It

Feb. 18 Medicare for All Florida, PNHP and SNaPH hosted a statewide town hall “[Fighting Back Against Medicare Privatization](#)” featuring a US Rep. Pramila Jayapal video intro.

Feb. 22 CNBC aired “[Why the US Has a Health Care Claim Denial Problem](#)”

Feb. 23 HCR4US meeting [video](#) and [audio](#) and [supplementary materials](#) with Action Links

Mar. 12 Democracy Now! Independent news hour presents “[Trump’s Trade War: Why Lack of Universal Healthcare Makes U.S. Less Competitive](#)” with an interview with journalist Dave Lindorff

### Websites

**HCR4US Toolkit:**

<https://lwvhealthcarereform.org>

**HCR4US Youtube Channel:**

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

**HCR4US Mtg Minutes:**

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

**HCR4US Web-Contact Form:**

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

Password protected directory

### Networking

**One Payer States**

<https://www.onepayerstates.org/>

**National Single Payer**

<https://nationalsinglepayer.com/>

**Healthcare Advocacy on Substack**

[Here’s the link.](#)

**Physicians for a National Health Program**

<https://pnhp.org/>

**Students for a Nat’l Health Program (SNaHP)**

<https://www.facebook.com/snhp1/>

**Center for Medicare Advocacy**

<https://www.MedicareAvocacy.org>

**National Nurses United**

<https://www.nationalnursesunited.org>

**Medicare for All Resolutions**

<https://www.medicare4allresolutions.org>

**Poor Peoples Campaign**

<https://www.poorpeoplescampaign.org>

\*\*\*ADD YOUR GROUP [HERE](#)\*\*\*

## Bi-Partisan Messaging: As Much the Messenger as the Message

We like to think of health care as neither progressive nor conservative because it affects everyone, regardless of their political philosophy. In fact, there are several core beliefs that can be characterized as progressive or conservative and which can, by themselves, determine or rule out support for M4A/Single payer. One such litmus test is the belief that [health care services can be most efficiently regulated by free markets](#), and as a corollary, that corporations are better suited than government (or independent practitioners) to administer health care. In our current polarized context, this makes bi-partisan messaging for publicly administered Single Payer healthcare pretty much impossible.

The "State-based Universal Health Care Act," ([H6720/S4817](#) in the last session) may offer a path. It has traditionally been advanced by progressives, but actually is agnostic on questions like "public vs private," or "market forces vs democratic governance." It does not specify a particular policy, but establishes a smoother pathway for policy bills to be implemented. As such, it may fit the “[winning strategy](#)” depicted here by Oregon Health Care activist, Warren George, a life-long Republican.



The key to winning (or to passing the bill), according to George, is that Progressives alone, even bolstered with moderate Democrats, don't have enough votes. They would get them, though, if they could enter a coalition with moderate conservatives. The bill itself has a lot to appeal to conservatives: It acknowledges the power of the states, could address the near collapse of health care in mostly rural areas, and it doesn't add to the national debt. George also conducted [a poll that carefully kept other politics out](#) of its presentation and showed majority approval of universal care in conservative Congressional districts.

But without a conservative co-sponsor, it is branded as progressive, like its current sponsors. Can one moderate conservative be found to break the ice? (by Barbara Pearson)

# Article Archive

## Recent Articles of Interest Related to Healthcare Reform

Hold down the CTRL key and click on the hyperlinks to access the articles.

Please send us articles (citation and/or pdf) through the [Google Group](#).

### Feb. 13, 2025 [Boston University School of Public Health](#)

#### “Young Adults Are Dying Earlier Than Expected”

Death rates for early adults, defined as adults aged 25-44, rose sharply during the COVID-19 pandemic and remain higher than expected post-pandemic, according to a new study led by researchers at the School of Public Health and the University of Minnesota.

### Feb. 14, 2025 [The American Prospect](#)

#### “The DOGE Czar’s Plan to Loot Medicare”

By Maureen Tkacik

An analysis of the actions of Brad Smith, the former director of the Center for Medicare and Medicare Innovation and his commitment to expensive and inefficient value-based care.

### Mar. 8, 2025 [Jacobin](#)

#### “Cuba Sends Doctors, the US Sends Sanctions”

By Helen Yaffe

The United States calls Cuba’s medical internationalism “human trafficking” — but it’s really an internationalist lifeline for the Global South. By threatening to withhold visas from foreign officials, the US government means to sabotage these Cuban medical missions overseas. If it works, millions will suffer.

### Mar. 8, 2025 [MedPageToday](#)

#### “We’re Getting the Medicaid Message Wrong — And It’s Costing Us. People won’t oppose cuts if they don’t know they’re on Medicaid”

By N. Adam Brown, MD, MBA

Healthcare advocates and clinicians must translate the impact of Medicaid cuts at the personal level and demonstrate the financial impact of dropping over 20 million patients.

### Mar. 15, 2025 [The New Yorker](#) ([No paywall version](#))

#### “Hundreds of Thousands Will Die”

By David Remnick

Remnick interviews Atul Gawande, writer, surgeon, and former USAID senior official, who gives details on the consequence of the Trump Administration’s decimation of foreign aid.

## Upcoming Event

Mar 26, 2025 08:00 p.m. ET

On May 31, 2025, activists from across the country will gather in unity to celebrate the **National Day of Action**, channeling the righteous anger which percolated from the shooting of United Health Care’s CEO, into something positive: mobilizing the nation to put national single payer, free from profit on the table. Join the webinar and learn what organizations across the country are doing to demand a health care system we deserve! Register [here](#).

## NATIONAL SINGLE PAYER

### MARCH 26TH WEBINAR



On May 31, 2025, activists from across the country will gather in unity to celebrate the National Day of Action, channeling the righteous anger which percolated from the shooting of United Health Care’s CEO, into something positive: mobilizing the nation to put national single payer, free from profit on the table. Join the webinar and learn what organizations across the country are doing to demand the health care system we deserve!