



# Health Care for All - Washington

An Information Pipeline for Members and Friends of Health Care for All-Washington  
Formerly known as HealthCare2000

## Benefit to Business: Executive Says Single-Payer Is the Solution

by Richard Bard

Mark Held sees a clear argument for a switch to universal health insurance in the U.S. That argument has a dollar sign in front of it.

Held is president of Alliance Packaging, a Northwest manufacturing company with 550 employees, and he keeps a close eye on what the competition offers its employees for health benefits. Looking at Alliance's closest competitor, Held notes that the financial edge it gains from its health plan is hard to ignore.

"The solution...is a national health insurance plan that would spread the cost evenly across the largest pool possible."

Alliance funds the full cost of its employees' personal health coverage. Then, for their families, the company contributes from 50% to 90%, depending on pay level. The plan is a strong one, with relatively low deductibles and copayments, and includes dental benefits.

The competitor's health plan has higher deductibles and less comprehensive coverage. Workers pay more for it, yet their families are not included. "Their employees pay \$90/month for their own coverage," says Held. "On top of that, they have to pay the full rate to include their families, which can be \$800/month. Imagine employees making \$14 an

hour – they can hardly support this kind of expense. And, unlike companies like Walmart, they don't give advice on how to sign up for subsidized care from the government."

The pressure on Alliance to downgrade its health benefit package is strong. "We have to compete in the marketplace," Held says. "If we switched to their plan, we'd save \$3 million a year." But downgrading won't happen, at least for now, since Alliance's owner shares with Held the belief that providing good health coverage is the right thing to do.

The solution, says Held, is a national health insurance plan that would spread the cost of insurance evenly across the largest pool possible. A single-payer plan would accomplish this, he says, and level the playing field.

It's not just his own company's bottom line that leads Held to favor single-payer reform. He also sees benefits on the national level. "We spend far too much on the



January - March  
2009

Message from Our President.....	2
Committee Reports.....	3,4
Excitement in the Air.....	5

**Health Care for All - Washington advocates for affordable comprehensive health care coverage for all Washington residents implemented through a unified financing system.**

### CRITICAL LEGISLATIVE HEARING

On January 22 the Senate Health Committee will review a study of five health reform options, of which HCFA-WA's single-payer proposal is one. Ask your Legislative District contact (see enclosed flyer) for details.

# Health Care for All- Washington

January - March 2009

P.O. Box 30506  
Seattle, WA 98113-0506

Seattle phone ..... (206) 323-3393  
Toll-free ..... (877) 903-9723  
E-mail: . info@healthcareforallwa.org  
Web site: www.healthcareforallwa.org

## Officers

President ..... Larry Kalb  
Vice-President ..... Sarah K. Weinberg,  
MD, FAAP  
Secretary ..... Kathleen Myers  
Treasurer ..... Dana Iorio, ARNP

## Committee Chairs

Outreach ..... Ruth Knagenhjelm, RPT  
Legislative . Mary Margaret Pruitt, RN,  
MN, Rev. Paul Pruitt, BD, Co-chairs

## Board Members

Richard Bard  
Ann Brand  
Joan Bethel  
Susan Eidenschink  
Bob Fithian, MD  
Richard Glass  
Tania Hernandez  
Dave Ihnen  
Martha Koester  
Chuck Richards  
Bill Robertson, MD, FAAP

## Newsletter

Co-Editors ... Sarah K. Weinberg, MD,  
Richard Bard

## Web site

Webmaster ..... Dave Ihnen



# Message from Our President

## How much should health care cost?

I am often asked this question (or a variation) during a health care presentation. Having lived in France for ten years, I have two answers.

My first response is that we should pay for our health care coverage just as we do for Medicare, through a defined percentage deducted from our paychecks each month. When I lived in France, from 1983-93, the percentage deducted was initially 7%. Before I left, it rose to 7.5%, and it currently has risen a whopping ½ percent more – all the way to 8%. So, on \$40,000 annual income, I would pay \$3,200/year or \$266.80/month for health coverage for myself and the two kids. My wife paid for her fair share as she was working full-time as well.

Generally speaking, the French health care program covers the first 70% of medical bills and the rest is picked up by a *mutuelle*, which is a private insurance for which anyone can subscribe and for my family the monthly premium was around \$40. To summarize, the only real expenses were the monthly premiums. Essentially everything else was covered directly or reimbursed.

My second response to this legitimate question would be that the cost should be “fair”. Defining “fair” would set a moral standard so that everyone could get timely necessary treatment without pawning one’s belongings or dignity in the process.

A “fair” health care premium would allow one to be able to comfortably put money into a savings account for the future after having paid all the bills, including home mortgage, fuel, car payment, home-owner’s insurance, food, power, water, sewage, natural gas, childcare and other such expenses necessary to meet the needs of the entire family. With all of these monthly expenses, one should be able to feel secure knowing precisely how much the monthly health care premium will be and still be able to entertain friends for dinner at home on the weekend.

In essence, establishing an enduring minimum standard for “fair” would become a family value whereby anyone can remain responsibly and financially solvent after having completed treatment for an illness or an accident.

The cost of health care should cover the protection and enhancement of our health while we maintain a stable home and family and a secure livelihood.

*Larry Kalb*  
*President, Health Care for All - Washington*

## Legislative Action Committee

*By Mary Margaret Pruitt, Co-Chair*

### **Yes, We Can**

“Whether you think you can or cannot, you are correct.” Henry Ford, credited with this statement, was affirming that success depends more on conviction and persistence than on most other factors. Conviction and persistence, linked with justice and knowledge, are the bases upon which we make our bold claim to knowing how to solve the “health care problem.” As the Legislature opens its 2009 session, we rely on all four strengths.

### **Knowledge**

As the newsletter goes to press, the report of the Mathematica actuarial study of five different proposals to reform Washington’s health care system has not yet been released to the public. Similar studies in several other states have consistently shown that a government-run, tax-funded, single-payer financing system can provide decent health coverage to every resident for the same overall cost (or even lower cost) than the current level of health care spending. The administrative savings from switching to a single system provide more than enough funds to cover all the uninsured and even the underinsured.

### **Justice**

The current federal, state, and local budget crises are complicated in our state by the fact that we have no income tax and by the severe limitations imposed by past anti-tax initiatives. Thus enrollment in the Basic Health Plan is capped below the level of demand and public health clinic services will have to be cut. These cuts severely impact access to health care by working poor families. Our Washington Health Security Trust is the only plan that can raise the funds from a broad base and cover all residents fairly and affordably.

### **Conviction**

In two Washington cities, around 70% of voters affirmed that “Health Care Is A Right.” Two national bills, which will need to be reintroduced in the new Congress (Rep. McDermott’s HR 1200 and Rep. Conyers’ HR 676) are gaining support for a national single-payer health coverage plan. Labor unions across the nation have also realized that relieving corporations of the escalating financial burden of worker private health insurance will mean more stability in labor contracts. Hundreds of local

unions have endorsed HR 676. Physicians for a National Health Program is a leading advocate for a single-payer system doctors can trust.

### **Persistence**

You and I fit into this exciting opportunity under a new federal administration because our advocacy is essential, both in influencing the design of reform at the federal level and in pushing our state to implement reform sooner than will be possible if we just wait for a national plan. If you make only one telephone call, send one email or write one letter, let it be to your state legislators. Say: “Please work for the passage of the Washington Health Security Trust single-payer health plan.” The telephone number is 1-800-562-6000. The volunteer who answers that number can tell you who your legislators are and can connect you to their offices. Or the volunteer can take your dictated message and forward it to all 3 legislators and even the Governor!

Want to do more? Email or call me:  
marympaul@foxinternet.com or 206-382-3785.

---

(Business---from page 1)

administrative costs of health coverage. Of course it’s in the interest of the insurance companies to protect themselves, and the administrative services on which they make their profit. They lobby long and hard for the status quo.”

But, says Held, comparisons with other countries make the need for change obvious. “In Canada, only five percent of health costs are associated with managing insurance. In the U.S. it’s around twenty percent. That’s a huge amount to be saved, if we move to a single-payer system. If you compare the U.S. to a long list of other countries, in Europe, Canada, Japan, etc., spending as a percent of GDP is much higher here – yet for health outcomes like life expectancy, we rank toward the bottom of the list.”

As a businessman, Held hardly has his head in the clouds on this issue; he’s aware that the U.S. is not the only country being stressed by rising health care costs. “It’s a problem in every society, expenses going up and up. But in other countries, even though costs are rising, they still believe that health care is a basic human right. They don’t base it on whether a person is employed or not, or what kind of coverage an employer wants to offer.”

## Outreach Committee

*By Chuck Richards*

Neighborhood Action Teams are organizing this winter, getting ready to lobby for state and national efforts to enact universal health coverage (reform of the health care system). Participants include many local activists including members of HCFA-WA and Physicians for a National Health Program Western Washington (PNHPWW).

### **South King County Action Team (SKCAT)**

Coordinator Ruth Knagenhjelm reports that SKCAT, which includes legislative districts 30, 33, and 47, had its first meeting on November 23. In addition to the leaders, there were 10 participants, mostly from the 33<sup>rd</sup> district. Each district discussed the best way to approach their individual legislators for the upcoming legislative session, including making appointments with targeted legislators to encourage them to co-sponsor our Washington Health Security Trust (WHST) bill.

Another suggestion from these districts was to work more closely with local progressive organizations, especially with their health care sub-groups. These organizations include the Democratic Party, MoveOn.org, and the Obama team groups organized under Change.gov.

Different community outreach methods were outlined, and the need to do an internal training session on health care talking points was discussed. The next meeting for this action team was set for January 11, 2009 from 2-4 pm at the Kent Regional Library.

Many members of SKCAT attended the health care community discussion at the Saltwater Church on December 28, initiated by the Obama health policy team. There were about 20 people there, and most of them expressed support for a single-payer system.

For more information about SKCAT contact Ruth Knagenhjelm at [georgiaboy@qwest.net](mailto:georgiaboy@qwest.net).

### **South Seattle/Vashon/Tukwila Action Team (SSVTAT)**

Coordinator Martha Koester reports that SSVTAT held its first meeting September 28. This group

includes legislative districts 11, 34, and 37. The group discussed thanking three of their representatives (Bob Hasegawa – 11, Adam Kline – 37, and Eric Pettigrew – 37) for their co-sponsorship of the WHST in the past legislative session, and asking for their support again in the 2009 legislative session.

The participants from Vashon noted that their Community Council endorsed the state single-payer idea several years ago. A new representative, Sharon Nelson, is from Vashon and should be reminded of the Council's position.

Many participants were active in their local Democratic Party, and discussed getting overt support for single-payer from the Party. It was noted that Portland and Eugene (Oregon) have strong church groups participating in health care reform efforts. In addition, many admired the energy of the California Nurses Association in working for single-payer legislation there.

The next meeting of SSVTAT will be Sunday, January 25, 2009, from 2-4 pm at the Beacon Hill branch of the Seattle Public Library.

For more information about SSVTAT, contact Martha Koester at [fomalhaut2003@yahoo.com](mailto:fomalhaut2003@yahoo.com).

### **North Seattle Action Team (NSAT)**

Coordinator Chuck Richards reported that NSAT held its founding meeting first – September 14 (in time for our last newsletter!). This group includes legislative districts 36, 43, and 46. At that meeting participants committed to thanking their legislators who supported the WHST in the last legislative session and asking them for their renewed support. Co-sponsors from these districts were: Sen. Jeanne Kohl-Welles (36<sup>th</sup>), Rep. Mary Lou Dickerson (36<sup>th</sup>), Sen. Ed Murray (43<sup>rd</sup>), and Sen. Ken Jacobson (46<sup>th</sup>). A report about how these contacts went is expected at the next NSAT meeting, which is scheduled for Sunday, February 1, 2009, from 2-4 pm at the Green Lake branch of the Seattle Public Library.

Also on the agenda for the next meeting will be a review of the Mathematica actuarial study (if it's available, and plans for a Lobby Day in Olympia. Members of the 46<sup>th</sup> LD proposed an educational forum on several other states' efforts at health care

# Excitement in the Air!

*By Sarah Weinberg, Editor*

My email has been buzzing since the election. I thought things might calm down once it was over, but no. I'm still getting pleas for donations from various arms of the Democratic Party (how many arms can one party have, anyway?). But now there are numerous solicitations to go to neighborhood meetings, write my opinion in boxes on websites, and get ready to inundate my elected representatives with my presence. It is all very exciting: suddenly, it seems, those in power really, really, really want to hear from me. Or do they?

So I have been reading: the newspapers, what comes in from Truthout, HCFA-WA President Larry Kalb's weekly "Perspectives in Health Care Reform", emails from fellow single-payer advocates who have been to meetings. Now it's time to synthesize all this noise and excitement into a plan for action from the perspective of one who has been involved in the struggle for real reform of the U.S. health care system for more than 20 years.

There are some alarming trends noticeable in the incoming Obama administration's thinking about reform of the health care system. Early on President-elect Obama stated: "... how can we afford not to [reform the health care system.]." By mid-December, one of the questions given to Community Health Care Discussion group leaders focused on employer-based coverage. And by December 31<sup>st</sup> an Associated Press article about DHHS Secretary-designate Daschle meeting with two dozen seniors at a senior wellness center in Washington DC concluded: "A key message to Obama...: Health reform doesn't have to be all about expanding health insurance. It can be about the little things too..."

My conclusion is that we who are knowledgeable about the need for systemic reform, not more bandaids, must lead the public away from concerns over each little malfunction they, as individuals, have encountered. We need to get out there and help voice a coherent demand for a government-guaranteed, universal health coverage system

financed by taxes.

## How to Lead a Public Meeting on Health Care Reform

One technique is to have all the attendees start naming problems and write them all down on butcher paper. A long list of minutiae will ensue. Then present the idea of a single coverage public plan and go through the list showing that such a plan can, if well designed, solve nearly all the list of small problems. If this works, the meeting can then agree to support a single national public universal health plan in its report sent up the line to the Obama administration. More difficult is the meeting at which a sizable number of attendees are focused on individual responsibility, freedom from taxation, and entrepreneurialism in health care, as in the rest of the economy.

Before the meeting concludes, a list of the five principles that really do have support nationwide should be presented to the group:

1. Universal – everybody in, nobody out
2. Continuous – over one's entire lifetime; one cannot become uninsured
3. Affordable to individuals and families – no higher premiums for sick or older people
4. Affordable and sustainable for society – cost spread over the entire population and uniform standards of coverage and payment used to control costs
5. Provides access to high quality care that enhances health and well-being – restores health care decisions to doctors and patients

I think it's important to point out that if principle #4 is ignored the whole system will fail within a few years. That principle is the main reason why a single-payer, tax-funded universal coverage system is the only one that will work over time. A multi-payer insurance system, if given enough money, could meet the other 4 principles, but the cost would be astronomical and still rising.

So, readers, get out there and go to these meetings, prepared to speak up and lead. That's what I'm doing!

# Draconian Cuts Proposed to Balance State Budget

by Sarah Weinberg, Vice President

State governments are different from the federal government in a crucial respect: they must balance their budgets each year. They can't have a budget deficit, they can't print money, and they can't borrow money from China. The current severe economic downturn has caused financial crises in several states, and Washington has not been spared. Increasing government spending to stimulate the economy is simply not an option for states, and they find themselves in the position of having to do the opposite: cut state spending, even on necessary services and "required" state obligations. The Governor has already announced across-the-board cuts, hiring freezes, etc. totaling \$330 million last summer and fall, and an additional \$260 million in spending reductions late in November to balance the budget for the remainder of the 2007-09 biennium.

As one looks at the Governor's proposed 2009-11 state budget, with its \$96.5 million in cuts in state health care programs, bear in mind that severe cuts will also be made in K-12 and higher education (\$1.7 billion), social services (\$572.5 million), and public safety (\$259.7 million). The proposed cuts total \$2.75 billion. Actually, a \$5-6 billion shortfall is predicted for the 2009-11 biennium. The remaining approximately \$3.5 billion shortfall should be covered by a combination of obtaining expected increased federal funding (mainly in Medicaid), changing pension funding and eliminating salary increases for state employees (including teachers), increasing enforcement in revenue collection, spending the rainy day fund, etc.

The following cuts are expected in the area of health care:

- Funding eliminated for the SB 6333 Working Group, including the town hall meetings planned for 2009 to present the Mathematica report on health care reform options for public discussion. Nevertheless, the Governor is going ahead with appointing citizens to the Working Group.
- Funding eliminated for the Health Insurance Partnership program to set up a connector system similar to Massachusetts to help small businesses find affordable health insurance for their employees. The program is being dismantled.
- \$130 million eliminated from programs that provide health care for children and nursing home care for the elderly.
- 42% cut in the budget for the Basic Health Plan. It is estimated that this will cause a 6% increase in the number of uninsured in the state "overnight".
- 1% cut in the premiums paid to providers (Molina and Group Health) that provide Medicaid for children and pregnant women.
- Funding eliminated for foster kids leaving foster care (to help with the transition to adulthood for 18 year olds).

Olympia is not going to be a fun place to be in 2009!

---

(Outreach, from page 4)

reform in conjunction with reviewing our own state's actuarial study on various proposals for Washington. An update on the planning for that forum is also on the agenda for February 1. For more information about NSAT, contact Chuck Richards, the coordinator, at [csrichards@msn.com](mailto:csrichards@msn.com).

## Other Action Teams?

We are looking for readers who are interested in forming Action Teams east of Lake Washington as well as in the Shoreline area and the 1<sup>st</sup> Congressional District. Anyone from east of the mountains interested? Spokane? Pullman?

Contact any of the above Action Team Coordinators for more information.

## Economic Engine in Need of Rebuild May Be the Sound of Opportunity Knocking

*From the Kaiser Family Foundation, 1/7/09*

Drew Altman, KFF President and CEO, writes in his "Pulling It Together" editorial column that there may be a priceless window of opportunity to attain passage of major health reform legislation this spring, "between the expected approval of an economic stimulus package and the start of campaigning for the midterm election." The opportunity arises with the combination of a popular new President "with political capital to burn", Democratic leaders in Congress "who want to deliver on health care", and a major recession "transform[ing] health care into a bread and butter economic issue of real salience to working people and the middle class."

Past experience with the failed attempts of Presidents Truman and Clinton "underscore the argument for moving as quickly as possible to take advantage of moments of opportunity before opposition to health reform legislation emerges and public enthusiasm wanes."

"Quick action may offend those who think that it's the job of Congress to get things exactly right when legislation is first drafted, or that a long debate and a full vetting is the right way for a democracy to deal with a big issue like health reform. But more than any other single factor it's the recession that makes the environment for this health reform debate different from the last one, and a reading of history suggests that if action rather than another health reform stalemate is to be the outcome, one strategy may be to move fast and seize legislative opportunities when they present themselves, get at least the basics right, and fix whatever problems emerge later on."

## We Need Your Help!

**Health Care for All—Washington**, despite being an all-volunteer organization, relies on membership dues and donations to promote the cause effectively. Please join in helping to make our movement even stronger.

Membership donation \_\_\_ \$35 \_\_\_ \$50 \_\_\_ \$100 \_\_\_ other. Organization level \_\_\_ \$250 \_\_\_ \$500

Credit Card No. \_\_\_\_\_ exp. Date \_\_\_\_\_

\_\_\_ VISA \_\_\_ MasterCard Signature \_\_\_\_\_

Name \_\_\_\_\_ Phone (day) \_\_\_\_\_

Address \_\_\_\_\_ Phone (eve.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ State Legislative District \_\_\_\_\_

Fax \_\_\_\_\_ e-mail \_\_\_\_\_

Occupation if donation is over \$100 \_\_\_\_\_ Employer \_\_\_\_\_

### I'd like to help with:

\_\_\_ Speaking \_\_\_ Fundraising \_\_\_ Phoning \_\_\_ Signature gathering \_\_\_ Mailing Party

\_\_\_ House Party \_\_\_ Doorbelling \_\_\_ Demonstrations

Clip and mail to:

**Health Care For All Washington**

**P.O. Box 30506**

**Seattle, WA 98113**



**From the New England Journal of Medicine, 1/8/09:**

A “Perspective” article in this issue addresses the “unintended consequences of applying a business mindset to medicine.” Making physicians constantly aware of the monetary results of their work undermines the quality of their interactions with their patients. In the past medicine has been based on communal and collegial relationships – an expectation and obligation to help when assistance is needed. When the practice of medicine becomes a collection of “market” or “exchange” interactions, humans behave differently – they “wind up having no desire to do more than the minimum required for the financial bottom line.” How to restore the balance between communal and market exchanges? One possibility is to promote the idea of each patient having a “medical home”, with insurance covering the currently non-reimbursed time spent on coordinated care for ongoing problems and increased attention to preventive measures.



## Health Care for All-Washington

.....  
dba HealthCare 2000, and Washington Single-Payer Action Network

P.O. Box 30506  
Seattle, WA 98113-0506

Non-Profit  
U.S. POSTAGE  
PAID  
Permit No. 6109  
Seattle, WA

**Health Care For All-Washington** is a statewide, all-volunteer coalition working to replace the current inadequate health care system with a universal, “single-payer” health care system. We feel that if countries possessing only a fraction of our wealth can have a successful universal health care system, so can we. Among our ranks, you will find patients, health care professionals, youths, seniors, insured, and uninsured.