Putting People Over Profits
On the path to justice...

In 25 years working with registered nurses at National Nurses United, I learned fundamental lessons about the human condition, about the profession and art of caregiving, and about the importance of kindness. Everyday at the bedside, or when on the streets for improved Medicare for All, or when striking for safe patient care, they show all of us that nurses will never give up on their patients or their country.

And neither should we! We should all learn from the nurses' commitment to a single standard of safe, therapeutic care that enacts equality at the bedside, and from their commitment to health justice, which means eradicating the causes of the social disparities that shape our lives, longevity, and health status.

My work with National Nurses United taught me clearly: without justice there is no health, and without health there is no justice.

We see injustice in the rampant misogyny of the present administration and the Right’s desire to control women’s bodies. And we also know that women are more likely to use the healthcare system for themselves and their children than are men, and this includes reproductive healthcare, care for aging women (who have longer life expectancy than men), and care for others in their families. Health justice must mean repealing the Hyde Amendment, which bars taxpayer dollars from being used for abortion. It also must mean prohibiting any discrimination based on sex stereotyping, sexual orientation, and gender identity.

We see injustice in the many manifestations of structural racism: the arrests, fines, and jail time suffered by black men, the ongoing impacts of historic exclusions of East Asians and pacific islanders, the death and disappearance, indifference and inequalities, suffered by Puerto Rican Americans. These often determine job and life prospects, and by extension, the quality of healthcare. Among adults under 65, Hispanics, American Indians, and Alaska Natives are more than twice as likely as whites to be uninsured, and African Americans are also uninsured at a much higher rate than whites. Health justice must mean rectifying this situation so that no one is disproportionately affected by inequality in healthcare.

We see injustice in the separation of immigrant kids from their families, and when immigrant families leave their neighborhoods out of fear or extreme poverty. After they cross the border, these refugees from violence, deprivation, and sexual assault have no schools, no privacy, minimal food, and no contact with relatives. The psychological toll, the physical health impacts of the conditions, the stress, and the poor nutrition all add up to a full-blown public health crisis. Health justice must mean covering everyone in the country, regardless of immigration status.

It is clear that all of these social injustices both lead to and are reinforced by a basic injustice in healthcare. Though guaranteeing healthcare as a human right would certainly not fully rectify these injustices, it would undercut the economic insecurity underlying them. Medicare for All is thus a powerful affirmative response to misogyny, white supremacy, and xenophobia, as it would greatly improve the material positions of women, people of color, and immigrants.

Under a system of improved Medicare for All we take public health seriously because it embodies the values and holistic approach, the accountability and public financing characteristic of a newly envisioned health care system. Rooted in health justice, this system would enable us to collectively address not only the social determinants of health but also the systemic roots of those social ills.

...lies a confrontation with power.

The ruling class in America has held a special distaste for the possibility of universal healthcare. Since the post-war period businesses and the medical establishment have teamed up to make sure that no matter what gains workers made, social health insurance was not going to be one of them.

The fight against the ruling class to guarantee healthcare without barriers is what we call improved Medicare for All. Unsurprisingly, it is a truly popular demand: in a recent Reuters poll, it enjoyed 70% support overall, including 85% among Democrats and 52% among Republicans!

But despite this popularity and 17 co-sponsors of Senator Bernie Sanders’s Medicare for All bill, many media pundits and right-wing interest groups present Medicare for All as some crazy idea.

Let’s talk real crazy: UnitedHealth. Their CEO Stephen Helmsley made $66 million in 2016, and UnitedHealth made $12 billion in profit under the Affordable Care Act (ACA) in just two years. The ACA has been very good to insurers, hospital corporations, and the drug companies, but it hasn’t “bent the cost curve,” despite huge out of pocket cost increases for workers and restrictions on access through narrow networks. None of this matters to the capitalist class, which is heavily invested in healthcare, currently accounting for 18% of the economy.
Hospital corporations also did very well during the prime years of the ACA. Now – after further consolidations under new care models that emphasize high margin boutique services, concierge doctors for the wealthy, and mandates for the rest of us to get procedures done in clinics not governed by hospital safety rules – profitability is rebounding. Hospitals, prescription drug corporations, and insurance companies are free to set their prices without any limit, and the result is huge profits for them and runaway costs for us.

It’s clear that the capitalists aren’t just going to give us Medicare for All, and that’s because they are profiting enormously from the wildly unequal and downright tragic state of our current system. So in order to muddy the waters, the healthcare industry is conducting a massive, misleading campaign, paid for by our premiums and tax subsidies. Health insurance is a failed business model, but a powerful PR machine.

The misconceptions about Medicare for All

One claim they make is that Medicare for All is too radical. Too radical? Then why does every other industrialized country in the world guarantee healthcare as a human right to their citizens? If social health insurance is so radical and the present U.S. multi-payer system so reasonable, why wouldn’t Canadians or people in these other countries not want to adopt the U.S. healthcare system? Because despite the austerity measures of their corporate governments and the privatizing schemes of their capitalists, Canadians see that a single-payer system solves cost and coverage issues and eliminates barriers to care. They see the social solidarity, lessening of divisions, and the more humane ethos that follows from universal healthcare.

Other pundits say that Medicare for All is too expensive. Too expensive? Currently the United States pays almost three times for healthcare what other industrialized countries do. Healthcare is set to take up about a fifrh of U.S. GDP in a few years. Even the Koch brothers-sponsored Mercatus Center found recently that Medicare for All would save the U.S. almost $2 trillion by 2031. On top of all this, the United States is the richest country in the history of the world. Given the current healthcare crisis, with 30 million people uninsured and another 40 million underinsured, the question is not “How can we afford it?” but rather “How can we not afford Medicare for All?”

When they’re not claiming it’s too radical or too expensive, the opponents of Medicare for All opt for a classic tactic of the elites: confusion. They claim first that Medicare itself is not a single-payer system. This is true, but only because it has been privatized through the so-called “Medicare Advantage” program, which has made Medicare more inefficient and more costly.

Medicare itself – a publicly financed and publicly administered healthcare system that guarantees healthcare to all Americans over 65 – is a remarkably efficient program, using only a fraction (3-6%) on administration compared to the 12% (or more) by private insurance companies. But with the privatization of Medicare through Part B plans – the private plans Medicare enrollees must purchase for complete coverage of outpatient visits – those administrative costs are rising along with those of Medicare recipients’ co-pays and deductibles. So it’s true that Medicare is no longer a single-payer system, but the privatizing efforts that have made it a multi-payer system have also made it more costly for our seniors.

The opponents of Medicare for All further confuse the public by saying that it is an ambiguous phrase, something that can mean anything from an expanded public option to fully socialized medicine. The truth is that Medicare for All means something very concrete, and Democratic Socialists of America has laid out what it means in five principles for transforming healthcare from a hugely profitable industry subsidized by workers into one that puts people over profits.
The need for mass action

Despite the decades-long debate designed to maintain a profit-driven industry healthcare model under the guise of “choice, competition, and innovation,” meaning in fact unregulated market rate and price setting, we have avoided the one solution that is popular and works: Medicare for All. Unlike the administrative waste, inefficient provider reimbursement, tax giveaways, and coverage overlaps of the present healthcare system, which doesn’t even produce universal coverage or control cost, our demand is relatively simple: people get the health care they need when they need it without any barriers to care. That’s why we say, “All In!”

So how do we go about winning this demand? Here, as elsewhere, we have a great deal to learn from our teachers.

This past year brought us the most exciting wave of labor insurgency we’ve seen in decades. We saw tens of thousands of teachers join in mass strikes in unlikely states including West Virginia, Arizona, and Oklahoma. At the heart of these struggles were contract fights over healthcare in virtually every school district and state. These struggles resound through many different sectors: in current union negotiations for workers in profitable industries like US Steel, for instance, employers are trying to shift more healthcare costs onto workers. Like teachers, hotel workers have recently been on strike around the country over their healthcare costs.

Through strong communications and political strategies, teachers around the country have won real victories, and these victories point to the effectiveness and necessity of strikes and mass action to win Medicare for All. Mass action does not just mean large rallies and national media coverage. It means doing the work of building a mass organization of working people that is not going to give up on the demand for Medicare for All or let our corporate politicians water it down.

To do this we need to go door to door in key state and federal legislative districts to educate and build workers’ support for Medicare for All. We need to run actions against insurance company shareholders and executives, conduct town hall meetings to share stories, educate and organize, write letters to the editor, and develop an on-going social media message campaign. At union meetings, in conversations with friends, really at all events and occasions, we need to be talking about winning the demand for Medicare for All.

Now is the moment

There have been many failed opportunities to realize single-payer healthcare. We failed in the 40s when the American Medical Association teamed up with big business to attack the Wagner-Murray-Dingell bill. We were derailed in 1993 by the AFL-CIO’s support for HillaryCare over single-payer. In 2009, we knew the solution but lacked the leadership and mass mobilization to push it.

From history, from our own sense of urgency, it is very clear Medicare for All has to be the defining healthcare issue in 2018. 85% of Democrats support guaranteeing healthcare for all through a single-payer, Medicare for All system, so it must be a litmus test for all Democratic candidates now and in 2020.

We need a floor fight in 2019 to try to pass HR 676, if the Democrats take back Congress. We need a successful state model, with California being most likely. It is imperative to have authentic leadership in our chapters, unions, and within the justice movement, who can galvanize workers, and that also means electing a Congress and a President fully committed to Medicare for All in 2020. These are the necessary but not sufficient conditions for victory.

This is our time to accelerate, to accept our historic responsibility, and to recognize how fragile things are – and how fleeting this moment – if we don’t fight for what we want and need. The ruling class has recently woken up to the popularity of Medicare for All and is preparing to launch a frontal assault on single-payer healthcare once again. In a rare transcendence of the typical 140 character outburst, even Donald Trump recently wrote an op-ed for USA Today criticizing Medicare for All. This is a sign that we are winning, that the elites are actually worried that we might abolish the private insurance industry. They are prepared to throw their weight behind a corrupt, exploitative, and downright murderous industry, and we should be prepared to combat this assault with a mass movement of working-class people. We are dealing here with a matter of life and death. People will die if we do not succeed.

As Dr. King says, “Of all forms of inequality, injustice in healthcare is the most shocking and inhumane.” Our struggle for health justice can reclaim our humanity, the human kindness at the heart of solidarity. As we reject the corruption of the present moment, let’s share our alternative vision for an equitable society, where working people make the decisions that determine our destiny. Then we can truly change the ethos, and the political-economic structure, which got us here and inhibits our future freedom.

For without health, how can we be free?

For more information, visit medicareforall.dsausa.org.