

TAKING IT NATIONAL

We won't destroy the private health insurance industry and replace it with a democratically administered, wholly decommodified alternative that generates profit for no one without mobilizing millions of working-class people: nurses and teachers, cashiers and secretaries, anyone who's ever had a medical debt-collection company breathing down her neck. As it happens, the kinds of mass organizing and diverse coalitions and rhetorical strategies that will be required to win single payer are also the ones required to rebuild a class-conscious workers' movement.

Committing to an ambitious, universal campaign like Medicare for All is committing to society-wide class struggle, which is exactly what we'll need to revitalize our imperiled unions — and to effectively challenge capital in arenas besides health care.

Fighting for single-payer health care will do the labor movement good, but so will winning it. Unions currently spend a lot of their time and resources fighting to protect their members from the vagaries of the profit-driven American health care system. In West Virginia, they're responding to the fact that political elites (including, as Cathy Kunkel explained earlier this week, the state's Democratic Party) are standing with business elites and passing on the costs of austerity to teachers in the form of rising health insurance costs.

The fact that we don't have universal public health insurance plays to employers' advantage: it puts unions on the defensive, constantly negotiating to keep workers from falling into the shark-infested waters of the private health insurance industry. By taxing the rich to pay for health care for everyone, we can empower organized labor to make more radical demands focused on workplace democracy.

Plus right now, individual workers usually have to worry about losing their health insurance when they lose their job. When that threat disappears, they'll be much more willing to fight the boss. Under the right circumstances, the dire health insurance situation and the high stakes that accompany it can make people brave and ferocious, as we see in West Virginia. But more often they make workers guarded, afraid of rocking the boat, and easier to control. Winning single payer takes a powerful bargaining chip away from employers and deposits it directly into workers' pockets.

Medicare for All is popular, universal, and social. The task for the Left and labor is to take the West Virginia fight national, to unite the teachers in Appalachia with nurses in California and to connect the demand for single-payer health care to the tactics of working-class militancy.

It's to place this fight in the broader context of capitalist exploitation and domination, and articulate an alternative: a health care system that works for workers, driven by the needs of the many instead of the profits of the few.

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Labor & Medicare for All

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DEMOCRATIC SOCIALISTS OF AMERICA

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Democratic Socialists for Medicare for All is a campaign organized and paid for by the Democratic Socialists of America (DSA). DSA is the largest and fastest growing socialist organization in the United States.

We are a member-funded, member-run, and democratically accountable organization that fights for a political agenda that puts working people at the center. We believe that if we are to take on the enormous power of our political elite and their billionaire donors we need an organization that truly represents the needs, aspirations and desires of the working-class majority.

In order to get our politicians to buck their billionaire donors and side with the majority, we have to threaten them with a mass political movement. But the movement we need cannot be built overnight. It will only be built through connecting with millions of people across the country, in their neighborhoods, town halls and workplaces.

That's why we need each and every person to get involved. Winning Medicare for All will mean establishing a piece of real democratic socialism and building a broader working-class movement to take on the elite and the billionaire class. The fight is going to be long, and in many ways grueling. But it's a fight we need to wage, and one that we intend to win!

Labor's involvement in this campaign is vital to its success and it's our contention that winning Medicare For All is essential for the labor movement. M4A offers unions an opportunity to demonstrate the power of solidarity, which will help educate a new generation of workers about the power of collective struggle. It also shifts the terrain of bargaining, healthcare would no longer be an issue management can use to wring concessions out of contracts.

The following pieces by Mark Dudzic and Meagan Day elegantly lay out the stakes and opportunity in front of us. Dudzic explains how M4A offers labor a path forward and how a return to employer bargained healthcare needs to be left in the past. Day uses the West Virginia teachers strike to illustrate how the issue of healthcare motivated and connected rank and file union members across the state, the same way a M4A campaign can unite the working class.

Please join our campaign, as a DSA member, union activist, or comrade. Everybody in, nobody out is not only our rallying cry but our path to victory.

ANDREW PORTER, DSA COLUMBUS, NNU UNION ORGANIZER

LABOR'S STAKE IN MEDICARE FOR ALL

BY MARK DUDZIC • MARCH 2018

There are still those in the labor movement who believe that unionists should oppose single-payer Medicare for All because good union-negotiated benefits strengthen member loyalty and help to organize new members. This misunderstanding persists because the provision of healthcare is deeply embedded in the employment relationship. More than 150 million people in the United States receive employer-provided healthcare insurance. This accident of history is a result of the post-Second-World-War defeat of the left in this country and the subsequent constraints on militant trade unionism. Unions and their allies had to construct "second-best solutions" in the face of unchallenged corporate power.

While unions throughout the industrialized world led the fight to make healthcare a right for all, unions in the United States were instrumental in setting the terms for a "private welfare state" that organized the provision of public goods through private employers. Healthcare became a benefit rather than a right.

Today, bargaining for healthcare has become unsustainable. Rather than being a positive perk of union membership, healthcare has become the biggest cause of strikes, lockouts, and concession bargaining as the costs continue to rise much faster than wages and the general rate of inflation. Workers often trade wage increases and other benefits to maintain health coverage only to be faced with the same dismal co-pays, deductibles, and limited networks that characterize all private health insurance plans.

In 2017, according to the Milliman Medical Index (an actuarial index) the total cost of healthcare for a hypothetical family of four with employer-provided benefits was \$26,944 per year, with employers contributing an average of \$15,259.

Unions representing low-wage workers face the impossible task of trying to bargain for both a living wage and decent healthcare benefits for their members. And all unions face the competitive pressures from non-union employers, who pay a small fraction of the costs of decent union benefits. Even higher wage workers covered by union-sponsored health funds (so-called "Taft Hartley plans") feel the pain.

Several years ago, for example, transit workers in the District of Columbia were forced to accept a contract that eliminated retiree health benefits for future hires. Forty percent of the membership is now no longer eligible for this benefit. This creates a deep rift in the internal solidarity that unions need in order to stand up against the power of their employers.



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Not only are good, union-negotiated health benefits economically unsustainable (at the bargaining table), they are politically unsustainable in the wider community. Unions find it hard to champion their members' decent benefits when most other workers are losing theirs. This helps fuel a politics of resentment which undermines and divides working-class support for union struggles. As then-governor of Massachusetts, Mitt Romney, famously asked, "Why should taxpayers pay for healthcare for public employees that we [sic] don't have ourselves?"

Smart, strategic unions such as the Vermont State Employees Association frame their fight for quality healthcare as part of a broader movement for healthcare for all. They've gone to their members to explain that, the "only way we can maintain our excellent healthcare is by working to expand it to every Vermonter." And they've gone to the public with a promise that they will advocate for the right of "every Vermonter to have the same quality of healthcare that we have achieved."

Most national unions, as well as the AFL-CIO, have passed resolutions in support of Medicare for All. What is needed now is for unions to move beyond "revolutionary politics" to commit substantial resources and organizing capacity. If a united labor movement were to get behind the campaign, it would be a game changer. Not only would it benefit millions of people, it would revitalize a beleaguered labor movement.

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"IT WAS ABOUT THE INSURANCE FIX"

BY MEAGAN DAY • MARCH 02 2018

On Friday, hundreds of striking teachers flooded the foyer of the West Virginia capitol building in Charleston. Holding signs that read "Whose side are you on?" they voted to occupy the building until their demands were met.

As the Supreme Court considers the *Janus v. AFSCME* case — posing an existential threat to public sector unions throughout the country — labor movement activists should watch the West Virginia teachers' strike closely.

The coincidence of the two events seems almost scripted: as *Janus* promises to gut the legal framework for public sector worker organizing, West Virginia teachers are militantly flouting the law.

Many in the labor movement contend that this level of rank-and-file engagement is the key to surviving right to work. The question is, how does a militant mood in a workforce like West Virginia's teachers come into being? Finding the answer in this case requires paying attention to the central demand that caused workers to defy union leadership and embark on one of the largest wildcat strikes in recent American history: adequate health care.

BACK TO THE TABLE

Three days prior to the building occupation, the West Virginia governor's office announced that it had reached a deal with the state teachers' union leadership. The agreed-upon 5 percent raise for teachers and 3 percent for all public employees was supposed to mark the end of the statewide teachers' strike. The state had already seen four days of school closures in all fifty-five counties, the result of a work stoppage involving twenty thousand teachers.

But the teachers weren't satisfied with the deal. At the meeting where it was announced, they began to chant, "Back to the table!" and "We are the union bosses!" According to the agreement, the teachers were supposed to return to work on Thursday, but by Wednesday night all fifty-five counties were again reporting school closures. The strike was still on.

The primary source of striking teachers' dissatisfaction is the state's meager offering of a "task force" to fix the Public Employees Insurance Agency (PEIA), West Virginia's health insurance program for public employees. Tax cuts have resulted in changes to the insurance plan, sending co-pays and out-of-pocket expenses through the roof as teacher pay remains among the lowest in the country. One projection shows premiums under PEIA rising as much as 11 percent per year starting in 2020.

"This has been a huge issue, causing problems for years," said one striking teacher. "They've been cutting our health insurance over and over, making it

really expensive to survive.” Throughout the strike teachers held signs that read “Will teach for insurance” and “I’d take a bullet for your child but PEIA won’t cover it.”

According to the strikers, the 5 percent raise offered won’t reverse the damage that rising health care costs have done to West Virginia public employees’ ability to make ends meet. Explaining why she chose to remain on strike, one teacher said, “The number one thing was we needed a permanent fix to PEIA. It wasn’t about the money at all. It was about the insurance fix.”

PRESSURE POINT

Health care touches a nerve, one so tender that twenty thousand teachers are willing to defy their union leadership to try to force the state government to fulfill their health care demands (unlawfully, no less). This is one reason many socialists and left-wing labor activists are advocating a movement-wide focus on single-payer health care, or Medicare for All.

It’s no surprise that health care is the crux of the most combative domestic labor upsurge in years. In a poll last summer, Americans said they regarded health care as far and away the biggest challenge facing the nation.

Working-class people are watching their paychecks disappear as they shoulder an increasing share of rising health insurance costs. We live in a country where nearly half of the money raised through crowdfunding websites goes toward medical expenses, where drug costs can increase 5,000 percent overnight, where having premature twins can obliterate the entire savings of a family with insurance, and where medical debt is the number one cause of personal bankruptcy. On top of all that, we have alarmingly deficient care compared to nations with comparable resources.

It’s in this context that single-payer health care, until recently considered anathema in US politics, has garnered the support of the majority of Americans.

Workers are deeply invested in health care — not for abstract reasons, but because rising costs and confusing, extractive, punitive insurance bureaucracies are making their lives harder, with sometimes fatal consequences. The fact that health care is a pressure point for workers is reason enough to take health care seriously as a primary terrain of class conflict to fight on right now.

SOCIAL UNIONISM

Labor will need many more West Virginias to climb out of the ditch it’s in, and healthcare has an important role to play in the task of rebuilding the movement. Socialists see building a sense of class consciousness — a working class that identifies as such, knows it’s exploited by capitalists, and is united in struggle — as a necessary condition for the labor movement’s success. To that

end, socialist labor strategists have proposed that unions focus on demands that benefit the entire working class, not just this or that individual union’s members.

The idea is that focusing only on narrow wins for specific groups of workers actually atomizes the class, heightening competition rather than solidarity — and resulting in a cautious, transactional union bureaucracy leading a disengaged, depoliticized membership. It also ensures that victories are temporary; without challenging capitalist power beyond the bargaining table, any gains made will be rolled back in no time.

What socialists want instead is a labor movement that advocates for ambitious policies that build worker power across society, not just for workers in a particular shop or trade. Adolph Reed Jr and Mark Dudzic call this a social-unionist orientation, observing that:

Many unions are beginning to redefine their battles against voracious profiteers and privatizers not as defensive struggles to preserve rights, privileges, benefits and conditions already lost by most of the working class, but as far reaching campaigns for the public good, and they are sinking resources into building the kind of alliances necessary to win.

Some ambitious examples of this type of unionism are offered by Sam Gindin, who calls it by its more common term, social-movement unionism:

Autoworkers could push to rejigger their workplaces so they could make the goods needed to confront the ecological crisis. Steelworkers could fight for the renovation and expansion of public infrastructure. Construction workers could demand public housing and the green retrofitting of existing housing stock.

At this particular moment, health care has an exceptional power to galvanize workers. The issue is urgent and personal; as we’re seeing in West Virginia, it inspires people to fight tooth and nail. Plus its appeal isn’t limited to particular industries — every worker needs health care, and every worker is getting squeezed.

What if unions carried out their own contract campaigns for better health care alongside a collective, movement-wide campaign for federal single-payer health care? This effort would satisfy two conditions at once: tapping into working people’s organic desire to challenge the current capitalist health care regime, and bringing individual union struggles into contact with broader movements to build power for the entire working class.

This idea is already gaining steam. A growing number of locals and internationals have endorsed the Labor Campaign for Single Payer, which maintains that labor must lead the charge in fighting for universal, decommodified health insurance. National Nurses United in particular have stepped to the fore, campaigning for “an improved Medicare-for-All system where everyone — rich or poor, young or old — has access to the same standard of safe medical care.” We need many more unions to follow their lead.