Vol 3, #3 Winter 2008

Justice Rising

Grassroots Solutions to Corporate Domination

Per capita health care expenditures in the United States are twice the median level for industrial nations

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Industry's successful efforts to release harmful chemicals can be attributed to corporate involvement in writing legislation and setting regulations

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Corporations are the main force denying the rights of humans to medical care.

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We all need to play the "Save the World Symphony," none of us has to play solo.

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A Publication of The Alliance for Democracy

Health for Humans—Not Corporate Profits

by Jim Tarbell & Dr. Peter Mott

Human health or corporate "sickness care," which will it be? Can we fund a system that promotes healthy people, healthy products and a healthy planet? Or are we doomed to a market-driven system that medicalizes every natural aspect of our lives from sadness to ageing, drives up medical costs with unnecessary procedures, mandates corporate health insurance, poisons us and, then, makes money on the cure.

The market has no place in health care. As Harvard researchers Himmelstein and Woolhandler note, "health care is too precious, intimate and corruptible to entrust to the market." Corporate medical facilities have a higher mortality rate, cost more money, and provide less care than non-profit and public facilities. Avoiding the strictures of the Hippocratic Oath, they skim off the wealthiest clients and most profitable procedures.

Left with the ethical burden of caring for the poor and uninsured, publicly-owned hospitals are threatened with extinction across the country. Access to quality medical care is becoming jeopardized in both rural America and impoverished urban neighborhoods.

Sixty years ago, the Supreme Court unleashed the market-driven medical/industrial complex when it ruled that medicine was a business. This decision discouraged the American Medical Association from promoting medical ethics. In the 1960s, compromises over the Medicare Bill, which were fueled by our money-powered political system, opened up the US Treasury to a secure source of profits that Wall Street could not pass up. Since that time, health expenses have tripled as a percentage of the national economy and health-care corporations are some of the biggest in the world. They have become the biggest players on K Street where lobbyists manipulate political decisions and the revolving door between the industry and regulatory agencies guarantees that the "FDA is a captive of the drug industry."

As the 2008 elections approach, we are caught between money and medical justice. Will we elect politicians who create a private-insurance-funded health system that exacerbates the problems of corporate "sickness care"? Or can we establish a single, non-politicized funding source that will give rise to a new system to promote human health? By establishing this type of single-payer system (see HR 676 pg. 8-9), we could completely end any role for private corporations in the health-care system—as it is in Canada.

The Canadian system includes Regional Health Planning, which leads to proper distribution of hospitals and clinics, and more rational numbers of health personnel, high-tech machines, etc. Also, medications are usually approved only if they fit with publicly approved formularies, always favoring generic drugs. All our worries would be easier to handle with a single-payer system including preventive care, a system of long-term care, hospice care, and respite care for overburdened, home-bound caregivers. If all these essential services are planned into the single-payer system, we get savings that cut the total cost per person/year from $7000 to about $3000. But the deal will be off if the mega-corporations win the big fight, which is coming, over health care funding.

Who will decide our course, the people or corporate management? What kind of democracy do we have here?

This issue of *Justice Rising* lays out what is at stake in this showdown. It is not just a question of the US health care system, because through trade agreements, our corporate-driven system can infect the whole planet. We must stop the disease now!

graphic: ethicscenter.nd.edu

Grassroots Actions for Accessible and Effective Health Care

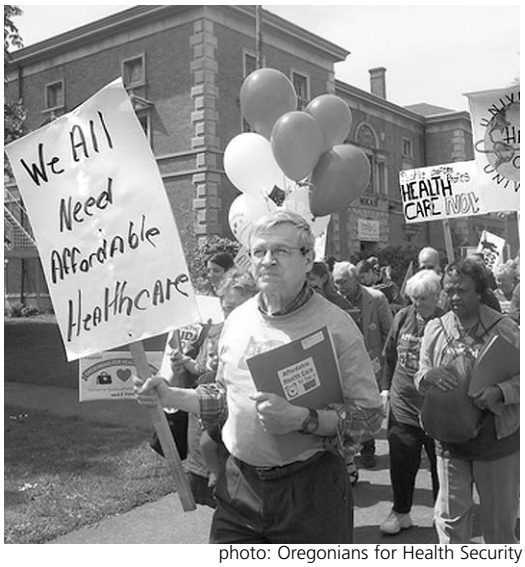


photo: Oregonians for Health Security

by Dr. Peter Mott, Rochester, NY AfD Chapter

Change from the grassroots is the most effective route to implement health care as a human right. Several years ago, the Alliance for Democracy decided that efforts to create statewide single-payer insurance would be more useful than expecting the White House and Congress to implement adequate and accessible national health care. We can have an impact in the states, and statewide programs can lead to national action—just as the Canadian provinces built their single-payer health plan one province at a time. They all came together in 1964, with each province administering its own part to this day.

A reasonable step in this process is to get your state to form a commission that analyzes all the options for covering the entire population. In Colorado, for example, an experienced consulting firm, the Lewin Group, was engaged by the Colorado Blue Ribbon Commission for Health Reform. They analyzed four options: (1) a public-private mix of programs, (2) another mix with expansion [for the poor] of both Medicaid and Child Health Plus (S-CHIP), (3) expansion of public programs while mandating all others to buy private insurance, and (4) the Colorado Health Services Single-payer Program. All the options except (4) are projected to cost more and still leave many uninsured. Only the single-payer option would decrease expenses.

We can have an impact in the states, and statewide programs can lead to national action

California, Vermont and Hawaii have also used the Lewin Group to do similar analyses. So far, no state has made a final decision.

Meanwhile, the health-insurance industry is pressuring states to make changes favorable to insurance companies. The Massachusetts Plan "universal health care" reflects insurance company interests and simply requires all residents to either enroll in Medicaid and S-CHIP—if poor enough to be eligible—or apply for State subsidies to help buy private insurance—again, if eligible-—or face taxation penalties. It's no surprise that the majority of Massachusetts residents, many confused and angry, have done nothing.

In New York State, several cities have planning groups united in a statewide campaign for single-payer, public or quasi-public insurance. Our first goal was for the State Government to form a commission and hire a consulting firm like Lewin to analyze all options. Our hope is that the people will see that only one option—single payer—would save enough money to pay for full coverage for all.

We are already seeing counter-pressure from the private insurance corporations. We are also seeing some potential allies promoting compromised plans to allow choices between private insurance and public programs—even though any plan to use state funds to help people buy private insurance would raise total health spending enormously. Of course, you can bet the private corporations would love it! But it would not provide the adequate health care accessible for all that is our human right.

For more information, call Peter Mott at 585-381-5606 or interconnect_mott@frontiernet.net

Dr. Peter Mott was Chief Resident at Bellevue Hospital in New York City and Clinical Associate at the National Institute of Health before becoming part of the Kennedy/Johnson War on Poverty. He now works full time at movement building.

California SB 840

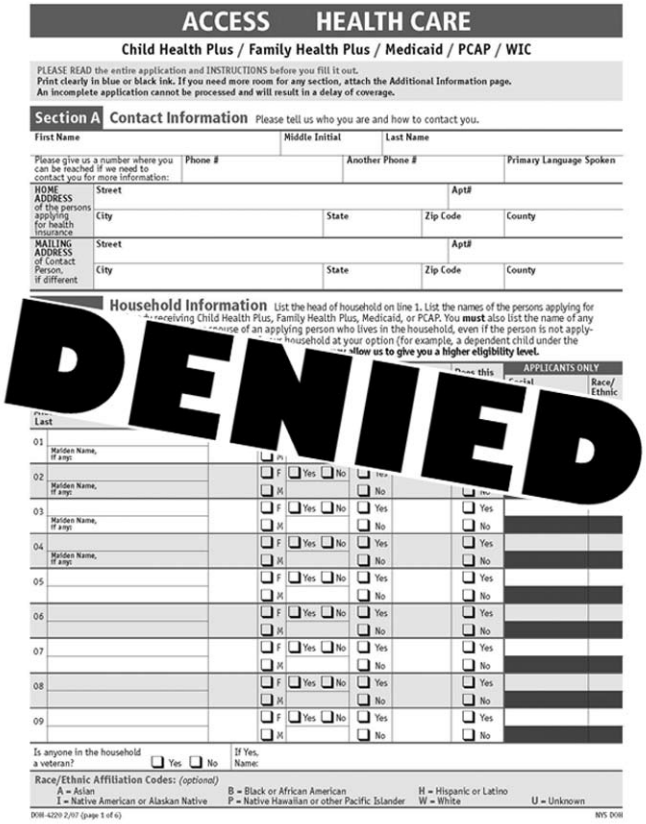
by Kjersten Jeppesen

California SB 840 (Sheila Kuehl D.) has been in the legislative hopper for several years, each session gaining more support until it was passed in 2006 only to be vetoed by Governor Arnold Schwarzenegger. SB 840 guarantees all residents of California complete health coverage, including vision, dental, pre-existing conditions, and free choice of doctor. There would be no co-pays or deductibles, and efficient administration would cut costs by 25%. Analysis by the Lewin Group finds that cost savings would be significant: Families could save from $300 to $3000 per year, and businesses from $300 to $2000 per employee. It could save the state $8 billion the first year, and up to $343 billion after ten years. Mainstream media coverage of health care plans has ignored SB 840. It is time for the citizens of California to take action. For more information call, One Care Now, 888 442 4255 or go to www.onecarenow.org

Private Insurance Is Not the Answer

It's part of the problem!

by Oscar H. Gandy, Jr.


ACCESS HEALTH CARE

Child Health Plus / Family Health Plus / Medicaid / PCAP / WIC

PLEASE READ the entire application and INSTRUCTIONS before you fill it out.
Print clearly in blue or black ink. If you need more room for any section, attach the Additional Information page.
An incomplete application cannot be processed and will result in a delay of coverage.

Section A Contact Information Please tell us who you are and how to contact you.

First Name | Middle Initial | Last Name

Please give us a number where you can be reached if we need to contact you for more information: | Phone # | Another Phone # | Primary Language Spoken

HOME ADDRESS of the persons applying for health insurance: Street | Apt# | City | State | Zip Code | County

MAILING ADDRESS of Contact Person, if different: Street | Apt# | City | State | Zip Code | County

Household Information List the head of household on line 1. List the names of the persons applying for ... receiving Child Health Plus, Family Health Plus, Medicaid, or PCAP. You **must** also list the name of any ... spouse of an applying person who lives in the household, even if the person is not applying ... household at your option (for example, a dependent child under the ... **allow us to give you a higher eligibility level.**

APPLICANTS ONLY

	Last	Maiden Name, if any:	Does this person need health coverage?	Citizen?	Race/ Ethnic
01					
02			F M Yes No	No	
03			F M Yes No	Yes No	
04			F M Yes No	Yes No	
05			F M Yes No	Yes No	
06			F M Yes No	Yes No	
07			F M Yes No	Yes No	
08			F M Yes No	Yes No	
09			F M Yes No	Yes No	

Is anyone in the household a veteran? Yes No If Yes, Name:

Race/Ethnic Affiliation Codes: *(optional)*
A = Asian | B = Black or African American | H = Hispanic or Latino
I = Native American or Alaskan Native | P = Native Hawaiian or other Pacific Islander | W = White | U = Unknown

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DENIED

How to solve the crisis in health care is certain to be one of the most hotly debated issues in the presidential electoral campaigns. It will contend for the top spot alongside concerns about the crisis in financial markets linked to an explosion in mortgage foreclosures.

What we need to understand is that both crises share common origins: an actuarial logic that facilitates discriminatory pricing and exclusion. This rapidly spreading virus has invaded the national culture and private insurance is its most effective carrier.

Private insurance is a rather special kind of consumer product. Most businesses realize profits by seeking out the people who need their services. The private insurance industry makes its mark by avoiding the consumers who have the greatest need for their products. Insurance companies don't compete with each other on the basis of product quality or service, instead they compete on the basis of risk classification. Risk classification involves the identification and exclusion, within the limits of the law, of clients who represent marginally higher risks and lower profits. Insurance companies not only engage in a kind of "arms race" to develop the most sophisticated techniques for risk classification, they also spend millions of dollars each year in an effort to defeat legislation that would make discrimination on the basis of gender, race, or "genetic predisposition" against the law.

When private insurers are not able to exclude customers on the basis of health status, or ability to pay, they focus their expertise in finding ways to deny claims for coverage or compensation. None of these efforts are directed toward improving the quality of life.

Recent assessments of the declining quality and rising disparities in health care status cite the lack of insurance as a primary cause of differential access to and use of health care. People who are young, minority or poor are most likely to find themselves without affordable insurance, because group health insurance, the most common insurance, is primarily linked to employment and the quality of those plans vary by social class. In addition, as the cost of health care has risen, employers have reduced or eliminated the amount of health insurance they once provided.

As job-related group coverage shrinks, the private insurance market has become the only alternative. Unfortunately, its offerings are either too limited, or too expensive for most Americans to afford. As a result, families are forced to spend a greater proportion of their limited funds on medical expenses. For many of us, stories about people who used up all their savings, took out second mortgages, and maxed-out their credit cards in an attempt to pay their steadily rising health-care bills begin to sound all too familiar.

The fact that per capita health-care expenditures in the United States are twice the median level for industrial nations doesn't mean that the quality of life, or other measures of health status, reflect a good return on those investments. A recent survey of citizens in seven industrial nations by the Commonwealth Fund (www.cmwf.org) found that more people in the US than in any other nation:

- did not fill prescriptions or skipped doses;
- failed to visit a doctor when they were ill; or
- delayed tests, treatments or follow up visits because they faced costs they could not bear.

Greater reliance on the private insurance market will not solve the health care crisis in the United States; it will only make it worse. It may take a global epidemic to bring us to our senses. We have to understand that the road to health must begin with our rediscovery that the goal of insurance should be the sharing, rather than the avoiding of risk.

Dr. Oscar Gandy is an emeritus professor of communication at University of Pennsylvania living in Tucson, AZ.

Most businesses realize profits by seeking out the people who need their services. The private insurance industry makes its mark by avoiding the consumers who have the greatest need for their products.

Unseen Consequences

by Alis Valencia

Few of us are willing to be poisoned, but it happens every day. Not so much the acute poisoning that causes severe illness or death, but the chronic exposure to chemicals that may lead to various cancers, birth defects, developmental disorders, Parkinson's disease, diabetes, asthma, learning disabilities, immunological dysfunction, epigenetic effects, and more. It's safe to say there's a broad awareness that toxic chemicals can cause problems but not a full appreciation of how bad the situation is.

Industry's successful efforts to produce, use, and release harmful chemicals practically at will can be readily attributed to corporate involvement in writing legislation and setting regulations; regulatory agencies rendered ineffective by corporate-driven political interests; and use by corporations of the First, Fourth, and Fourteenth amendments to the U.S. Constitution to protect their interests when they violate environmental regulations. We also should remember that corporations lie, either outright or by omission.

More than 4.2 billion pounds of 666 toxic chemicals were released into the environment in 2004.

These practices, however, fail to explain why there is no large, concerted people's campaign to halt the use and release of toxic chemicals. I suspect that the magnitude of the problem we face has been masked by how difficult it is to believe what we cannot see or prove without doubt. For example: knowing that everyone is exposed to all sorts of toxic chemicals doesn't make the risk real; nor does learning from the Toxics Release Inventory that more than 4.2 billion pounds of 666 toxic chemicals were released into the environment in 2004.

We get concerned when the news of exposure hits home, when we learn that TCE, a cancer-causing solvent, pollutes our drinking water; or that our child's new school was constructed on a poorly remediated brownfield; or that the Bisphenol A that leaches from the plastic liners of food and drink containers may cause neural or behavioral abnormalities in infants and children.

We typically learn of such exposures to toxic chemicals by happenstance: In Willits, CA, parents seeking a cause for the mysterious death of their child discovered government records showing that the Remco Hydraulics Corporation had polluted the soil and groundwater with many dangerous chemicals. Residents of Tallevast, FL learned from the men installing monitoring wells in their neighborhood that pollution from a nearby company could be poisoning their well water (subsequently confirmed); and many parents have been alerted to the possible danger to infants and children of exposure to phthalates, chemicals used to soften plastic. Only under emergency conditions is there a government-imposed obligation to inform people that they may be endangered by exposure to toxic chemicals.

Even when there is indisputable evidence of exposure to toxic chemicals, some will deny that any harm could result. In Willits, for example, people have countered claims of harm by saying, "I can name five men who worked for many years at Remco and lived into their eighties," or "I don't know of any teachers at the school across the street from Remco who got sick," or "Anyone who was at risk of lung cancer would have gotten it by now."

They may be right. The problem is that we know so little about chemical toxicity, and what we do know is expressed as statistical probabilities. Other than death from acute poisoning, there is no certainty of cause and effect.

Only a few hundred of the some 80,000 chemicals registered for use in this country have been tested. Moreover, research rarely yields definitive results, so there is always room to sow the doubt that favors the status quo. The EPA, for example, has had such difficulties assessing and reassessing dioxin that in 2006 it released a study begun in 1991 and not yet finalized.

Global warming became real to many people when they saw the photos of melting glaciers in "An Inconvenient Truth." We need to make the poisoning of the planet a compelling issue if we are to avoid another tragedy on the proportions of global warming .

Alis Valencia is currently writing a book on "Toxic Denial."

A Legal Cover-Up

When Willits, CA resident Donna Avila learned that she and her family had been exposed to dangerous chemicals from Remco, all of their health problems suddenly made sense. She learned quickly, however, that people who have been harmed by exposure to toxic chemicals have just one way to get help: file a lawsuit against the polluter.

Plaintiffs face an uphill battle in the legal arena. Before trial, they must document their exposure to chemicals (what, how, when, how much) and provide evidence linking their illnesses to the exposure. Given the state of the science, this is nearly an impossible task.

When plaintiffs appear to have a good case, the common defense strategy is to avoid trial by offering to settle. Most parties eventually settle, but the general public loses because confidentiality agreements keep all information about exposure, illness, and company practices out of the public record. As a result, it is difficult, if not impossible, to find out how common such lawsuits are, what communities are involved, or what chemicals and health problems are at issue.

Bills that Sold Public Health for Corporate Profit

Powerful Congressmen become Lackeys of the Medical/Industrial Complex

by Jim Tarbell

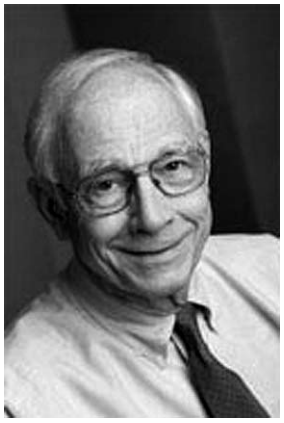
Much like wolves in sheep clothing, former Congressmen are using their knowledge to help corporations avoid regulation and pillage the government treasury. It makes Congress look like a publicly-funded apprenticeship program teaching future, high-paid corporate lobbyists how to manipulate our democratic system for the benefit of private industry. Half the Senators and 42% of the House Members who have left Congress since 1998 have taken the knowledge they gained at public expense in how-to-work the legislative system and sold it to private business as lobbyists.

In the past decade, health-care corporations have consistently taken the most advantage of this system to bolster their booming profits. They have spent a billion dollars on lobbing. When the health-insurance industry and groups like the US Chamber of Commerce's lobbying on health issues are added in, the amount spent and the number of lobbyists is even more astronomical. They often have two high-paid lobbyists for each member of Congress.

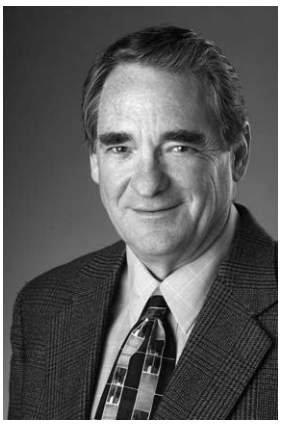
This tale of the two Bills is about Congressmen that switched from the people's side to the corporate side to line their own pockets and assure that their patrons got their way in the halls of Congress.

Willis (Bill) Gradison spent 18 years in Congress, much of it as the ranking Republican on the powerful House Ways and Means Health Subcommittee. In 1993, just after being reelected, he accepted a lucrative offer to head the Health Insurance Association of America (HIAA) in order to fight the Clinton administration's plans for reforming health care.

HIAA immediately started an unprecedented $14 million television disinformation campaign. They created middle-class characters known as Harry and Louise, to turn the American public against Clinton's plans. Bill Gradison also directed an HIAA lobbying campaign that targeted 17 of his old colleagues in Congress who held important positions on congressional committees. Gradison's former congressional colleagues called the insurance industry campaign, "the Willie Horton commercials of the health care campaign . . .extremely disingenuous . . . half truths . . . [intended to] scare people in general about health care reform." Gradison held the White House hostage with the Harry and Louise ads. He refused to turn off his deceitful propaganda machine until the administration bowed to his wishes. Senator Tom Daschle noted that Bill Gradison, a Yale classmate of George Bush Senior, suddenly was not using the integrity he had shown in Congress. Instead he was heading an "empty the missile silos approach" for the health insurance industry; dropping the bombs where his congressional career had taught him they would be most effective.



Willis (Bill) Gradison



Wilbert (Billy) Tauzin

In the end, Clinton's health reform campaign fell victim to the insurance lobby onslaught. In the Fall of 1994 the lame-duck Democratic Congress took health reform off the legislative agenda when they realized that the lobbying efforts of the insurance association had guaranteed that a filibuster in the Senate could not be stopped.

Ten years later, Wilbert (Billy) Tauzin, Republican Chair of the powerful House Energy and Commerce Committee with authority over health legislation, ushered the Medicare Prescription Drug bill through Congress, which has proved very lucrative for drug corporations. Although he denies it, he may have been simultaneously negotiating to be the head lobbyist of the drug industry. He soon quit Congress and took a two million dollar job as the head of the Pharmaceutical Research and Manufacturers of America. They are one of the largest lobbying organizations in Washington, and the group that Tauzin had just been negotiating with in the basement of the Capitol to create a drug bill that brought huge profits into the drug industry.

High drug-industry profits were guaranteed by a provision in the bill that restricted Medicare from negotiating with the drug companies for lower prices. When the Democratic Congress came into power in 2007, one of their first agenda items was to eliminate this restriction. But the effort died under the weight of lobbyists, often former congressional colleagues, descending on Capitol Hill to do the bidding of the drug industry. As a result consumers pay 35% more for their drugs than people in other Western industrial countries.

Congress looks like a publicly-funded apprenticeship program teaching future, high-paid corporate lobbyists how to manipulate our democratic system for the benefit of private industry.

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JUSTICE RISING is a publication of **The Alliance for Democracy,** whose mission is to end the domination of our politics, our economics, the environment, and our culture by large corporations. The Alliance seeks to establish true economic and political democracy and to create a just society with a sustainable, equitable economy.

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Nancy Price and Lou Hammann
Co-Chairs of the AfD National Council

Justice Rising

Corporate "sickness care," which depends upon drugs and surgery, fails to create a system of health, because health does not maximize profits. A single-payer system on the other hand, will promote health because it will minimize costs. A real health delivery system depends upon the availability of nutritionally rich food, without pesticides and poisons, at reasonable prices. The products we use have to be made from healthy materials and perform healthy functions. Our land, water and air have to be free of pollutants that cause cancer, birth defects and chronic health problems. Our life styles have to be stress-free and include adequate exercise, and supportive social and community interaction.

The panorama of healing has to be available to treat our diverse medical needs. Chinese medicine, allopathic, homeopathic and naturopathic cures have to be available, as well as spiritual and traditional healing practices. The corporate-concentrated, market-driven, health-care system, does not allow for all the options. We have to create a system that does. Read this issue of *Justice Rising* and find your path to help create the solution.

Dr. Peter Mott and Nancy Price have been a big part in presenting the health solutions in this issue of *Justice Rising*. Dr. Mott has dedicated his life to the tenets of the Hippocratic Oath, administering public health facilities across the country. His passion for creating a system of single-payer health care is an inspiration for us all. Nancy Price has long fought the accumulation of poisons in our bodies. As Western Coordinator of the Water for Life Campaign, she is helping ensure that people and communities have safe and secure supplies of water.

The next issue of *Justice Rising* will look at corporate policies that cause immigration and corporate agendas that stop it at the border. We will also look at grassroots, citizen-based efforts to solve this seemingly intractable problem. Let us know if you want to participate with articles or graphics. The deadline for this next issue entitled Corporations, Immigration and Grassroot Solutions is March 15. Please send submissions to jr@thealliancefordemocracy.org

5 New Members Join AfD Council


Dave Whitty


Kyle Taylor Lucas


Susan Willis

Four new Regional Reps joined the AfD National Council in 2007. Dave Whitty, from Ashland MA, is the new North East Regional Rep. A computer network administrator, he volunteers computer services at the AfD national office in Waltham, MA. He also helped organize speakers for the July 2004 Boston Social Forum. He and his wife Cynthia host twice monthly documentary film showings, followed by discussion, where AfD materials and newsletters are available.

Kyle Taylor Lucas is the new Northwest Regional Rep. She was a candidate for the Washington State Senate. She is the former executive director of the Governor's Office of Indian Affairs, and she served for nearly five years as the tribal affairs manager for the Washington Department of Natural Resources. She is a staunch advocate for social, economic, and environmental justice, human and civil rights, and civil liberties protection.

Susan Willis is the new South West Regional Rep. She is active in volunteer work with the homeless population and interested in border/migration issues, as well as peace and social-justice issues. She is interested in: Peak Oil; living simply and sustainably; food security; and permaculture. As a part of the Democracy Organizing Group in Tucson, she helps spread the word about corporate control through a weekly film series of corporate-related movies. She is also interested in promoting a city ordinance that would re-define corporations as non-persons.


Joel West

Joel West is the new South Central Regional Rep. An engineer from Houston Texas, Joel has long been involved in Alliance issues.

Rand Kokernot is a new at-large member of the Council from Western Colorado. He is an organizer, a motivator, a networker, and believes the power of connection with each other is the only thing that's going to save us. He: participated in the WTO demonstrations in Seattle; started a new currency in Western Colorado; circulated a petition in the face of the Patriot Act that reaffirmed our constitutional rights granted under the Bill of Rights and it passed 3-2 in Paonia, CO as well as in over 400 other communities around the country.

AfD Tucson Convention

Tom Neilson regales the convention

From rights-based, grassroots power to the corporate wall rising on the border, AfDers who came to Tucson for the Seventh AfD National Convention, left with a lot to think about.

Sunshine and the Day of the Dead provided added treats.

Tom Linzey started it off with an intensive two-day Democracy School that gave two dozen participants proof that it is possible to control corporate power. The Community Environmental Defense Fund (CELDF), where Linzey works, has helped small Pennsylvania townships keep systemic corporate destruction out of their townships. It concentrates on the corporate actor rather than the corporate action. CELDF is now spreading across the country, including a new campaign to make Spokane, Washington a rights-based city, locally empowered to end corporate domination through home rule.


Democracy School Instructors Shannon Biggs, Tom Linzey and Ruth Caplan

Over the next three days, AfD convention participants took these lessons to heart and applied them to the Alliance Campaigns. Following the convention theme of "shifting power from corporate rights to the rights of people, AfD activists talked about stopping corporate poisoning of the environment with toxic trespass ordinances, disallowing corporate political involvement in elections, and keeping corporate insurance out of health care funding.


Vikki Savee enjoys the Day of the Dead festivities with other revelers

There were also useful workshops on starting your own media outlet or program, framing your message, and using websites and flyers. Jan Edwards did a Tapestry of the Commons, Lou Hammann took everyone on a video tour of his sustainable co-op housing Hundred Fold Farm. Barbara Clancy received the AfD quilt permanently. The Day of the Dead provided an opportunity for AfD revelers to participate in a great pagan homage to the anguish of death and the joy of life.

Finally, ten intrepid AfDers went to Nogales, Mexico with BorderLinks. They immersed themselves in the gruelling reality of Mexican immigrants forced across the border by trade pacts, only to be stopped at the border by the new rising military/corporate juggernaut. This includes hi-tech arrangements with Boeing to provide surveillance equipment, and contracts with Blackwater to increase the military presence along the border. This tour will serve as a base for the next *Justice Rising* on Corporations, Immigration and Grassroots Solutions.


Barbara Clancy accepts the AfD quilt from Nancy Price and Mary White at the AfD Convention

AfD members on BorderLinks Tour to Nogales talk with a union representative.

Jean Maryborn Retires from AfD Council

Jean Maryborn was inspired by Ronnie Dugger's "The Call," which led her to meetings that evolved into co-founding the Boston-Cambridge Alliance in early 1997. She served as Co-chair until mid-1999 when she moved to Norwell, south of Boston, and started the Mass Bay South Chapter.

Their chapter focused on monthly meetings with speakers, and one member, Bill Haff, developed a media project that evolved into AfD's Alternative Media Project of videos to show on Community Cable Television.

Jean became North East Regional Rep and then Council Vice-Co-Chair in 2002, completing her term in November 2007. One of Jean's ongoing contributions was calling members and chapter chairs to stay in personal contact and gather news.

Jean moved to Sandpoint, ID in September 2004, and has the distinction of voting twice in 2004 for Dennis Kucinich: in the MA primary and then in the Idaho primary.

She attended the Democracy School prior to the 2007 Convention and, after reporting back to local groups, a county commissioner was interested in a Democracy School and asked Jean to run for county commissioner.

Jean has made a place for herself in Sandpoint as a local advocate for peace. Working on strategic non-violence, in particular, last fall, she gave the same speech Gandhi gave on September 11, 1906 in South Africa, which is credited with inaugurating the strategic nonviolent movement.

Jean Maryborn at the AfD Convention in Tucson

photo: Nocommentnews.com

photo: nhchc.org

photo: shopfortruth.com

Health Care in the US

Human Rights vs Corporate Rights

By Dr. Peter Mott

The time has come to see the issues around health care as the rights of people versus the rights of corporations. From the United Nations' Declaration of Humans Rights to the 1971 proclamation of President Richard Nixon, it has long been agreed that all humans have a right to adequate health care.

In the past six decades, all the world's industrialized nations have developed national health programs—except the US. In the 1940s and '50s, the American Medical Association (AMA) spent large sums on propaganda and lobbying to stop progress towards a national health care system.

By the 1960s, however, the wealthier, self-interested corporations involved in health provision, led by the insurance and pharmaceutical industries, formed the main forces denying the rights of people to adequate medical care. They have blocked all progress toward fulfillment of our right to health care by spending billions on propaganda and "buying" state and federal politicians. Many of the involved corporations are for-profit (eg, Aetna, Cigna, Hospital Corporation of America, Humana, etc.). Many others are so-called non-profit (eg, Blue Cross, Kaiser-Permanente, etc.). But both are part of the confusing and excessively expensive non-system of health care we have today.

Failure of the non-system: Dependence on Insurance Corporations

A confusing multiplicity of insurers in the US has resulted in fast-rising costs and fast-falling numbers of people who are insured. As a result we have:

- Forty seven million Americans (16%) with no health insurance.
- Approximately 50 million people (17%) with inadequate insurance.
- 22,000 deaths per year in the US caused by the lack of access to proper medical care.
- The average cost of insurance premiums in our country increasing 78% in the past six years. It is now $11,600 per year for a family of four. In 2006 this averaged $7129 per person per year in the US compared to $2956 in Canada.
- Falling levels of healthiness of Americans. In 2000 the World Health Organization ranked US health levels thirty-seventh of 190 countries studied.

Almost one-third of the US population is unable to secure proper medical care including:

- Those over age 65 with only Medicare and therefore not covered for long-term care in nursing homes or home care, and often without outpatient prescription insurance.

In the late 1940s

• Great Britain began their National Health Service.
• The Canadian health plan began in the Province of Saskatchewan.
•The US signed the Universal Declaration of Human Rights, which states that "everyone has the right to …health . . . and medical care . . . and the right to security in the event of . . . sickness, disability…"
• President Truman continuously tried to establish national health care, but vested interests led Congress to deny it.

- Veterans, where the Veterans Administration covers only "service-connected" disabilities.
- Those disqualified for pre-existing conditions by profit maximizing corporations.
- Those with policies that have confusing variations and serious gaps in coverage, and with a variety of co-payments and deductibles.
- Indigent Americans covered by state Medicaid programs that can be very incomplete.
- Workers who lose insurance when: they change jobs; corporations strip away benefits, outsource jobs or switch to "contract labor."

As patients lose jobs, find new ones and shift insurance companies, the rules change, the referral doctor lists change, and administrative costs climb. Those administrative costs are 15-30% for private companies, 11% for Blue Cross, but only 2-3% for Medicare.

Is there a better way?

"Medicare for All" is a call for expanding the Medicare program to cover all ages and all reasonable benefits—medical, mental health, dental, preventive and long-term care. HR 676 is a viable proposal that would implement Medicare for All. It is brief, simple, and very complete. A trust fund would be established to negotiate fee schedules with doctors and global budgets with hospitals and other institutions. Funding would come from a progressive income tax on the wealthy, plus a progressive excise tax on payroll and self-employment income. The people would have free choice of doctor and hospital. Everyone in the US would have one card and be free to go anywhere for care. There would be no role for the private insurance corporations. This Bill calls for pharmacies to use formularies with an approved list of medications favoring generics.

This is not "socialized medicine," which means doctors on government salary and hospitals owned by government. The Canadian health plan isn't "socialized" either: It has a single-payer system with provincial governments contracting with private doctors and mostly private hospitals to deliver the care. Polls show both the doctors and the people overwhelmingly like what they've got. This is also more than "universal health care"—which means only that somehow, someday, everyone would have some kind of health insurance (many of which are inadequate). Adequate and complete health care is a human right and it is time we all exercise that right.

graphic: Kjersten Jeppensen

Health Care—True or False?

- Medicare for All means the same as single-payer health care. TRUE, in today's organizing usage. Medicare is a single-payer system in which the government pays for care delivered in the private sector.
- Medicare covers all essential benefits already. FALSE. It leaves out prescriptions and long-term care. It covers home/nursing homecare for up to 100 days after hospitalization and only if one qualifies.
- Single-payer systems pay private doctors and hospitals to deliver care. TRUE.
- The single payer must be governmental. FALSE. It could be quasi-public (e.g., like the Port Authority) or even private but, to be efficient, it must be just one payer - not the confusion of multiple insurance companies.
- Single-payer systems must be national. FALSE. They can be statewide.
- Most elderly Americans have Long-term Care Insurance. FALSE. And most people do not realize that Medicare covers very little.
- Federal and state government departments already pay enough for health care to have covered our whole population. TRUE, according to testimony of the Congressional Budget Office and the General Accounting Office.
- Studies show that the US could save $350 billion per year while covering everyone by adopting a Canadian-type health plan. TRUE.
- Canadian patients don't have free choice. FALSE. They have free choice of doctors and hospitals within the system.
- In polls, Canadians and Canadian doctors overwhelmingly like their system. TRUE. And it started in one province in 1948 and included all provinces by 1964.
- The pharmaceutical corporations need to charge a lot because they do most of the drug research. FALSE. They spend only 13% of their budgets on research. The major research costs are borne by the federal government at the N.I.H. and via N.I.H. grants.
- The term "socialized medicine" does not apply to any of the above in the US or Canada, since these plans do not include government ownership of hospitals or government salaries for doctors. TRUE. However, our own Veterans' Administration and Defense Department medical systems are socialized.

GROUPS —Health for Humans

Community Catalyst is a national advocacy organization that builds consumer and community participation in the shaping of our health system to ensure quality, affordable health care for all. It is involved in: promoting the voice of health consumers; working at the state level on health care policy; promoting affordable prescriptive drugs through class-action litigation; seeking to eliminate conflicts of interest over the medical/industrial complex's marketing mechanisms among academic medical centers, professional medical societies and public and private payers; a web-based service that helps people access important benefit programs such as: Medicaid, SCHIP, and other health programs, food stamps, fuel assistance programs and Earned Income Tax Credit. Their website at communitycatalyst.org has a broad range of resources on all the issues it deals with.

The Collaborative on Health and the Environment (CHE) is a diverse partnership of individuals and organizations working collectively to advance knowledge and effective action to address growing concerns about the links between human health and environmental factors. It has working groups on asthma, breast cancer, electromagnetic fields, learning and developmental disabilities, Parkinson's Disease and women's health. Its Community Resources web page is an interactive one-stop source for information about science and community action. It has links to help concerned citizens or community groups begin investigating environmental toxics and pollution in our homes and communities. It also has connections to understanding our rights to know and to finding and creating alternative solutions to the chemicals, consumer products and pesticides we come in contact with every day.

Health Care Now! is building a movement for a Guaranteed National Health Insurance System in this country with quality health care for every human being. They are promoting the Conyers/Kucinich Bill HR 676 to establish a US National Health Insurance Plan that would be an expanded and improved Health Care for All. Go to their website at healthcare-now.org to read the HR 676, sign a supporting petition, learn how to organize support for the bill, get your local government to pass a supportive resolution, or to connect into various efforts already happening around the country.

Physicians for a National Health Program is a single issue organization advocating a universal, comprehensive single-payer national health program. PNHP has more than 14,000 members and chapters across the United States. They have proposals for National Single-Payer Health Insurance and a national long-term care program. Their website at pnhp.org has a long list of resources, articles of interest and links to multi-media interviews. It has a site to communicate with legislators and lists of organizations in every state working on these issues.

The People's Health Movement (PHM) is a coalition of grassroots organizations dedicated to challenging the prevailing system of health-care delivery that worldwide is failing to serve most of the poor worldwide. At a 92-country meeting with 1453 delegates, they wrote the People's Charter for Health. PHM-USA is working on Antimilitarism, Right to Health, Right to Water, and Trade and Health. Check out their website at www.phmovement.org/getinvolved.html for a list of activities and suggestions on how to get involved.

NACHC is a non-profit organization whose mission is to enhance and expand access to quality, community-responsive health care for America's medically underserved and uninsured. Its website at nachc.com offers resources for starting and running a community health center as well as funding sources for capital improvements. Its 605-page publication *So You Want to Start a Health Center: A Practical Guide for Starting a Community Health Center* is available for free. It also has information on caring for elderly, homeless, and farmworker populations. Finally, it can assist you in joining the Community Health Corps.

Not Corporate Profits—BOOKS

by Jim Tarbell

Arnold S. Relman, MD, Professor Emeritus at Harvard Medical School and former editor-in-chief of the *New England Journal of Medicine* was the first to identify the market-driven transformations of our health-care delivery system as the rise of the medical/industrial complex. Since he named the beast in 1980, many analysts and professionals have concurred that this system, that concentrates more on sickness than health, is failing. But they have avoided relating this failure back to the medical/industrial complex. In order to ensure that this important aspect of our medical system is understood, Dr. Relman's recent book *Second Opinion: Rescuing America's Health Care, A Plan for Universal Coverage Serving Patients Over Profits* reiterates that the rise of the medical/industrial complex is the problem. Citing innumerable studies done over the past 25 years, he systematically explains how the corporate takeover of our health-care system will never be able to provide the best medical care for the American people. The key, he points out, is to "develop a stable and segregated source of funding that can be kept safe from exploitation and manipulation by politicians and profit-hungry entrepreneurs."

Two different studies look at this corporate takeover of our health-care system over the past 40 years. Both are called *The Corporate Transformation of Health Care.* The first was edited by J. Warren Salmon, Adjunct Professor at the University of Illinois Chicago College of Pharmacy. It is a two-volume set and part of the *Policy, Politics, Health and Medicine Series* of Baywood Publishing Co. Volume 1, published in 1990, takes a broad view of Health Care looking at the power relations existent within the United States. It gives a background to the corporatization of medicine and the impacts of that phenomena on health-care institutions. It goes on to look at international experiences and then critiques four books that deal with this topic. Volume 2, published in 1994, looks at the expanding corporate inroads into all aspects of our health-care system and the implications for health-care practitioners.

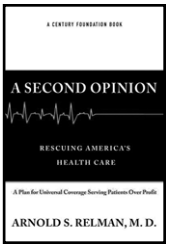
The more recent book, entitled *The Corporate Transformation of Health Care,* is written by University of Washington Professor Emeritus of Family Medicine, John P. Geyman and is subtitled *Can the Public Interest Still be Served?* Dr. Geyman's 2004 book looks at how the incentives and maxims of the corporate system cause the soaring cost of health care from hospitals to drugs and insurance. He also looks at how these health-care corporations defend and promote their interests. Finally he asks if reform is possible? And answers, "[not] until there is a major change in the political climate."

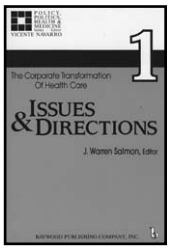
All of these analyses of the corporate takeover of the health-care system look toward changing the funding of the medical system in order to create a health care system beneficial to all people. Jill Quadagno, who worked in the Clinton Administration on health-care policy, presents a thorough history of the stakeholders that have created our present system in her book *One Nation Uninsured: Why the US Has No National Health Care System.* In an incisive and thorough historical review, she reveals the influence of corporations and other stakeholders in the formation of our failing system. National Health Insurance is at the center of her solution and she suggests a model of political organization that could establish a truly popularly-based medical system in this country.

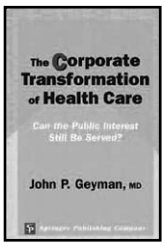
Of course, one of the problems with the current system is that corporate insurance companies disqualify people for pre-existing illnesses caused by corporate-produced environmental pollutants. Sandra Steingraber, in her ground-breaking book *Living Downstream: An Ecologist Looks at Cancer and the Environment,* fully documents the corporate poisons that are spreading across the planet and the failures of the regulatory system to guarantee an environment that is healthy and safe from such pollutants. In a wonderful panoply of modern-day story telling, she traces the personal impact and public destruction of the water, air, soil and life of our planet by corporate-produced toxins and urges us all to become involved in the solution.

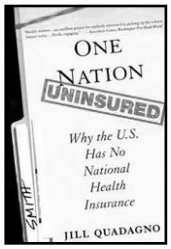
Steingraber points toward Mark Shapiro's new book *Exposed: The Toxic Chemistry of Everyday Products and What's at Stake for American Power* for an explanation of why corporate toxins are allowed in this country and not in Europe where a new world of environmental regulation is being created. He points out that in Brussels "the usual cocktail of campaign contributions, arm-twisting, and seduction are often neither warmly received nor, in the case of campaign contributions, legal." In this freer political climate, the EU has established environmental laws based on science and health rather than on corporate interests. In the process, all eyes are on Brussels rather than Washington.

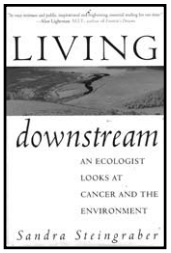
Finally, Peter Mott in his book *Cancer in the Body Politic: Diagnosis and Prescription for an America in Decline* makes a medical prognosis of the disease that is killing our democracy. In this clever approach to our political ills, Part I looks at Symptoms, Signs of Illness, Acceptable Standards of a Healthy Body Politic and Diagnosis. Part II is the Treatment: Preparing for a Change, Creating a National Movement and a Prescription for America.

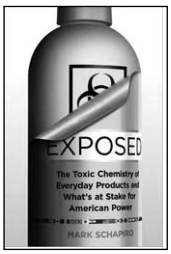


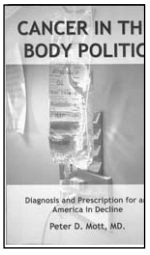












Community Action to Protect Our Health

by Nancy Price

grapic: rhul.ac.uk

The insurance industry must limit risk because the sole fiduciary responsibility of managers and governing boards is to ensure profitability and meet quarterly benchmarks of growth in shareholder value. To protect profits, as Oscar Gandy writes (pg. 3), the industry manages risk by denying coverage using different criterion, especially the broad, catch-all category called "pre-existing conditions" that allows for wide abuse.

Industrial and agricultural corporations pollute our air, water and food. We have the right—and the responsibility—to stop them.

Pre-existing conditions can encompass any medical problem you have now or may have had years ago. Typically, however, it refers to any condition or symptom which you had during the 36-month period prior to the start of coverage. Denial of coverage might apply only to the pre-existing condition, and perhaps for only a specified time, or it might rule out health insurance altogether. Often if, for whatever reason, coverage is terminated by an employer or from job loss, a pre-existing condition might be challenged when making a new application. Commonly, the industry denies a claim or cancels a policy charging failure to disclose accurate information of a "pre-existing condition" on an application. This often comes as news to a patient at a time of illness who has neither time or money to fight back.

Here is a stunning statistic from the American Patients for Universal Health Care: 82,700 people in the United States have died because of insurance company denials and rejections . . . since the beginning of the Iraq war . . . and more people continue to die everyday. Marilyn Clement, National Coordinator of Healthcare-NOW states: "Some people call it, "Death by spreadsheet."

Alis Valencia (pg. 4) writes that chronic exposure to toxic chemicals and environmental pollutants is directly correlated to development of such common "pre-existing conditions" as cancer, diabetes, asthma, and immunological dysfunction. Most important, recent research suggests that the concept of "pre-existing" may be pushed back to the impact of toxic chemicals on development of the fetus, the newborn and the young child, and to accumulation of a chemical body burden that predisposes people to serious diseases in mid and later-life. As a result, the insurance industry "spends millions of dollars each year in an effort to defeat legislation that makes discrimination on the basis of gender, race, or "genetic predisposition" against the law.

Corporations Have No Right to Harm Us: Industrial and agricultural corporations regularly violate the law and our human rights by polluting our air, water and food—and they rarely receive more than a slap on the wrist for their criminal actions. They lobby government for lower standards and exemptions, and promote free trade agreements that erode drinking water standards and environmental protections. They have no right to do this, and we have the right–and the responsibility–to stop them.

Two clear steps for community action.

Pass a true Precautionary Principle like the people of San Francisco did. This permits the City to act with "precaution" to prevent harms to the environment and protect public health even when full scientific evidence about cause and effect is lacking. To learn more go to: www.sfenvironment.com/aboutus/innovative/pp

Pass a "Chemical Trespass Ordinance" like the people of Liberty Township in Pennsylvania did. This prohibits "chemical trespass" within the township and establishes strict liability and burden of proof standards for chemical trespass. It also subordinates chemical corporations to the authority of the people of the township. To learn more go to: www.celdf.org (on left, under New Ordinances, scroll down to "Asserts Liability for Bodily Chemical Trespass").

graphic: Detroit Working for Environmental Justice

Nancy Price is the Co-Chair of the Alliance for Democracy and Western Coordinator of the AfD Defending Water for Life Campaign.

Sandra Steingraber
On Living Downstream

Interview on Corporations and Democracy 12.7.07

Pharmaceuticals are tested. Chemicals are not, even though they sometimes act like pharmaceuticals once they get into our bodies. For example, arsenic has the ability to cause lung cancer. Cadmium, which is found in a lot of consumer products and electronics, causes prostate cancer. Both of these chemicals find their way into drinking water. But nothing in the law says that burying toxic waste above a drinking water aquifer is a bad practice.

Our regulatory system is unresponsive to new science showing that people who are young, old or in puberty are more sensitive to tiny exposures of toxic chemicals. Nor does the regulatory system take into account multiple exposures of chemicals or that some of us are more genetically susceptible than others.

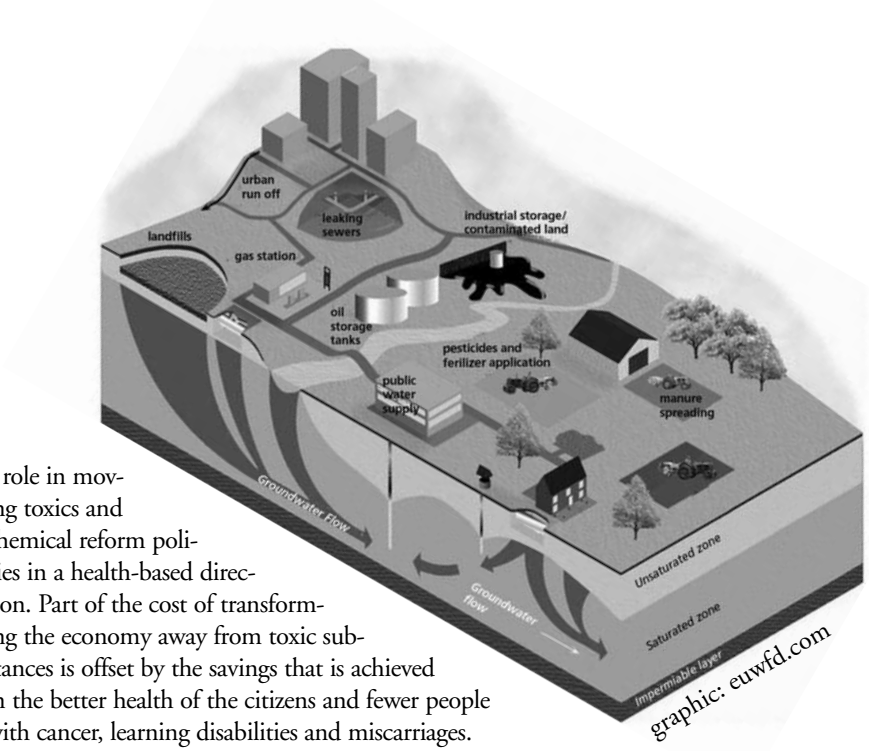
There is very little built into the law that requires regulators to look at these aspects of exposure. The Toxic Substances Control Act (TOSCA) of the 1970s requires testing new chemicals. However, all of the chemicals already on the market were grandfathered in and allowed to be sold without any testing of their safety. There are 62,000 of these pre-TOSCA chemicals that are assumed to be innocent until proven guilty. Moreover, as is documented by journalist Mark Schapiro in his new book *Exposed*, the part of the law that compels the government to pull off the market chemicals demonstrated to be harmful sets the bar so high that only five chemicals have been barred.

Then, when a chemical is known to be toxic, rather than phase out our dependence on that chemical, we do experiments in the lab to determine the maximum amount we can allow in air, food and water before harm is more than negligible. We may look to see if it causes cancer, but not if it affects our hormones or enzyme levels or alters brain growth development that might lead to a learning disability.

A growing breach has developed between the way the United States regulates toxic production and the way the European Union does it, which is more precautionary. This allows new science to come in and show us that things are more dangerous at lower levels than we ever thought. The European system uses inherent toxicity as its trigger for action, which is a more rational approach. They outlawed burying heavy metals in the European Union because sooner or later they will find their way into the developing brain of a fetus or a man's testicles.

What the Europeans have done is say, "We don't care how long the chemicals have been on the market. We are going to require that the 62,000 chemicals that were around before TOSCA be tested." The Europeans are now going to be creating a huge database for these chemicals

European national health care seems to be playing a role in moving toxics and chemical reform policies in a health-based direction. Part of the cost of transforming the economy away from toxic substances is offset by the savings that is achieved in the better health of the citizens and fewer people with cancer, learning disabilities and miscarriages. When you have a national health care system, there is a natural system built in for cancer prevention. I am a strong proponent of national health care. It seems like the most rational and efficient of all the systems out there. Now, we externalize health costs by pushing people off the insurance roles and by privatizing care.



graphic: euwfd.com

A lot of activists are asking if these government and regulatory policies are not a violation of our Fourth Amendment rights to the security of persons from toxic trespass. Such citizen activists have a history of changing our policies. What I often tell my audiences is that we are all musicians in a great human orchestra. It is time now to play the save the world symphony, none of us has to play solo. But we are required to know what instrument we hold and play it as well as we can in concert with others. None of us have to do it all. That would make us throw up our hands and get depressed. Just choose one thing and do it well and do it with passion.

Our regulatory system is unresponsive to new science showing that people who are young, old or in puberty are more sensitive to tiny exposures of toxic chemicals.

Sandra Steingraber is author of Living Downstream: An Ecologist Looks at Cancer and the Environment. *Her recent research on the consequences of chemicals in the environment,* The Falling Age of Puberty in US Girls *is available for free at breastcancerfund.org*

Europeans Lead the Way

A few years ago, Europeans banned from lipstick, deodorant and shampoo all the chemicals that are known or suspected to cause cancer or birth defects and chromosomal defects. The global companies that make these products have been compelled to reformulate them using safe ingredients in order to keep selling them in the European Union

Now there is a new Cosmetics Act in California that says, in effect, if there are any ingredients in this product that you can not sell in Belgium, then you have to label it as such. We suspect that the global manufacturers are not going to want these products labelled and, since they have already been reformulated for Europe, Californians will have the benefit of these reformulated products. It will be interesting to see if the rest of the people in this country will get these reformulated products. As Mark Schapiro points out, the laws impacting toxins in the global marketplace are now being written in Belgium, not Washington, DC.

History Notes *by William P. Meyers*

graphic: Peter Veres

62 Year Delay for National Medical Insurance—So Far

On September 6, 1945, Harry S. Truman, then President of the United States, announced to Congress that he would be submitting a national health program proposal. On November 19, 1945, he sent a message to Congress recommending national compulsory health insurance. "All citizens would be able to get medical and hospital service regardless of ability to pay." The system would be paid for by payroll deductions and general revenues, but the medical services themselves would be "decentralized and completely under local jurisdiction."

Patients would be free to choose their own doctors; but no doctor would be forced to accept any particular patient. The plan also provided insurance for loss of wages caused by sickness or disability. It provided for federal aid to medical schools and medical research. And it would have provided funds for building hospitals and clinics.

Truman characterized his plan as a national health insurance plan. He tried to differentiate it from "socialized medicine" where the government would actually employ all health workers.

Much of his proposed plan was written into the Wagner-Murray-Dingell bill. During consideration of this bill in 1946, opposition mounted "from the traditional foes of progressive government and the hierarchy of organized medicine in the United States." In particular, the A.M.A. (American Medical Association) opposed the plan.

Truman states (in his *Memoirs*) that the Wagner-Murray-Dingell bill was "killed in the second session of the Seventy-ninth Congress." Truman continued to urge the issue upon Congress, and had a comprehensive study made. He showed his program "would save a great deal more than it would cost. Already four per cent of the national income was being spent for health care." Congress did not act. In 1951, as a lame duck, he created the President's Commission on the Health Needs of the Nation, which in December 1952 issued a report, "Building America's Health."

This new report backed off from full national health insurance, but recommended: "A broad extension of prepayment plans; Federal grants-in-aid, which would be matched by the states, to bolster prepayment insurance plans; Creation of a post of Health and Security in the Cabinet; a permanent committee in Congress on health; and federal grants for medical education, research, and hospital construction."

Truman later wrote: "Democracy thrives on debate and political differences. But I had no patience with the reactionary selfish people and politicians who fought year after year every proposal we made to improve the people's health. I have had some bitter disappointments as President, but the one that has troubled me most, in a personal way, has been the failure to defeat the organized opposition to a national compulsory health-insurance program . . . The vast majority of the people have no such organized voice speaking for them."

William P. Meyers is the author of The Santa Clara Blues: Corporate Personhood Versus Democracy. *He serves on the board of the California Center for Community Democracy.*

CAPE CARE

A Proposed Single-Payer Health Plan

by Mary Zepernick

A citizen-organized forum four years ago on the health care crisis blossomed into a broad-based effort to create a single-payer plan for residents of Barnstable County, Massachusetts—otherwise known as Cape Cod.

Following the forum's outcry for a single-payer system, primary-care doctor Brian O'Malley and County Human Services director Len Stewart assembled a group of health-care administrators and practitioners, public officials, and business and civic leaders, who spent a year reaching consensus on the values and principles underlying such a plan.

Enter the activists.

Brian explained the project to Cape Codders for Peace & Justice, where "We the People v. Corporate Rule"—a Cape Cod group focused on the fundamental underlying cultural patterns and paradigms that either promote or impede democracy—learned about it. Inspired by the Program on Corporations, Law and Democracy and a campaign of the Womens International League for Peace and Freedom, and seeing health care as a fundamental human right, "We the People" designed a non-binding resolution for 2006 town meetings.

Thus Cape Care went public, with town teams petitioning to put the resolution on 14 town agendas and conducting a vigorous public information campaign. It passed in 11 towns, and the next challenge was reorganizing for plan development and promotion. The Cape Care Coalition was formed, with an enlarged steering committee and working groups on plan design; fundraising; and community organizing and media. The Coalition holds quarterly meetings to bring people up to date and engage them in various tasks.

Dr. Brian O'Malley explains Cape Care to local residents

Six community forums this past fall presented this work in progress, urging people to read and comment on the evolving plan at www.capecare.info The County Assembly of Delegates passed a resolution to "support and encourage" the continued development of Cape Care, and the Coalition is collaborating with Mass-Care, a statewide single-payer advocacy group experienced in state legislative work.

Cape Care's governance is envisioned as a representative and independent authority, collecting and dispersing revenues from a variety of sources. Savings will result from lower administrative costs, bulk purchases of pharmaceuticals and medical equipment, and over time, from the positive effects of community wellness programs, preventive measures, and timely treatment. Our providers will remain as they are, but with an improvement in people's health and of the delivery system itself.

Many issues remain to be decided, including more detailed financing of the plan, but support is growing. As Len Stewart said at the outset, "It's not rocket science, it's political science!"

Mary Zepernick is a member of the Program on Corporations, Law and Democracy, Womens International League for Peace and Freedom and Cape Care.

Cape Care's governance is envisioned as a representative and independent authority, collecting and dispersing revenues from a variety of sources.

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Why You Should Care

Private Insurance Does Not Work

With administrative costs ten times higher than Medicare and a policy to deny access to anyone who might get ill, private health insurance companies provide a disservice to public health

.

Corporations Have Taken Over Our National Health Policy

A health-care system that maximizes the public good is imperiled by the medical/industrial complex's overbearing influence in Congress. With the largest corps of lobbyists, and a policy of hiring powerful legislators right out of Congress, drug, insurance and corporate care companies overwhelm the political process. A revolving door in the regulatory agencies ensures that they are "captives of the industry."

We Have Corporate "Sickness Care" Not Health Care

Corporations are imposing a system of "sickness care" rather than health care. They medicalize natural functions from sadness to ageing, drive up expenses with unnecessary procedures, expensive machinery, and additional costs from shareholder profits to exorbitant CEO salary and benefit packages. Finally, our regulatory system allows corporations to poison us and then make money on the cure.

Market Imperatives are Destroying Health Care

"Health care is too precious, intimate and corruptible to entrust to the market." With the value of life unquantifiable, funders separated from patients and medical professionals making the decisions, markets do not work in health care.

What You Can Do

Work to Pass Single-payer Health Care. Join an organization in your state (see pg 2) to create state-based single-payer health care. Make your voice heard during this presidential election year that single payer is the only rational funding system for a true national health-care system. Join the national effort to pass HR 676, which would create Medicare for all.

Become involved in National Health Care Policy. Counter the access of lobbyists by contacting your legislators on vital issues. Hold them accountable for their votes. Form community groups to keep up the pressure on our elected representatives. Advocate the passage of laws that stop former legislators from using their knowledge against the public good and stop the revolving door between industry and regulatory agencies.

Create Community Health Centers that concentrate on the public good rather than corporate profits. Check out www.nachc.com to find out how to start your own community health center. Get involved in the community health center or public hospital in your area. Volunteer as a fund-raiser or run for the board.

Refocus health care toward human needs rather than corporate profits. We need a system that emphasizes healthy people, healthy products and a healthy planet. The panorama of healing has to be available to treat our diverse medical needs. We deserve access to Chinese medicine, allopathic, homeopathic and naturopathic cures, as well as spiritual and traditional healing practices.