

GRASSROOTS ORGANIZING FOR UNIVERSAL HEALTH CARE IN THE USA:

A manual for fundamental change
produced by Project EINO

Project EINO is based at www.EverybodyInNobodyOut.org and is dedicated to the autonomous state organizations which have taken on enormous task of grassroots organizing for Universal Health Care. We believe that these organizations and the activists within them constitute the critical leadership of the movement for Universal Health Care in the U.S.A..

Project EINO is in dire need of funding, being funded for several years by two state activists of only moderate income. As of this first edition (November 2002) the project has received no more than a few hundred dollars over the 5 years of operation towards expenses. The project is actively seeking serious foundation support to support staff and expansion of services. In the meantime we are also greatly appreciative of any individual donations (large or small) to help us continue our work until some initial funding is found.

Hard copies of this booklet are available from Project EINO. Slides are rendered in digitized grey scale for hard copies to keep the expense low.

1-4 \$2 each
5-20 \$ 1.75 each
more than 20 \$1.50 each

Project EINO
1815 MLK Parkway, Ste #2, PMB 142
Durham, NC 27707

Tele: 919.402.0133

These slides were created for an invited talk to the Alliance for Democracy National Convention in the late Spring of 2002. The text was written subsequently in October of 2002. The acrobat readable document will be kept available for free download. Duplication and publishing is reserved for Project EINO. Hardcopy and powerpoint slide shows are available from the project.

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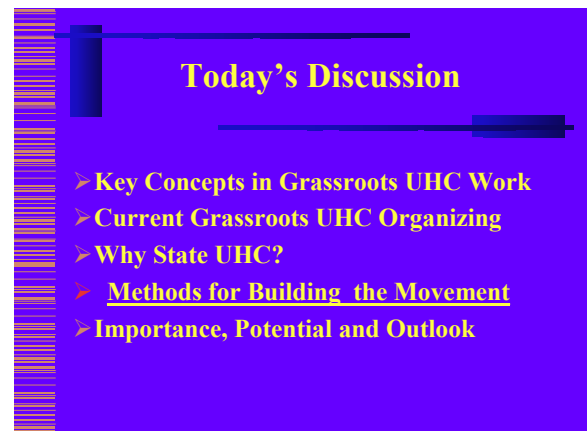


Please take a look at these two people and silently make up your own three sentence story for what you imagine is going on with them and how this image might relate to the story of the US health care system. We will return to this image at the conclusion of our discussion.

Strategic implications of critical terms

We will begin with a discussion of the strategic implications of terms which are critical to discussing the UHC movement, such as "universal health care" and "grassroots organizing". A quick look over Project EINO's correspondence with some of the major players in the movement for Universal Health Care (UHC) would convince anyone that the meaning of such terms is far from being either well-understood or consistently understood. Achieving greater clarity before we begin discussing the differences in what we take as our ultimate goal or the way in which we imagine ourselves approaching that goal will make it much easier to delineate different perspectives and conflicting goals of some of the major organizational players. Hopefully, by the end of this slide show we will have a basis for developing together a thoughtful approach to our strategic decisions.

After the discussion of the key concepts in organizing for universal health care (**UHC**), we will take an overview of the current grassroots work that is going on for UHC in this country. We will follow this by discussion of why people have started to work for UHC on the state level (rather than just nationally).



The major focus for our attention will, however, be the specific methods being employed for building the UHC movement and to mobilize a great number of people towards official recognition of "A Right to Health Care". Finally we will discuss in broad strokes the importance of this movement to society, the potential that this movement has for success (achieving UHC) and the contribution of the UHC movement towards building a more authentic and functional democracy.

Let's lay out some rigorous definitions now for key concepts - definitions which do not depart much from how the "person on the street" would be likely to define the terms. Later we will draw out the detailed implications of these definitions.



Single-Payer Health Care

Let's begin with the term "single-payer" health care, which is used by at least half of the state organizations working today towards UHC to describe their ultimate goal. Single-payer (SP) is a special type of UHC. An SP health care system is when all medical and health care expenses are paid out of public funds. The public treasury or trust set up for that purpose is the single-payer. The most frequently cited example of such a system is the Canadian system.

The Canadian system

might be the best example, however, there are a limitations to the simple definition by example of Canada. First, there is currently quite a bit of variation between the provinces of Canada in what is covered, so that it is closer to being completely SP in some provinces than in others and not absolutely SP in any province. In fact, some 30% of healthcare expenses in Canada (on average) which are paid for almost entirely by individuals through private insurance and out-of-pocket contributions including expenses for dental care, psychotherapy and optometryⁱ. Also there is still considerable struggle over whether more or less of their health care should be paid out of public funds vs. private in Canada with the labor and consumer groups being the strongest proponents of preserving and enhancing their SP system.ⁱⁱ Interestingly many executives of Canadian industrial enterprise are also aware of the advantages they have due to their SP system over their counterparts in the south. Mainly these are less expenditure on worker health and workers with better health and less sick days.ⁱⁱⁱ

Key Concepts Single-Payer & UHC

> All HC Bills Paid Out of Public Funds

- ❖ Canadian-style system
- ❖ Other (european) UHC systems

> Everybody In Nobody Out EINO

- ❖ UHC – a much abused term, how close?
- ❖ No uninsurance, no underinsurance. Health Care security for all residents.

There are other examples of health care systems which are nearly single-payer, but which either allow for some private payment for certain services, or have preserved for the privilege of purchasing separate coverage for some employers.^{iv} These systems are all UHC, but arguably SP. Most existing UHC systems in the world are not SP, but they are nearly SP.

For both the SP system and all the nearly SP systems, since the payer is essentially the entire tax-paying public, it is widely assumed within those societies that the public as a whole benefits, or has a right to health care and enjoys coverage. Our great "freedom" as individuals in the U.S.A., in this regard, is that we do not have any such widely recognized right, even though most of our health care is paid from public monies.

A recent study cites 60%, of the total US health care expenditure as paid for out of public funds at present^v. However, it doesn't make much sense to call us even "halfway" to being single-payer, since we leave so many of our people completely out of the system. Also the U.S. is most accurately portrayed as not having begun at all down the road of single-payer since, in general, we have allowed the private insurance industry to sell coverage to the people that are the cheapest to insure, or the least likely to need expensive services. Our government has never gone through the process of thinking about how all health care will be paid for, its starting assumption is that selling health insurance should remain a profitable industry. Unlike "single-payer" systems, despite the large public expenditure, there is no assumption about the public having any right to health care - certainly nothing explicit in law or policy at this time.

Universal health care

Universal health care is a much-abused term nowadays. However, a rigorous or literal definition is that everyone has access to health care, no one is without access. We admit that in recent history leaders in the Democratic Party and the AMA^{vi} have stated that including 95% or just 90% of citizens would be "close enough to universal" to be considered a UHC system. In EINO's view this is like talking about being a little bit pregnant - universal means what Webster's dictionary (any edition you like) says it means - absolutely everyone (the whole universe of individuals). And not just that everyone has some sort of coverage - but that everyone be covered for all medically appropriate care of good quality - that's real universal coverage. Why is the remaining 5 or 10% of the "uninsured" so important? Well, if you allow 5 why not 10 or 15 a few years down the line when the budget is tighter? What about the human suffering of that minority? And any of us (working people) might be joining that excluded minority through unseen misfortunes in the future. That's why the only solution is recognizing

that we all have a right to the health care, just as all our children have a right to go to school.

Incremental Health Reform

Incremental health reform unlike a reform that would bring UHC, aims to extend health care access to some individuals who currently don't have access, or who are not covered for all treatments and care which are medically appropriate. The people and organizations working in incremental reforms are doing much needed work towards alleviation of current pain and suffering.

Incremental HC Reform

- **Fighting Cutbacks**
- **Extending Needed Programs**
- **Alleviating Current Suffering**

- **Totally Separate Work and Strategy**
 - ✦ Reactive, non-global.
- **The status quo**
 - ✦ Progress and history.
- **Organizations Excluded from EINO**
 - ✦ UHCAN promotes incremental as road to UHC

The work of incremental reform involves both fighting cutbacks and expanding needed programs. Their work has been going on for 70 years at least, since the beginning of publicly funded health care in the USA. Often their work is reactive, as it must respond to the immediate needs of the population, as well as to challenges which arise to spending what is necessary to meet those needs. The financial arguments in their work are “non-global”, by which we mean that incremental reform does not address the overall health care budget of the nation or state. The incremental reform movement does not have occasion to discuss indirect cost-savings from having a totally rethought reworked system of access and finance.

More often than not, incremental health care activists see themselves as caught in the trap of begging for funding morsels in order to provide small enhancements (or continuing inadequate levels) in access to care. Often they must come back to the state legislative financing committees year after year without having gained any lasting commitment even to certain health care needs from the legislature. Incremental health reform, since it has been on-going for so long is very much a part of our status quo.^{vii} We go through years of budget cutting and years of surplus. Arguments differ depending on the economic cycle, but patient advocates have continually been seeking expanded coverages. This has been the status quo of health care in the U.S. for 70 years - incremental reforms are nothing new and they have not brought us close to UHC in over seven decades^{viii}.

Project EINO calls for fundamentally rethinking and reworking our health care system. We call for the design and implementation of a system that will include everyone and leave nobody out. We do not believe that UHC could ever result from an accumulation of incremental reforms. It becomes increasingly expensive, chaotic and undependable, as it would be forced into approaching UHC. The poor planning follows from the fact that it would never have a moment of global planning for a new system that meets the public's needs. We do not oppose incremental reform and caution state UHC organizations against even the appearance of such opposition, but we see it as totally separate from our work, different in nature and in goals.

Globally Planned Health Care

As opposed to continuing the development of the patchwork of programs that result and develop from years of incremental reforms, UHC organizing has the major advantage of calling for a fundamental change in the way health care access is provided in this country. By our uncompromising demand for a system that will serve all health care needs, we are calling for a design process which will work in the opposite direction of how our system has developed historically.

Globally Planned Health Care

> Not a Patchwork

- ✦ Basis is the coverage of all medically appropriate health care needs

> Efficiency and Cost Savings

- ✦ Decreased administrative (insurance) overhead
- ✦ Large "risk pool", sharing risk of future needs
- ✦ Negotiated prices for state, for pharmaceuticals and equipment
- ✦ Planning ahead for labor and physical facilities

We are demanding a system that is planned rationally according to the health care needs of our nation. With such a system outlined and with a state committed to the principle of serving those needs then the state may have latitude (if an SP system is not specifically legislated) to meet those needs while still allowing some, or even quite a substantial role, for private insurance. But the UHC system will not be designed according to what is most profitable and expedient for the insurance industry - and then let's see what is unprofitable and must be covered by our public funds (our taxes).

The implication of working for a globally planned health care system instead of one developed by incremental reforms, is that activists do not have to spend their time arguing every item, of every program, year after year with our state and local officials. Instead, UHC activists stress the cost savings, from lower administrative overhead, a large risk pool and statewide negotiated prices for pharmaceuticals and medical equipment. Remember that health care costs in Canada are just over half per capita what they are in the U.S., even though everyone is fully covered there, while tens of millions (some 90 million Americans without coverage for some period of time during a two year period 2000 – 2002) are left out in the USA.^{ix}

State & Grassroots Organizing

> Goal of State Legislation

- ✦ No way around thorough statewide campaign
- ✦ Educate - organize population across state
- ✦ Note difference from National Campaigns

> Grassroots Work Needs Legislative Goal

- ✦ People take effort seriously, strategy
- ✦ Injects a time-frame & goals into discussion

State Organizing

State organizing for UHC has as its goal the passage of legislation providing for instituting a system of universal coverage within the state. We recognize there is a very well-funded opposition to this work - most notably the insurance industry. The only tenable method to overcome our opposition is thorough educational campaigns. State activists plan how to reach, inform, engage and mobilize communities across their state.

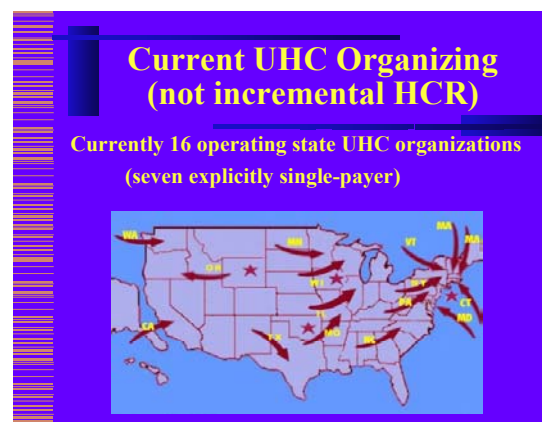
It is only through careful community-by-community work that there is any hope of countering and defeating the sophisticated propaganda that protects the excessive extractions by the insurance industry from our health care system.^x Once education has reached into every state legislative district, the state representatives and senators will have no choice (if they are interested in re-election) but to vote in favor of developing and implementing the UHC plan that their constituents demand.

The grassroots UHC work differs markedly from National Campaigns for federal UHC legislation. In a national campaign citizen pressure is usually limited to sending postcards, or calling in to Congress people, frequently at the end there may be a call for a large demonstration of support in the nation's capital. In state campaigns, by contrast, the work goes on for years with regular demonstrations, hearings, protests and a large range of other actions. Rarely, is a national campaign for fundamental change successful when not preceded by the tireless work of regional and state organizations which later join in with a larger national campaign.

State UHC work benefits tremendously from having a state legislative goal. Just getting a bill proposed in the legislature can be eye-opening for a state organization in realizing who their allies are, what their chances of ultimate success are and most importantly what formulation of proposal would be most likely to have some success. Beyond demanding a realistic assessment of their state situation working out (together with an allied legislator or two) possible language forces the organization to get very specific about their strategy and ultimate goal. Once a bill is pending in the legislature the organization continues to benefit by having something "real" they can talk to the state's residents about. There is a real possibility of making their bill into law, once sufficient support is enlisted and that stimulates enthusiasm with every audience and individual. Activists can even discuss their strategic plan for getting the bill passed and talk in real terms, (a few years?) as a realistic time-frame for actually getting recognition of the "Right to Health Care". It is no longer just "Pie in the Sky".

Current UHC Organizing

As of October 2002 there were 16 state UHC organizations in the country. And at least three more which are likely to announce statewide organizing within the next few months. These organizations have quite a range in maturity with some being much closer to enacting UHC as the law of their land.



Included here are only those groups with continuous work aimed at achieving UHC non-incrementally. The updated map can always be found on the EINO homepage at www.EverybodyInNobodyOut.org.



Other UHC Organizing

- > **Labor Party**
 - ✦ Certainly grassroots, www.iusthehealthcare.org
- > **PNHP** www.pnhp.org
- > **UHCAN – confused message**
 - ✦ Incremental as Road to UHC
 - ✦ All state UHC work as incremental reform
- > **Families USA - incremental reform**
- > **Several foundations - RWJ, KFF, ComW**

Labor Party and PNHP

The labor party has a very good website and downloadable manual. The manual argues in plain, clear language about the need for and sense in establishing single-payer health care in the U.S.

PNHP (Physicians for a National Health Program) is the nation's foremost advocate for UHC and a single-payer system specifically. Their production of useful resources is formidable.

The writings and workshops of PNHP on strategy for achieving UHC have been weak and inconsistent over the past several years, at least in a broad context of achieving UHC for the nation. Within the field of influencing their fellow physicians and gaining broader support for single-payer health care within their profession, the organization has been impressively resolute.

UHCAN and Families USA

UHCAN, the "universal health care action network" has been operating for more than 10 years and is a well-established organization with a dedicated staff. While genuinely interested in UHC, UHCAN is almost entirely focused on work and change at the federal level. In fact, they claim that all grassroots work being done by the state UHC organizations is just a form of incremental work^{xi}, which they call "geographical incrementalism". At the same time they do not disparage incremental work. In fact, UHCAN claims that UHC can be achieved through incremental reform - an idea which Project EINO holds to be obviously contrary to all evidence.

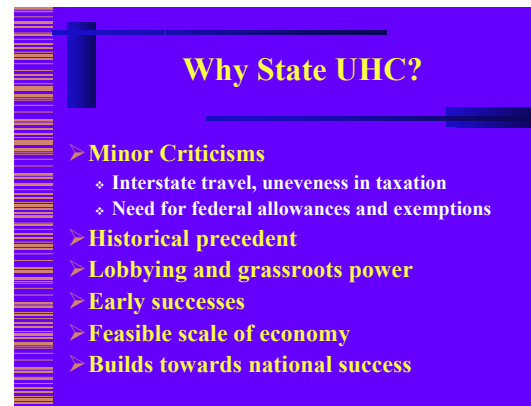
UHCAN's low assessment of the importance and vitality of state organizing is exactly opposite to the priorities of Project EINO, where we believe these organizations are leading the UHC movement in this country. Furthermore, we believe that the grassroots UHC movement would flounder aimlessly if it accepted the UHCAN premise that incremental health reform will eventually accumulate to having UHC. We find it very rare that any of the individuals who are intensively involved with state or local incremental reform work, themselves harbor any illusions that their work will eventually bring the state or nation closer to UHC. They usually recognize they are involved in a separate struggle to alleviate immediate suffering, because they are uncertain about exactly when the UHC movement will achieve success.

Families USA is a valuable advocacy organization for the uninsured and the poorly insured. They produce frequent and excellent reports. Unfortunately, they embrace

incremental health reform as a solution to the U.S. health care crisis, as do a number of foundations such as Robert Wood Johnson, Kaiser Family Foundation and the Commonwealth Fund. All of these make important contributions especially in terms of original surveys and documents, which allow the educational work to move forward. Nonetheless, we remain critical both of their alliances with the insurance industry^{xii} and their support of the concept that incremental reforms can some day bring about universal health care.

Criticisms of State Level Work

There are two frequently heard criticisms that are made of the state work for universal health care. First, we often hear that to enact UHC in one state is impractical because of the uneven character in taxation that would result and the encouragement it would give for seriously ill people to travel to a UHC state. Also we often encounter the idea that UHC state work is pointless, because it would require federal policy changes, allowances and exemptions to federal programs if it were to be possible.



The first criticism is of minor importance. Many programs are more beneficial in one state than in its neighbors and the effects on interstate travel and taxation are not held to be major. For example, the benefits of state residency on the in-state tuition that has to be paid at a state's universities is not a major impediment to a generous program of supporting low and middle income students in acquiring higher education. Small adjustments in who is covered (what the determination of residency will be) can correct for this imagined impediment with regard to health care rights, just as they do for college tuition and other programs.

Project EINO has heard the second criticism even from some of the major national organizations in the UHC movement. True enough, there would have to be some adjustment in allowances and the way policies are written at the federal level (as for Medicare), but such changes are neither major nor likely to be seriously opposed in Washington. The federal government already has a precedent for making such exemptions with their experimental program in which they enrolled 11 states in 2001 to develop plans whereby the entire state population could be covered. Implementing a UHC plan in one state will not require federal funding adjustments, only bookkeeping methods as the programs in that state become better planned and more coherent.

As for the several reasons in favor of state organizing (rather than federal only):

Historical Precedent

- ✦ Right to prim/sec education, not at founding.
- ✦ Universal education not in bill of rights.
- ✦ UE won state by state.
- ✦ First attempt UE enactment, VA mid-1770's.
- ✦ UE first in Massachusetts (late 1830's).
- ✦ 60% of states with "UE" by mid-1870's.
- ✦ 1870's US congress mandates every state should provide for universal primary education.

Historical Precedent & Right to Education

There is a strong historical precedent for working state-by-state on the "Right to Health Care". It was exactly this sort of work that the "Right to Education" was established in this country. In that case it was only after 100 years of state work and legislation in 6 out of 10 states that the federal government decided to weigh in on the issue of Universal Education (UE). That earlier movement faced similar arguments from the opposition (concerns with finance and the governmental role).

Even as late as 1918 when every state had compulsory education on the books, only 3/4 of the eligible children in the nation had been present at all in any school year and the average attendance for a year of those who did attend was only 90 days. Quality issues in resources available for the various social classes and racial disparities were enormous and completely unaddressed at this time. So the struggle for a right to genuine, high quality primary and secondary education continued for several decades (or continues still). The vigilance of an informed people who have been awarded the "Right of Education" for their children and who militate to protect and enforce it has clearly been necessary and is a needed element still. Thus the grassroots work being done by the state UHC groups is the basis for effective and lasting change, even after the "Right to Health Care" will be recognized (as it surely will) eventually by the national government.

Other Advantages for State Organizing

Getting legislation passed at the state level is not trivial, but it is achieved more easily by citizen mobilization than is the passing of federal law. Organizing can be much more effective when planned district by district across a single state, especially when experienced people are engaged in the outreach and when community diversity is fully appreciated. Besides this relative strength for state grassroots work, the insurance industry and other wealthy opposing forces are weaker (though still powerful) in lobbying and in their special privileges in the state capitals.

Another large advantage to state organizing is that conditions in some state are bound to be much better for passing UHC legislation than in others, also better than in the country as a whole. Such conditions may include enough hardship among voters leading to militancy, existing trusted state citizens' organizations, weak profitability of health insurers, a few magnificent spokespeople in the public eye or a high level of

State UHC Rationale, Others

- > **Lobbying and grassroots power**
 - ✦ Industry lobbying weaker, grassroots stronger.
- > **Early successes**
 - ✦ Logically, should be easiest in some states
- > **Feasible scale of economy**
 - ✦ Not unreasonably small
- > **Builds towards national success**

sophistication on the subject among residents. Early successes in one or two states will be encouraging to other states. These activists will be able to more easily show the feasibility and how certain pitfalls can be avoided after the successes elsewhere.

States are feasible scales of economy; in most cases as large economically and in population as some European countries which have UHC. Successes in several states would prepare the ground for legislative change and leadership at the national level, as was the case with the struggle for the "Right to Education". Furthermore, with state organizing, slight differences in strategy can be effective in adapting to varying political and financial conditions of different states. Even the historical, ideological or cultural identity of the state may require a specialized strategic approach towards UHC. In national struggles the strategy is rarely individualized to the state to any extent. This in turn has often led to regional animosities within a movement for change.

Methods for Building Movement

- Accept differing state approaches
- Recognize natural allies
- Unite with incremental reformists
- Respect and educate whole population
- Incorporate professional HC leadership
- Strengthen interstate alliance, resources

Methods for Movement Building

Many of the methods for building a state movement are well known from other successful civil rights and social justice movements. Each of the six themes listed here should be considered carefully and discussed in some detail.

State Autonomy

State activists must be allowed to decide for themselves the best strategy for moving their fellow citizens, and ultimately committing their legislatures, to UHC. In deciding their strategy, activists need to consider who they expect to be doing the organizing work, who they need to convince and what their political environment is like. Project EINO sees no reason why any national project should dictate these terms to the state activists.

Accept Differing State Strategical Approaches

- Who is doing the UHC work?
- Who are they trying to convince?
- What is their political environment?
- Who is best judge of the way to move towards single-payer?

✦ GOAL: populace insistent & state committed

Probably the single most crucial aspect of organizing for UHC and a legitimate difference in approach between various state efforts is whether to organize with a proposed plan. Alternatively, the organizing can be approached as according to a new fundamental concept. If the organizations decides to propose a specific plan, then what that plan will be specifically becomes the second most critical aspect of deciding a strategy.

Currently, almost all of the state organizations which are proposing a specific plan are proposing a "Single-Payer" (SP) system. Most other organizations are proposing no specific plan, but a commitment to new fundamental principles. For historical reasons I have designated this approach the "Defending Health Care" (DHC) strategy.

Defending Health Care

PNHP called for a new strategy in 1997

"Committees to Defend Health Care"

- ✦ Call for non-incremental UHC
- ✦ Broadest constituency brought into dialogue
- ✦ Admit possibility of range of solutions
- ✦ In the end only SP makes fin'l/admin sense

Defending Health Care

The DHC strategy originated in 1997 from PNHP with a call for "Committees to Defend Health Care" in the states. Mainly, these would differ from prior PNHP work, in not demanding SP as the only possible solution. Physicians and others would be honestly welcomed to suggest and discuss any system. The idea, even among dedicated several SP activists, was that the economic arguments for a SP system, made it unlikely that any one could argue successfully for any other system of delivering universal health care.

Of course, it would be advantageous to increase the number and breadth of the UHC movement in this way (PNHP remains largely concerned with recruiting physicians). The DHC strategy has not included proponents who claim that incremental health reforms themselves are a viable route (often they claim the only realistic route) to UHC. Generally the DHC organizations either call themselves State Committee to Defend Health Care or State Health Care for All. If a SP system is being proposed this is usually explicit right on the website homepage or on the front of any brochure. No serious state group is proposing and working for a SP system "through the backdoor", i.e. without explicitly representing that as their goal. Rather what they are committed to is non-incremental UHC - however they can make that a reality.

As mentioned earlier, there exist many functioning models already for UHC which are not SP, these being various blends of public financing and options for private health insurance. What is crucial about the organizations following the DHC strategy is that they can focus on a fundamental principle, such as the "Right to Health Care" or just the need for real UHC, as their goals. They can work towards committing their state legislatures to these concepts, arguing these concepts rather than spending most of their time arguing about the virtues of one particular UHC system.

SP activists are forced to spend more of their time discussing what SP is, how things would be organized economically and why SP makes financial sense. Of course most people will be interested in the financial aspects no matter what strategy a UHC follows. Still, it is seen by some to be highly beneficial to focus the audiences attention primarily on the concept of a "Right to Health Care" which is widely recognized internationally^{xiii}, rather than on arguments of financial justification.

Natural Allies

In the struggle for UHC we have many and various "natural allies" - in fact most of the population. By "natural ally" we refer to individuals whose interest is clearly aligned to that of our own goal, even though many, or indeed, most of these individuals may well be unaware of the alignment. Many people imagine incorrectly what UHC will mean for them based on the abundant industry propaganda.



Recognize Natural Allies

- **Strongest allies are the most oppressed and threatened in current system**
 - ✦ Notably: seniors, low-wage workers, ethnic minorities, chronically ill (families), artists, part-time workers, young adults, hospital workers, nurses, small business people etc.
- **Underinsurance threatens virtually all of us (working people) with economic destitution.**

Little prominent airtime has been given over to UHC grassroots activists (the real leadership of the movement) who could speak for the movement. Efforts such as Project EINO and the state UHC organizations themselves work tirelessly to get the patients' and consumers' interests represented in discussing fundamental change of our health care system. Still, many of the supposed "advocates" for UHC and for uninsured people have been either supported by the insurance industry or aligned with insurance^{xiv} and, thus, misrepresenting issues in order to further an agenda completely opposed to that of the UHC movement.



Unite with Incremental Reformists

- ... they might be your best allies.
- People already dedicated to fighting against health care injustice. Often will quickly agree that their issues will only be FINALLY settled with UHC.
- Not at all necessary to sell out non-incremental UHC position.

Uniting with Incremental Reformists

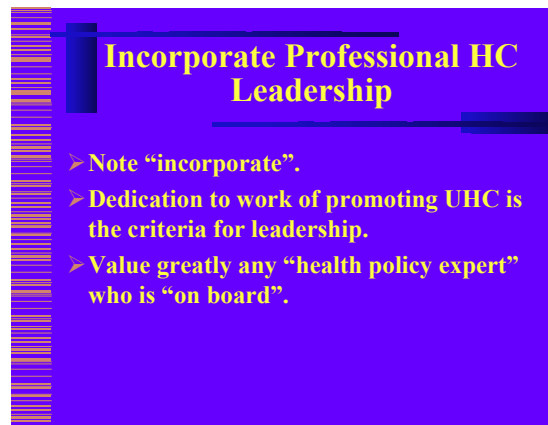
A very crucial aspect of the UHC struggle is the correct attitude towards organizations and individuals working for incremental health reforms (IHR). As already mentioned incremental reforms have not brought us UHC in the last 70 years and are unlikely to in the future. Yet it is easy to understand why so many people, especially on the community and state levels, are involved in striving for IHR.

Project EINO advises grassroots activists to challenge and aggressively dispute any organization or individual who makes the claim that incremental reforms will eventually lead to UHC, or that IHR is the "realistic road" to UHC. But by no means do we dismiss or disrespect the individuals or organizations working on IHR. It is understandable and reasonable, at least under most current conditions, to struggle for IHR for its own sake. Often, it is impossible to predict how long any state might have to struggle for UHC before it is achieved and implemented. Undeniably there is a great deal of human suffering which will occur before UHC becomes a reality. Why should people not struggle to maintain and expand needed programs which could help alleviate that suffering within our patchwork system? We merely expect IHR activists to be honest about their goals and methods.

In practice the individuals who will be our most devoted allies and the organizations who will most steadfastly support our work are probably those involved now in IHR. Usually these people and organizations yearn for the day when a system will be designed based on the health needs of the population, rather than a patchwork system evolved over time largely to meet the needs of the private investors in the various health related industries. The IHR community is devoted to alleviate the suffering of underserved populations in our states and their passion needs to be included in the UHC struggle. It is truly foolish for UHC activists to belittle IHR organizations or infer that IHR work opposes or runs contrary to the UHC movement. A disrespectful attitude towards IHR will weaken the UHC movement by denying us our best allies. It is usually the case, that over time and especially as a UHC movement gains in strength in a particular state, many individuals focused on IHR will turn their attention and their energies increasingly towards a more fundamental and long lasting solution (i.e. UHC).

The Role of Health Care Providers

While it is natural to have some health care providers involved in state UHC work, Project EINO does not feel that physicians or nurses have any special entitlement to lead the state or national movements for UHC. However, in many cases, health care providers may also be the most dedicated local activists. In this case they would also become the legitimate leaders as evidenced by their dedication to the work.



Incorporate Professional HC Leadership

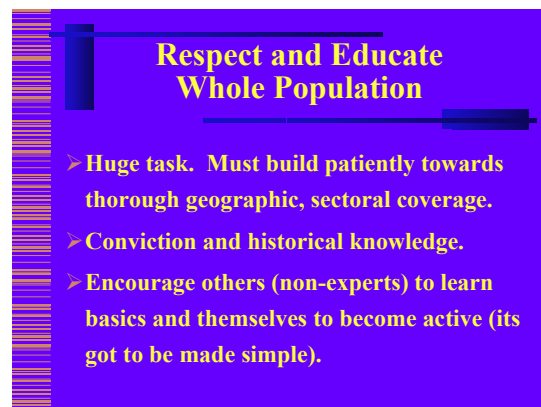
- > Note “incorporate”.
- > Dedication to work of promoting UHC is the criteria for leadership.
- > Value greatly any “health policy expert” who is “on board”.

There can be little doubt that the involvement of health care providers and health policy experts in state UHC organizing is of great benefit, lending greater legitimacy to the citizens' movement and imparting the ability to respond in academic, medical and detailed economic terms to the many questions that will arise from both opposition and interested citizens generally. Physicians, while not an oppressed group in our society, do have first hand experience with many of the excesses of the market medicine - such as low reimbursements for federal Medicare and Medicaid and the excessive paperwork required for several levels of insurance processing. More importantly, to the extent any particular physician is dedicated to the welfare of their patients, they will be extremely upset about the pressure to see more patients, shortening the patient visit, making access to care more difficult and interference of insurance bureaucrats in the doctor/patient relationship.

Nurses, even more so than physicians, have seen their profession ravaged during the decades of "managed care". With the quality of the care they can provide so severely compromised in hospitals and clinics, nurses have been leaving the profession in droves. Nurses are often the most direct hands-on providers of care to patients and they are, as a group, perhaps more disturbed by obstacles to high quality care than are

doctors. The so-called "nursing shortage"^{xv} is a result of intentional management plans, which have undermined nurses' power to advocate for their patients and for their own legitimate rights as workers. Due to this similarity in purpose (high quality care for all those in need), the involvement of nurses in state UHC organizations ought to be coveted and appreciated. Social workers, workers in mental health, physician assistants and therapists should all be approached for support of state UHC work, as they all have a stake in an improved and globally-planned health care system.

While it makes sense to recognize the special concerns of health care providers, we strongly recommend state UHC organizations be organized as citizens' organizations. If any individuals are to be valued more highly, these should be individuals of color and ethnic minority, since organizing in these communities is especially critical to the ultimate success of UHC efforts. This follows from the simple fact that these communities are highly and uniquely disadvantaged in the current system of profit-driven health care. Therefore they are likely to be the most committed to changing the current failing system.



Respect and Educate Whole Population

- Huge task. Must build patiently towards thorough geographic, sectoral coverage.
- Conviction and historical knowledge.
- Encourage others (non-experts) to learn basics and themselves to become active (its got to be made simple).

Educate Whole Population

State UHC activists have before us the enormous task of reaching an entire state population and preparing them for sophisticated misinformation created by "Public Relations" professionals with an essentially unlimited expense account. The only way we might prevail in a state legislature is by thorough and extremely patient geographical and sectoral (workers in various industries) organizing.

Required Expertise

We need great conviction and also some knowledge, but we do not all need to be experts on public health policy. If you query the best established state UHC organizations, you will discover that most activists can accomplish a great deal with detailed answers to only a few of the most frequent questions and myths which are brought up by the opposition. Other questions and details can be referred to individuals who are more expert in the area. Most groups will have some such experts working with them. Great detail is found in the many reports and documents which one can browse or search electronically at www.EverybodyInNobodyOut.org and the other linked resource sites. The thematically organized FAQ section of that at Project EINO offers a great deal of explanation with linked data. The FAQ section is particularly well-suited for referring the public (or legislators) for plain-language explanations of almost any question that usually comes up in UHC work.

It has been proven many times that effective state UHC activists can be homegrown in a matter of weeks. Staffing informational tables, or assisting in public presentations led by more knowledgeable members for just a few weeks can enable

and give the required confidence to someone who is motivated, but who may come to the work initially with little detailed knowledge of the issues involved.

Strengthening Interstate Alliance

Another required method is appreciation for the work in other states. By making efficient use of the available resources and representing nationally the logic and strength of state UHC organizing, Project EINO aims to strengthen the current state efforts for several years. No other national effort recognizes that the leadership of the UHC movement lies within the autonomous state UHC organizations.



Strengthen Interstate Alliance

- Efficiency of resources - eg. FAQ, news.
- Represent the state UHC rationale.
- Benefits of shared experience (new orgs).
- Allow complete state autonomy (principled).
- Untouched internet possibilities.
 - ✦ Activist bulletin board, conferencing, membership forms, payments etc.
- Place to begin organizing new state orgs.

In getting new state UHC organizations started it is especially obvious that great benefits will accrue from the knowledge of what has successfully been applied in some states and also what mistakes are to be avoided. Even in states that have a well-established UHC organization, there is great benefit in internal discussion of what is happening in other states and how various strategies have played out. It is not a matter of copying any other group, but in marshalling an organization's own resources as effectively as possible and evaluating all options. It is logical for a state UHC organization to be reluctant to join any other national organization or coalition which may force a particular strategy, or tactic on them.

It is hoped that Project EINO will be able to offer many more resources to state UHC organizing in the future such as a bulletin board, conferencing capabilities, membership form processing and payment from credit cards. Such expanded facilities will depend on success in our fund-raising and partnering. As of this writing we remain an all-volunteer and extremely hard-pressed organization, never having received seed money or a grant of even modest size.^{xvi}



Patience, Time & Energy

RESPECT

- Respecting each person for what they bring to the movement.
- We can all learn from each other.
- Special attention to racial, gender and other social injustices.
- This movement intersects with all other progressive causes.

Ultimate Victory

Ultimately we will be successful. This is indisputable from an historical perspective given the waste, injustice and irrationality of market-based medicine. Eventually the USA will have to go a route similar to that of all other civilized nations of substantial means. How long our success will take depends largely on the time, energy and resources we are willing to devote to the cause of UHC organizing. Patience to organize thoroughly, respecting all potential allies is always a key factor in grassroots organizing.

We can all learn from each other and we all bring special skills and abilities into the work with us, even in many cases unrecognized by those with those skills themselves. Being comfortable with and able to talk to church congregations, to business leaders, to fellow workers, to women's groups or to students are often unrecognized as special skills, but they are of tremendous value to success in grassroots organizing. As mentioned above, connections to disadvantaged communities is of special importance to us, since these communities will be the most committed to this cause, once they are well-informed of the issue and empowered to make their own contribution in addressing the issue.

Activists in other areas, such as education, the environment, election reform and racial injustices will easily see the intersection of the UHC movement with their own chosen focus for struggle.^{xvii} We should continually attempt to strengthen connections with these other movements reinforcing both causes.

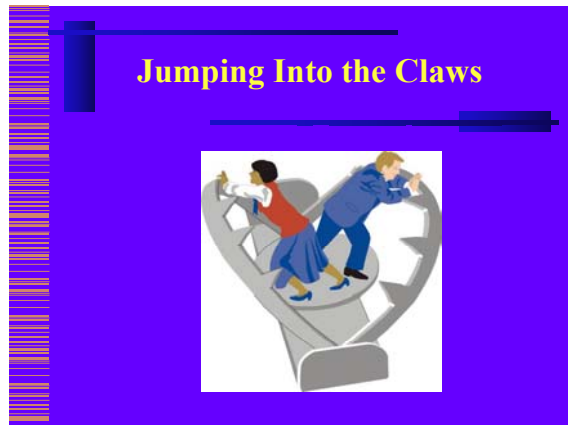
Outlook

True, the "Right to Education" (universal primary and secondary education) required at least 150 years to achieve national recognition from the beginnings of its being proposed in Virginia. But we have learned a great deal about citizen organizing since then, and our conditions for communicating and building our organizations are vastly improved.

Importance, Potential and Outlook

- Haven't we learned anything since late 18th century? 100 years to achieve?
- Using internet, sharing resources.
- Crisis deepening, middle-class threatened.
 - ✦ Hospital closings, ER diversions, public health threats, runaway costs

In fact, it can be argued that achieving the first new citizens' rights after our nation's founding required so much time precisely because the tools for citizen expression and influence upon legislative bodies was first being developed in those decades. Throughout the 19th and earliest two-thirds (at least) of the 20th Century, working people gained recognition of many rights, by dedicated struggle and sacrifice. The "Right to Education" was just one of these. Even the expansion of who was to be considered a citizen and worthy of a vote has only in recent decades been decided in a practical sense. While it is possible that the rights of working people can be rolled back and curtailed during certain periods of history, it is unimaginable that ultimately the vast majority of Americans will quietly submit throughout the 21st century to the concept that their lives are not worth saving or their children not as worthy of life's opportunities simply because of the double misfortune of poor health and lack of access to health care.



Jumping Into the Claws

It is natural to think of these individuals as caught in a giant trap, like HMO bureaucracy, insurance industry lobbying or lacking access to the major media. I would like to suggest, however, that these two individuals have just jumped into this trap. They are not caught, they are setting the trap with their coordinated effort and are setting a formidable obstacle in the path of an enemy with a much larger footprint than theirs. Perhaps their opponent has little alternative but to travel down a narrow and well-known path.

FOOTNOTES

"EINO" is www.EverybodyInNobodyOut.org

ⁱ Roy Romanow, chair of the Commission on the Future of Health Care in Canada, Oct 17 2002, speaking at Yale Law School.

ⁱⁱ See wealth of material on Canadian labor and their SP system at the [website of NUPGE](#), the National Union of Public and General Employees and the website on [Canadian medicare](#).

ⁱⁱⁱ See "[Good for Business](#)" web page at the NUPGE website.

^{iv} See the [relevant FAQ page](#) at EINO for several international comparisons

^v Health Affairs 21(4):103-104, 2002.

^{vi} Bill Bradley's "UHC" in the 2000 presidential primaries and Pres of AMA in fall of 2002 stated that 95% of all Americans would be close enough to "universal".

^{vii} See 1973 document on [history of incremental health reform](#) at EINO

^{viii} same as above

^{ix} see relevant [FAQ on Existing Models](#) at EINO, Question #7

^x see relevant [FAQ on financing UHC](#) at EINO, question #3

^{xi} see [page at UHCAN site](#) where they discuss incremental reform

^{xii} for example "[Covering The Uninsured](#)" coalition and note the partnership page including HIAA

^{xiii} see FAQ at [EINO on human rights](#) and Article 25 of [UN Declaration of Human Rights](#)

^{xiv} For most obvious example, visit "[Strange Bedfellows](#)" at and be sure to check out their partners

^{xv} see FAQ at [EINO on nursing shortage](#).

^{xvi} See [our website](#) to learn more about a tax-deductible donation.

^{xvii} See FAQ at EINO for more about [electoral reform](#) and health care