

CCDS Statement:

Current Developments in the

Struggle for the Human Right

to Health Care in the USA

This was released on Nov. 17, 2009 by the Committees of Correspondence for Democracy and Socialism For more information, go to <http://cc-ds.org> Email to national@cc-ds.org

The passage of HR 3962, the Affordable Health Care for America Act, is a significant step in the political struggle to address our nation's dysfunctional healthcare system. It foreshadows a final bill that will be signed into law by President Obama in the near future.

The struggle among the various factions in the US House of Representatives has sharpened the class and political outlines of power. The outcome reflects the complex balance of forces in our society today and will serve as a guide in the 2010 election.

The labor movement and a national grass roots movement led by a coalition of progressive organizations has responded to the human crisis engendered by an implacable and inhumane for-profit healthcare system. This movement has placed universal access to affordable quality healthcare into the forefront of the political arena. The President and Congress have been forced to respond to this movement.

The insurance, pharmaceutical, and hospital corporations, mostly owned by the Wall Street banks, formed a powerful coalition to promote their interests in the drafting of healthcare reform legislation. Their control of an army of lobbyists, the mass media, legal hit squads, and phony grass roots groups gave them a powerful voice in the political arena. Their control of vast financial resources to deploy in an undemocratic electoral finance system gave them direct access to Congress.

The insurance industry, a sector of finance capital, was able to trade minor concessions for a major gain, the legally mandated expansion of its customer base to the whole population. The pharmaceutical industry gave up a promise of future concessions in return for unrestricted price gouging in the present. The progressive majority, smaller and divided over tactical issues, has not developed sufficient clout to win significant concessions from their negotiating partners, the Wall Street banks. However, the compromise bill represents a defeat of the Republican and right-wing Democrat opposition that was backed by the neo-liberal militarists and 'deficit hawks.'

The result of these power relations reflected in the battle over healthcare is that HR 3962 provides limited advances in access to care, affordability, and coverage to a significant minority. The majority of workers, who have healthcare coverage, maintain their benefits. A weak public option provides a potential counterweight to private insurance excesses. At the same time, the bill legally sanctions turning the human right to healthcare into a commodity. Finance capital, as insurance providers, will harvest an immeasurable fortune from a taxpayer-subsidized population that is legally mandated to purchase healthcare insurance.

Rose Ann DeMoro, executive director of the California Nurses Association/National Nurses

Organizing Committee assessed the bill:

To be sure there are commendable provisions in the House bill that bear note. Among the most important are:

- *Expansion of Medicaid to millions of low-income adults.*
- *Reduction of the "doughnut hole" in the Medicare drug coverage law, making drug costs more affordable for many seniors.*
- *Increased federal funding for community health programs, such as home visits for nurses and social workers to low-income families.*
- *Additional regulation of the insurance industry mostly targeted to people who are presently without coverage rather than those with existing health plans. Those include limits on insurers ability to drop sick enrollees or refuse to sell policies to people with prior health problems, extending the age that dependent children can be on their parents' plan, and repeal of the anti-trust exemption for insurers.*
- *Extending the same health benefit tax benefits available to married couples to domestic partners.*
- *A progressive tax to help pay the bill through a surcharge on wealthy earners and required contributions from large employers, in sharp contrast with the Senate proposal to tax health benefits on misnamed "Cadillac" plans, comprehensive coverage available to many union members, for example.*

But the acclaim now flowing from some quarters would have been better deserved had these provisions been enacted on their own -- not accompanied by the many shortcomings of the legislation. To cite a few:

- *Healthcare will remain unaffordable for many Americans. The bill does not do nearly enough to control skyrocketing insurance, pharmaceutical, and hospital costs. Indeed, by various estimates, with no effective limits on the insurance industry's price gouging, out-of-pocket costs for premiums, deductibles and other fees by some estimates with eat up from 15 to 19 percent of family incomes by several accounts.*
- *No meaningful reform of the rampant insurance denials of medical treatment the insurers don't want to pay for.*
- *Little assistance for individuals and families who presently have employer-sponsored health plans and face frequent erosion of their coverage and health security. No help for the healthcare cost-shifting from employers to employees.*
- *Minimal expansion of consumer choice. The much debated public plan option will be available only to about 2 percent of people under age 65, mostly those now not covered who buy insurance on their own (it may or may not be expanded in 2015). Further, no additional plan options for those in the many markets dominated by one or two private plans, and no additional choice of doctor or hospital within existing plans.*
- *The new limits on abortion extended to poor women.*

Our view is that healthcare is a human right that must be provided to all residents of the United States by society through a national universal system such as "Improved and Enhanced Medicare for All" embodied in HR 676 in the House and by S703 in the Senate. We recognize that this right will not be enshrined in law at this stage of the struggle.

HR 3962 represents a temporary setback for the single payer movement, confounding the hopes of many activists. Consolidating and expanding the mass movement for Medicare for All must be our

primary objective. Medicare for All is the best way to expand coverage and to reduce the costs of healthcare. It can only be won by a larger movement that combines legislative action with grass roots mobilizations in mass actions of the people from their communities to the streets of Washington, DC.

However, we must also recognize the immediate opportunity to ally with other sectors in the progressive majority to influence the outcome of the current legislative process. The battle now underway is an important classroom of legislative struggle where the lessons learned will prepare the Medicare for All movement to fight for single payer legislation. We should deepen and broaden our work with progressives in the labor, peace, civil rights, women's, and immigrant rights movements to influence the final shape of the Affordable Health Care for America Act.

We advocate a progressive agenda that combines two levels of struggle:

1. Build the Medicare for All movement to educate and organize wider forces and new allies to fight for our human right to healthcare.

Continue education in support of a single payer solution to the health care crisis and work with the trade unions and other sectors to advance single payer solutions in state legislative struggles

Support Senators Sanders and Harkin in their effort to promote S703, a single payer bill in the Senate.

Work within the mass movement to defeat the opponents of health care reform at the polls in 2010

2. Combine with the forces fighting for the best possible outcome of the current stage of the legislative process.

Work to eliminate the anti-choice amendment passed in the House bill and any other attempts to restrict access to comprehensive reproductive care.

Ally with those fighting to improve the public option in the Senate bill. Argue for affordability and access for all in the public option

Support an amendment to waive any federal restrictions on single payer programs in states.

Support other health care reform bills such as abolishing the scheduled 21% cut to Medicare physician reimbursements rates – which would all but destroy the program

Work to defeat attempts to insert anti-immigrant provisions in the Senate and final bill

Work to eliminate the 5-year wait period for documented immigrants to enroll in Medicare and Medicaid – both nationally and state by state

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