

## Responding to Health Care Cutbacks

### Building the Movement for Universal Health Care: Can We Do Both?

#### SPEAKERS

**Roger Toussaint**, President, Transport Workers Union Local 100; **Judy Wessler, MPH**, Director, Commission on the Public's Health System; **Joanne Landy, MPH**, Executive Director, PNHP-NY Metro Chapter

*Three speakers sparked a lively discussion at a forum on a health policy issue facing all activists: How to address critical cutbacks in health coverage, while simultaneously working toward a universal health care program. Below are edited summaries of their remarks.*

#### ROGER TOUSSAINT

I speak as a trade unionist whose union recently passed through a crucial struggle in which health care benefits figured centrally. I am also, as both a union official and a private citizen, deeply concerned by the growing crisis in health care in this country.

Why does universal health care matter for unions whose members already have health coverage? And why do unions matter to the movement for universal health care?

Health care issues have been central to Local 100 for the past two years. Our benefit fund was hemorrhaging red ink due to chronic under-funding and rising costs. Members mobilized under the banner "Health Care is a Right" and secured their benefits, including gaining a defined-benefit plan and prescription coverage for pre-Medicare retirees. However, with health care costs continuing to rise, such victories, while preserving our health care benefits, provide only temporary "breathing space" until the contract expires. And such hard-won victories leave little room for winning wage increases and other benefits. If we had universal health care, unions would have more leverage with employers when fighting for other benefits.

Moreover, union health benefits are not immune from the regressive measures unfolding across the country. If the City rolls back health benefits for municipal workers, this increases the pressure on us

and impacts the doctors, clinics, and hospitals on which we rely for care. If Bush succeeds in gutting Medicare, our prescription plan for pre-Medicare retirees will become a "bridge to nowhere."

We and other unionists must launch a powerful national movement against the gutting of Medicare, against rollbacks in health care on other fronts, and for universal health care coverage. It is a disgrace that the wealthiest country on earth does not provide health care for all its population. Notwithstanding the past shortcomings of the labor movement, without the involvement of organized labor there will not be a successful movement for universal health care. Unions have strength in numbers and well-developed organizing structures. Universal coverage would ease the burden of

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union-by-union struggle for health benefits and, as with the minimum wage and Social Security, a rising tide in health care coverage will lift all boats. However, we cannot and will not give up existing benefits and agree to a plan without ensuring an effective transition to universal coverage. Labor must be at the table when the new plan is adopted.

The period ahead offers an opportunity for a broad alliance *against* healthcare cutbacks and *for* universal coverage, with organized labor playing a key role in the fight. We want to join with you in that struggle.

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A March 4, 2003 Forum Sponsored by the NY Metro Chapter of Physicians for a National Health Program, Transport Workers Union Local 100, Commission on the Public's Health System, New York Committee for Occupational Safety and Health (NYCOSH), Metro NY Health Care for All Campaign, and the Public Health Association of New York City. The forum took place in Manhattan.

## JUDY WESSLER

We have a hundred-year history of failed attempts to implement national health care in the United States – you might call it “the 101-year hump.” Medicare and Medicaid have made a huge difference in people’s lives. We certainly should not trade in these two programs, however flawed they may be. They serve as a critical important safety net.

Of the 42 million uninsured Americans, 1.6 million are New York City residents, about 25% of the non-elderly population. This number will likely grow with the slumping economy. However, lack of

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insurance coverage is not the only barrier to care. Other barriers, such as the absence or shortage of interpreters in hospitals, are often addressed only after considerable external pressure is generated from health activists. For example, it took one year of action and an intervention by State Attorney General Elliott Spitzer to bring interpreters to Woodhull Hospital and Wyckoff Hospital. There seems to be money available when buying sophisticated medical equipment or luring expensive doctors is the issue, but when money for interpreters, multilingual signs, and translated forms is needed, hospitals often claim they are in a “budget crunch.” Such issues will not get resolved if activists focus only on health insurance issues.

We must continue to fight the Medicaid budget cuts proposed by Governor Pataki, a horror that will do serious damage to people, and to resist President Bush’s attempts to radically redo Medicaid. And we need to work together to build a better system that will guarantee health care for all.

## JOANNE LANDY

Everyone feels insecure about their health benefits today. 45% of all bankruptcies in the U.S. are due to medical bills. A leading cause of strikes is the threat to health benefits. Medicare and Medicaid are under assault. And we have 40 million-plus uninsured, with the number once again rising.

It’s time for us all to get together — the insured and the uninsured, those with private plans and those on Medicare or Medicaid — for a publicly funded and administered, improved Medicare-for-All program, as embodied in the new legislation

introduced by Representative John Conyers, The U.S. National Health Insurance Act—H.R. 676.

In a personal conversation, John Dieffenbacher-Krall of the Maine People’s Alliance, summed up very perceptively how key groups have often approached the issue of universal health care, and the problem with their approach: “Unions, organizations of the disabled, the poor, etc. *have* to defend the immediate needs of their constituencies in health care as in every other field; they would rightly be thrown out of leadership if they didn’t. But if they had spent 60% of their time defending the immediate needs of their constituents and 40% of their time fighting for single payer health insurance program, we would have it by now, or at least be in a much stronger position.”

The AFL-CIO Executive Council Policy Resolution on Health Care issued last month observed that “worker premium costs increased by 27 percent for single coverage and 16 percent for family coverage in 2002. Three-quarters of the employers surveyed said they are likely to pass along even more costs to workers in 2003.” Twenty thousand GE workers struck for two days in January to protest the shifting of health care expenses to the workers. And a recent Kaiser Family Foundation survey found that the share of large employers offering retiree coverage declined from 66 percent in 1988 to 34 percent in 2002. So

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the situation for current and former workers and their families is getting worse each year.

The AFL-CIO’s Executive Council has also charged that “the president’s plan [for Medicare drug coverage] forces seniors to leave the Medicare coverage they trust and turn instead to profit-motivated HMO’s... insurance executives rather than Medicare would decide how much to charge and what to offer.” For labor, the logic of this approach should lead to opposition to profit-driven insurance for people of *all* ages, not just Medicare recipients.

The fact that health care benefits for all of us are now under attack makes it possible now to build a broad and diverse coalition for universal health care. Let’s get down to business and start doing it now.

*Prepared by Christopher Oleskey*

### **PNHP-NY Metro FORUM REPORT**

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