Section III

Tools for Activists
Notes for Activists

Finding your niche in activism

PNHP Leadership Training Institute
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1. The first rule of activism is to “use your talents.”

If you are writer, write. If you prefer speaking (most physicians do) speak. If you like to entertain, hold a “house party.” If you are a cartoonist (e.g. Rex Morgan, MD), put single payer in your cartoon.

Some things you can learn to do (e.g. fundraising and speaking), and to overcome fears, but having fun is more important than most people realize. It’s difficult to get people to volunteer their time to do something they don’t enjoy, find relatively easy, and meaningful.

2. “Start where you are”

We find that once a person becomes active, they find it relatively easy to keep going. Speakers get invited to speak again. Health reporters phone and ask questions. There are always new reasons to write a letter to the editor. But it can be difficult to get started as an activist. So we say, “Start where you are.”

Your specialty, physician group, and local hospital are sources of potential speaking engagements and writing opportunities: Grand Rounds, informal bag lunches, specialty conferences, newsletters and journals, etc.

Any place you already go to hear speakers, and already read for your health care news, is a potential place for you to reach others.

Your community is a source of contacts with local media and potentially supportive civic groups (League of Women Voters, Rotary Clubs, unions, churches, senior centers, even book clubs). If you are new to activism, speaking to grassroots groups can help you overcome any doubts or fears because the public is, generally speaking, so eager to hear about this issue. Don’t underestimate how exciting and empowering it is for a public audience to hear a physician say “health care should be a right.”

Physicians can usually get a lunch meeting with the local paper’s health/business reporter (small papers usually use the AP wire for health policy stories, so you may try to meet with the AP reporters for your region) and editorial writers/Board. You can ask to meet with them yourself or invite another PNHP speaker (perhaps someone coming to town to give a Grand Rounds).
3. Use your network of friends, family, and contacts.

Physicians are more likely to know businesspeople and have influential political contacts than other activists. Use your connections! We are in particular need right now for small and large business support for single payer. Would a business owner you know be willing to talk to a reporter about why we need a single payer system? Invite you to speak at his annual business convention?

Do you know someone running for office? Offer to be their health policy advisor, or to come in and meet with them about effective health care reform. Meet with your national and state legislators to educate them and their health aides on national health insurance, but don’t get hung up on them. In general, “politicians are followers, not leaders. If we create momentum for change, they will follow, but they won’t lead.”

Many people/physicians can contribute financially to this movement easier than they can volunteer. It is a privilege to have the resources to make a financial donation, and it makes people feel good to be able to help. Don’t deprive them of the opportunity to contribute.

4. Work at a sustainable pace – for the rest of your life.

Although some activists are retired, and some are able to travel long distances to speak and meet, most people will need to fit in their activism with job, family, kids, hobbies, chores, and other volunteer activities. “This is a long-term struggle, so we don’t want to ask people to work at a pace they can’t sustain over many years.” Thus, the closer the fit between your daily life and your single payer efforts, the easier it is to stay involved over the long-term.
What PNHP Members Can Do

1.) Write an op-ed or letter to your local newspaper

2.) Write a letter to your medical specialty journal.

3.) Give Grand Rounds at your hospital on health care reform, or invite another PNHP member to speak at a Grand Rounds or other hospital forum. Call the national office at 312-782-6006 or see our website at www.pnhp.org for help in locating a speaker near you. PNHP slide shows are available at our website.

4.) Arrange a session on health care reform at the next meeting of your medical society or specialty.

5.) Meet with your legislators.

6.) Meet with the editorial board of your local newspaper or TV/radio station

7.) Attend town hall meetings to discuss health care reform with legislators and the public.

8.) Let local press and other organizations working on health care reform know that you are willing to speak out about the flaws in market-based care and the benefits of the single-payer alternative.

9.) Work with your state health care reform coalition to educate members and others on the need for single-payer reform. Offer to help draft or testify in support of state single-payer legislation.

10.) Participate in forums held by medical association, religious groups, the League of Women Voters, and other civic organizations

11.) Form a chapter of PNHP, or get involved in the one nearest you.

12.) Invite your colleagues to join PNHP.
How to Organize a PNHP Chapter

1.) Contact PNHP (312-782-6006 or info@pnhp.org) for mailing list/labels

If you’re computer literate, we can send the list over e-mail. Otherwise, we’ll snail mail you contact info on local members and a set of mailing labels the same day you ask.

2.) Send invitations to local members for an informal meeting

Usually, people meet first in someone’s home or in a medical center conference room. You can send out some of the invitations via e-mail, but many members still prefer snail mail.

3.) Have five PNHP members sign a letter to PNHP

“Dear PNHP Board of Directors, the following five members of PNHP are interested in forming a chapter. We shall go by the name of X, have decided that Y shall be our liaison to the national office (give contact info at home and work), and are planning to engage in the following activities: x, y, z.”

4.) Members work on setting up each other as speakers

While it is straightforward to volunteer to give a talk yourself (especially if you know the group well), it is sometimes awkward to pitch yourself as a speaker to groups you don’t know. For this reason, we suggest that you inform members that you are willing to speak, and encourage them to set you up too. Once you start giving talks, you’ll usually get asked by audience members to other places and so on.

5.) Write letters and op-eds to the local paper

There is always something in the health care news to comment on: rising costs, rising number of uninsured, bankrupted families, proposed changes to Medicaid and Medicare, etc. Letters-to-the-editor are useful, as are longer piece (called “op-eds” for opinion-editorials, usually 450 words or so). If you want to submit an op-ed, call the paper’s editorial office in advance and find out the word length and submission guidelines. Sometime papers will accept op-eds signed by multiple physicians and print all the names.
6.) Set up a lecture to the MS1 students each year

We’ll provide $100 for snacks if you speak to a student group.

7.) One person participates in PNHP conference calls each month

These are held at 8:00 p.m. the fourth Thursday of the month, all year, except November (PNHP Fall Meeting). Please call the PNHP office for the phone number and pass code.

8.) You can use the name “Our City-PNHP”

Some chapters go by the name of their state or city, such as the Illinois PNHP and New York Metro PNHP. Others use names more inclusive of their non-physician members, such as “New Mexicans for a National Health Program.” You decide. Decisions about local strategy and tactics are also made locally.

9.) Ask for your share of “dues” from local members or for support for projects

Most PNHP activities—speaking, writing articles, talking to the media—are done by volunteers. However, from time to time chapters need money for copying, printing, food, room, rental, or other expenses. In addition to local dues, sources of funding include honoraria from speaking engagements and donations. Donations to PNHP and its affiliates are tax-deductible.

10.) Celebrate meeting like-minded physicians with food, talk and fun

One of the best features of PNHP is meeting other physicians who share your values. Many progressive physicians are alienated by organized medicine and feel like they are “the only one” in their area supporting single payer. While few physicians have time for “more meetings,” they enjoy the contact with other PNHP’ers enormously.
Building the Movement with Public Speaking

By Gordon Schiff, MD, revised 5/05, transcribed/revised 11/09

Know the values, needs, and issues of the audience/organization
Be sure to have a good conversation before your talk with someone from the organization (perhaps the person arranging the talk), and read up on the group’s literature. One highly effective practice is to come early, listen to their issues at their (business/residency) meeting, and refer back to these issues while you talk. Every organization you speak with is a potential ally in a coalition.

Use humor and modesty to win over the audience
So many of our opponents are arrogant, uncaring, thoughtless, and non-clinical. This often makes it easy and important to distinguish them from ourselves.

If possible, go in a pair
Bring a partner. If you are more experienced, bring along someone new to help you and learn from you. If newer, go along with someone more experienced and take notes on their tricks and audience responses. Share constructive criticism and feedback when you debrief each other.

Be self-critical, and honestly introspective
Identify the weaknesses of single payer (past strategic miscalculations, Canadian weaknesses) – without being apologetic. However there is nothing worse than a speaker who begins by apologizing and persists in doing so throughout the talk. Don’t apologize for any speaking weaknesses and certainly don’t be apologetic for your bold ideas – put these forward distinctly and forcefully.

Get names
Sign-in sheets allow the local chapter to continually build its list of names and contact information. If you are speaking with physicians who would like more information or to become a member, feel free to contact the national PNHP office for assistance. If you are with another single-payer activist, they may be able to pass around a clipboard during your presentation. Be sure to follow-up on all requests in a timely manner.

Pass out information
Bring pamphlets and brochures with you to each talk. If you are speaking to physicians, PNHP can supply you with physician-targeted information. If you are speaking to community group, Healthcare Now can assist in providing materials. PNHP will donate $100 for lunches to any medical student organization that hosts a PNHP speaker.

Solicit other speaking engagements
Many people are involved in more than one organization. Feel free to let your audience know that you are available to speak with other groups on the importance of single payer. If you can’t meet a request, you can always forward the request to the national office for follow-up.
Media tips

By Mark Almberg, Communications Director

Build your story – 3 main points – your ‘messages’

1. What: What is the problem, what are you proposing, what is PNHP?

2. Why: Why is this important, why is it a problem – especially, why is this important to the reporter’s readers/listeners/audience?

3. How: How can you solve the problem, how will people benefit from your solution?

Stay on message – Your messages are more important than their questions (you have an agenda and you know what you need to get across). Think in terms of ‘What questions do they have for my answers?’

1. Use transitions to direct the conversation back to your message

   “That’s a good question, but what’s really important here is...”

   “That’s an interesting point, but what we’re concerned with is...”

   “I don’t know the answer to that question, but what I do know is...”

   If the other person being interviewed is giving a great deal of incorrect information about PNHP: “I can’t even begin to respond to all that misinformation, but what you need to know is...”

   If the misinformation is really outrageous, you can say, “I can’t even dignify that with a response, but here is the real issue...”

2. Get your message out early and often

   No matter what they ask first, go straight to your message first – it may be your only chance.

   Repeat your messages – you can use different phrases and emphasize different things, but don’t be afraid to say the same thing more than once even if they ask you the exact same question. It is human nature to want to be helpful and try to give the reporter a different answer when s/he asks the same question, but just stick to your messages.

3. Use your message as a life preserver

   If it gets confrontational or if the “opponent” (if you are debating) disputes your information, go back to your main points.

   If the interview goes off in a different direction, take control and bring it back to your main message.
Be Yourself (as corny as that may sound)

Speak the way you normally speak.

Don’t try to sound smarter or dumber than you are – the more you seem like a “real person” and genuine, the more believable you will appear (for TV, radio, or print).

Don’t try to speak in sound bites. Be concise and be succinct, but explain it the way you are comfortable explaining it.

Feel free to express your personality or use personal experience. Remember you are the expert on the single payer system – but, if appropriate, you also can take advantage of the fact that your profession is respected by the public and that you have real world experience (for example, “As a pediatrician nurse/teacher who sees hundreds of children every week, I know that...”) OR you can insert relevant personal experience (it makes you more human) to make your point: “As a veteran/retiree/other, I can tell you that it’s not just physicians who support a single-payer plan...”

Be natural and try to show the enthusiasm that you have for the subject (in most cases, it is good to smile and have a positive inflection in your voice – print, radio, or TV).

Keep in mind … these interviews are putting you in a very artificial setting, so, as strange as it sounds, you have make “more of an effort” to “be yourself.”

Miscellaneous tips

1. Always practice and go over your main points before the interview!
2. What to do if you disagree in a debate or panel: Shake your head (TV) to show disagreement (and the host will usually want to know why – makes show exciting) or use the host’s name to get attention (TV or radio)
3. Try not to talk over the person you disagree with or interrupt. (Use a motion or the host’s name to gain attention instead.) You don’t want to come across as overbearing – even if you are right!
4. Don’t repeat a negative question in your answer and don’t sound defensive (Avoid the “Nixon mistake”!) Thank them for the question and move on to your positive message. For example: “Isn’t it true that most physicians are against a national health program?” Don’t reply “No, it’s not true that most physicians are against a national health program.” Instead, say “Thank you for bringing that up, but actually, the majority of physicians support a sensible plan to provide affordable health care for all, etc.”
5. Don’t fall for a question with a false premise. For example: “Since patients will no longer be able to choose their own doctors in the plan you propose, how will patients benefit from it?” First refute the premise by saying: “I disagree with the premise of your question. Actually, with a national health program, patients continue to be able to choose their own doctors -the only thing that changes is ...”
6. Learn the moderator’s first name and incorporate it into a few of your responses. Be “conversational.”
7. You are in charge of the interview – they can’t print or broadcast anything you didn’t say.

8. Before the interview, ask the reporter about possible questions and who the other participants will be. Be helpful to the reporter.

9. Look the part. If the interview is at your facility, stay in the normal attire for your profession. For TV studios, dress appropriately for the camera (generally avoid bright white clothing, not too many patterns, be well-groomed because the camera exaggerates stubble, etc.)

10. You are talking about a system that will greatly benefit society (a “feel good” message), so your media interviews will go well.
Congressional visit 'How to' kit

Setting up the meeting

Call the District Office. When you call your legislator’s office, ask to speak with the person who handles the legislator’s schedule. Tell the scheduler the date and time you would like to meet with your legislator (be flexible) and the general topics you wish to discuss.

For visits to the local office, seek appointments during congressional recess periods when your Member of Congress returns to your district (check the House schedule at www.house.gov/house/House_Calendar.shtml). Legislators are also frequently home in the district Friday through Monday when Congress is in session.

Let the scheduler know that the meeting should take no longer than one hour. If there is more than one person attending the meeting, let the scheduler know their names and affiliations. (A good delegation is between five to eight persons.) If someone in your group knows the legislator personally or professionally, make sure that the scheduler is aware of the relationship.

Congressional visits in Washington, D.C. Please coordinate your visit with members of our D.C. chapter; let them know you’re planning a visit and ask them for suggestions and useful tips. Remember that most legislative business occurs Tuesday through Thursday and that the closing days of a session are extra busy. When you arrive in Washington, call the Member’s office to confirm your appointment.

Be persistent. The objective of this initial contact is to secure a time and date to meet with your representative. Be persistent yet polite, and make it clear that YOU, the Member’s constituent, are the most important person (s)he will ever listen to. Lots of times it can be hard to get a meeting, but persistence will generally be rewarded with a meeting with your representative.

Meet with somebody. If your Member of Congress can’t meet with your group, don’t feel snubbed. Meet with the staff member who works on the issue that most concerns you. For most issues relating to health care reform, you will want to meet with the domestic policy staffer. Usually that person will be based in Washington, but there will also be an aide in the local office who can meet with you. Try to meet with the highest ranking aide possible in the local office, i.e. the Senior Aide.

Confirm your appointment. After you schedule a meeting, send a confirmation letter that includes a list of those who will attend the meeting.
Preparing for the Meeting


Just punch in your ZIP Code and the site provides you with contact information and a web page for your Member of Congress. You will be able to find biographical information, committee and subcommittee assignments, and key issues of concern for your Member. Review your legislator’s voting record and any publicly stated views or opinions. If you are uncertain whether he or she has endorsed the U.S. National Health Insurance Act, H.R. 676, sponsored by Rep. John Conyers Jr. (D-Mich.), visit http://tinyurl.com/3prleu. Check the legislative status of the bill.

Determine your agenda and goals for the meeting. Your group’s members should meet beforehand in order to determine the agenda and to delegate who will raise which agenda items. Have different people cover different issues, but have one person act as a facilitator for the discussion and deliver the bulk of your message. Your main objective is to get your Member to commit to endorsing single-payer legislation (if he or she hasn’t already done so) and to attempt to enlist other legislators to do so.

Bring it all back home. All legislators supposedly want to improve the economy and quality of life in their district/state. It is your job to convince them that single-payer national health insurance will have a beneficial impact on people living in their own congressional district.

Make sure everyone in your group is prepared. Be certain everyone agrees on the central message and what will be asked of the legislator. This way you will avoid a possible internal debate in front of your legislator. Don’t feel that you have to be an expert. Most representatives of Congress are generalists. Be open to counter-arguments, but don’t get stuck on them. If you don’t know the answer to a question, say so. Nothing is worse than being caught in a lie or inaccuracy. Offer to look into the question and get back to the Member (this is also an excellent opportunity to stay in touch).

Prepare an information packet to leave with your legislator. This should include information on your organization including the group’s contact information, as well as a description of your objectives. You should also leave a business card with the receptionist.

Conducting the Meeting

Be on time, listen well, and don’t stay too long. Be on time! Arrive five minutes early. When the meeting begins, introduce yourselves and say what issues and legislation you want to discuss. Stress that you are constituents. However, make sure that all introductions are kept brief, allowing more time for conversation with the representative.

Listen well! You will hear occasional indications of your representative’s actual views, and you should take those opportunities to provide good information.

Don’t stay too long! Try to get closure on the issues you discuss but leave room to continue the discussion at another time.
Build the relationship. If your representative has supported single payer in the past, be sure to thank him/her; if the opposite is true, consider that your visit may prevent more active opposition in the future, and perhaps even result in a positive vote at a later time.

Remember: This meeting shouldn't be an end in itself. Think of it as the beginning of a relationship with your representative that will allow you to voice your opinion on topics in the future. With this in mind, make sure the relationship you build is a positive one, based on respect. Try not to be hostile: agree to disagree, if necessary. They may not share your viewpoint, but your information does have an impact on how they vote.

Take notes. Make sure someone in your group takes notes on what is said during the meeting. However, don't use any recording devices. These notes should be circulated to the entire group after the meeting, as well as shared with others.

Ask for specific action. Avoid asking open-ended questions that may result in ceding control of the meeting to the legislator or his/her aide, who may spend a large part of the meeting talking about an unrelated issue. Always ask for specific actions; always get a specific commitment and then follow up. No matter how supportive or unsupportive your legislator is, there is always a next step. Visit the PNHP web site to find out what specific action should be sought at the time of your meeting.

Ask his or her position. Zero in on the basics: How will s/he vote? Do party leaders have positions on the issue? What is their influence likely to be? Is the office hearing from opponents? If so, what are their arguments and what groups are involved? Does the Member know any other key House Members or Senators who should be contacted to get favorable action on the bill? Is s/he willing to facilitate contact and to write a “Dear colleague” letter?

The Member likely won’t give you an answer on the spot. Tell them you will follow up with an aide in two weeks, and be sure to do so. Offer to answer their questions or to provide additional information.

If the Member says no, be sure to find out why. Ask them what, specifically, they oppose in the bill.

Provide affirmation where possible. Look for areas of agreement and affirm them. Convey your appreciation for positive steps, no matter how small. Try to end the meeting on a positive note.

Debrief/Follow up. After the meeting, find a place where you can relax with your delegation and compare notes on the meeting. This is important because different people might have different interpretations of what happened. Agree as a group on who will do which follow-up tasks. Send a thank-you note after the meeting to the representative via the person who scheduled the meeting, and, if commitments were made during the meeting, repeat your understanding of them. Don’t forget to give a phone number and address where you can be reached. Finally, let PNHP know how the meeting went.

Above compiled and adapted from multiple lobbying guides by nonprofits.
**2007 Chapter Reports**

**New Hampshire** PNHP'ers have been reaching out to the medical community, citizen groups and presidential candidates in anticipation of the 2008 primaries. Following a successful presentation to the state medical society, Dr. Marcosa Santiago coordinated a ‘Health Care Security NOW’ forum with representatives from the Medical Society and NH Citizens’ Alliance for Action as well as Rep. Dennis Kucinich (D-OH). More than 100 people attended, including many state legislators. Dr. Santiago and Dr. Thomas Clairmont testified on single payer at a NH General Assembly hearing. Contact Dr. Santiago at cosy@diacad.com.

**Florida** PNHP leader Dr. Greg Silver has been bringing the single payer message to community organizations and the airwaves. Most recently, he spoke to a group of 75 senior activists in Fort Meyers. He was also the featured guest on the local radio program ‘Radioactivity Live’ on WMNF. Contact Dr. Silver at drsilver@drsilver.net.

PNHP’s **California** chapter, the California Physicians’ Alliance, has been reaching the medical community and public with events centered around their state single-payer bill, SB 840. The bill passed both houses of the Assembly last year but was vetoed by Governor Schwarzenegger. Partnering with the citizen single-payer group OneCareNow and the American Medical Student Association, the chapter helped organize a lobby day with 250 medical and health students and participated in a rally which drew 500 supporters to the state capitol. The chapter’s extensive speakers bureau, (including Drs. Richard Quint, Nancy Greep, Jeoffry Gordon, Barry Massie and Ron Adler) have spoken across the state, including at the University of California, the Naval Regional Medical Center and the League of Women Voters. Dr. Sal Sandoval is participating in the organization of the 2007 ‘Journey for Justice,’ a 10-day march through 11 central California cities to demand a single-payer health program. PNHP Senior Health Policy Fellow Dr. Don McCanne is a frequent speaker both at conferences and to the media. His influential and widely-read ‘Health Policy Quote of the Day’ is available to PNHP’ers by email for free. Subscribe by dropping a note to don@mccanne.org.

PNHP members in **Georgia** have been reaching out to the progressive and medical communities through public forums, grand rounds and legislative efforts. The chapter presented a seminar on their state ‘SecureCare’ plan to the Georgia Progressive Summit, which includes trade union, civil rights, environment and peace groups. Leader Dr. Henry Kahn has maintained an active speaking schedule both in Georgia and neighboring South Carolina. His recent engagements have included: a graduate nursing seminar at the University of Georgia, the Department of Medicine at the Tenet-owned Atlanta Medical Center, and the Departments of Medicine and Pediatrics at the University of South Carolina. Contact Dr. Kahn at hkahn@emory.edu.

**Washington State** PNHP’ers are successfully organizing around their state single-payer legislation. The chapter has helped facilitate more than 100 meetings between state legislators and constituents in favor of single-payer, and eight chapter members have testified before hearings of the state House and Senate. The chapter has also been focusing on speaking engagements to gain endorsements of the bill. Recent endorsers include the state chapters of the League of Women Voters, the National Alliance on Mental Illness and the Alliance for Retired Americans. Contact chapter leader Dr. David McLanahan at mcltan@comcast.net.

PNHP’s **Pennsylvania** chapter has enjoyed record success in outreach to the medical community this year, including grand rounds at all five medical and osteopathic schools in the Philadelphia area as well as at seven additional hospitals. Their talented speakers’ bureau, including Drs. Gene Bishop, Adam Gilden Tsai, Walter Tsou, Scott Tyson and William Wood, also reached numerous community and health professional groups such as the American Association of Physician Assistants and the League of Women Voters. In Pittsburgh, Dr. Scott Tyson gave Grand Rounds at Mercy Hospital and spoke to more than 150 medical students. Contact Dr. Tsou at macman2@aol.com.

PNHP’s **Colorado** chapter, Health Care for All Colorado, has expanded to five active chapters across the state. Chapter leaders Drs. Rocky White and Elinor Christensen are members of the Colorado Medical Society Physician Congress for Health Reform and have been advocating the single-payer solution. The chapter trained 12 new speakers in 2006, and members have spoken to dozens of groups, including the Older Women’s League, American Business Women of America, the United Methodist Church, the South Denver Chamber of Commerce and the Colorado Business Group on Health. Dr. Anne Courtright has made eight presentations in the Pueblo area, including the Pueblo West Rotary, and the Westminster Presbyterian Church. Contact Dr. White at whtfarms@fone.net.

**Alabama** PNHP’er Dr. Wally Retan has been speaking on the need for single-payer to medical and businesses audiences. Dr. Retan spoke to medical staffs at Baptist Medical and Trinity Hospitals as well as the Etowah County Medical Society. He also presented to a group of retired physicians and businesspeople in Tuscaloosa. Contact Dr. Retan at wretan2900@charter.net.
PNHP's Illinois chapter has been working on media and coalition-building within the health and medical communities. PNHP Chapter Chair Dr. Rob McKersie presented grand rounds at the Children’s Hospital in Peoria and spoke the Cook County Board; Dr. Chris Masi spoke at the Children’s Hospital in Chicago; Dr. Gordon Schiff spoke to students at an AMA-sponsored meeting; and Drs. John Rolland and Arnold Widen each spoke at the University of Illinois Chicago. Dr. Quentin Young spoke on the need for single-payer to the National Conference for Labor Representatives in Health Care. The chapter has built a coalition around its new state single-payer bill (HB 311), including nursing, public health, disability, women’s, seniors’ and labor groups. PNHP’ers were quoted in all three of the state’s major newspapers in response to the governor’s flawed ‘individual mandate’ plan. Contact Dr. McKersie at dejadog@hotmail.com.

In Arizona, PNHP member Phil Lopes has become Minority Leader of the state House of Representatives, and has reintroduced a bill (HB 2677) to create a single-payer program for that state. Dr. George Pauk has been active in organizing around the bill, most recently speaking to the Universalist Unitarian Congregation in Phoenix. Contact Dr. Pauk at gpauk@earthlink.net.

Minnesota PNHP members have been successful in spreading the single-payer message through their 13-member Minnesota Universal Health Care Coalition (www.muhcc.org), which added the State Council of SEIU and the Minneapolis Metropolitan Business Alliance this year. Chapter members gave talks to medical, labor, business and community groups this year, including 45 by PNHP’er Kip Sullivan. Dr. Lisa Nilles had an op-ed on single-payer published in the state’s largest newspaper. Led by chair Dr. Susan Hasti, MUHCC is working on building a ‘single-payer caucus’ in the state legislature and Drs. Katja Rowell and Jack Garland have given testimony to lawmakers. Contact Dr. Nilles at eanilles@comcast.net.

In Ohio, PNHP Past President Dr. Johnathan Ross has been reaching out to the medical community and citizen groups, most recently addressing activist audiences in Akron and Cleveland. Dr. Ross has also presented grand rounds at the University of Cincinnati and to both the Pediatrics and Internal Medicine departments at Case Western. Ohio PNHP’ers continue to be active in the Single-Payer Action Network (SPAN) state coalition, which has grown to 2,300 supporters in 12 local chapters. Contact Dr. Ross at drjohnross@ameritech.net.

The NYC Metro PNHP chapter continues a vigorous campaign to reach physician, community, student and church audiences. Speaking engagements have included the national conventions of the American Medical Student Association, the Student National Medical Association, and the American Medical Association as well as the New York Chapter of the American College of Physicians. Chapter Chair Dr. Oliver Fein taped a video editorial which will be broadcast on the popular WebMD website and Dr. Olveen Carrasquillo’s research on uninsured Latinos was published in the journal Health Affairs (see abstract on page 13). The chapter has also been active in addressing non-medical audiences, most recently in talks to the League of Women Voters and the Greater NY Chamber of Commerce. Members also organized a successful campaign to use the celebration of Dr. Martin Luther King’s birthday to highlight the need for single-payer. Dr. Elaine Fox is spearheading an effort to build a single-payer coalition on Long Island. Contact Joanne Landy at jlandy@igc.org.

In Tennessee, chapter leader Dr. Arthur Sutherland had success reaching fellow physicians through a pro-single payer guest editorial he published in the Memphis Medical Society Quarterly. The article was so well received that it was republished in the monthly magazine of the Tennessee Medical Association, and the Memphis society has decided to start a blog on the topic. Nashville members Drs. Dick Braun, James Powers and Jim Hudson hosted a successful town meeting on single-payer in April with a video and panel discussion. Contact Dr. Sutherland at asutherland@sutherlandclinic.com.

In Virginia, chapter coordinator Dr. Joe Mason has been working hard to build support for single-payer among civic and health audiences, including physician assistant groups and Rotary clubs. He also addressed the Charlottesville City Council in support of HR 676 and will speak to the University of Virginia Democrats club on the need for single-payer. Contact Dr. Mason at jmason54@earthlink.net.

In Upstate New York, the PNHP Capital District’s Dr. Chris Clader and Besty Swan organized an open house for local physicians and others who are interested in single-payer and PNHP, and the chapter is helping other physicians to host similar events at their offices. The chapter is also on the airwaves: Dr. Paul Sorum will be on an hour-long local radio panel speaking about the need for single-payer. Chapter members also presented to the Medical Society of Schenectady County and are encouraging them to formally endorse single-payer. Along with Drs. Andy Coates and Richard Propp, Dr. Sorum continues to speak to medical, student and community groups around the area. Contact Dr. Sorum at pnhpcapitalthdistrict@nycap.rr.com.
2008 Chapter Reports

In Alabama, Dr. Wally Retan and other PNHP'ers are active in speaking, outreach to labor and other groups, and building the state’s PNHP chapter, ‘Healthcare for Everyone’. The group is working with the local labor council of the AFL-CIO, and a PNHP spokesperson will give the keynote address in an upcoming forum with the Dean of the School of Public Health and Alabama Blue Cross and Blue Shield. To get active or invite a speaker to your group, contact Dr. Wally Retan at HealthCareForEveryone@charter.net.

Arizona PNHP has been mobilizing support for both HR 676 and a HB2677, a state single-payer bill sponsored by PNHP member Phil Lopes, the Arizona House Minority Leader. PNHP members met in Phoenix with nurses from the National Nurses Organizing Committee (NNOC) to form a new state coalition, ‘Arizona Medicare for All.’ They plan to team up with other groups to help promote single payer in the state. Contact Dr. George Pauk at gpauk@earthlink.net.

PNHP’s California chapter, the California Physicians Alliance (CaPA) is active in speaking to health professionals and the public, in lobbying for SB 840 (Keuhl’s bill) and HR 676, in recruiting new members at academic medical centers, in chapter-building, and in media outreach. 400 medical students participated in a lobby day for SB 840 in January. PNHP National Coordinator Dr. Quentin Young testified against the flaws in governor Schwarzenegger’s individual mandate proposal, ABX 1, before Sen. Keuhl’s committee; he delivered a letter from 250 physicians in Massachusetts about the problems with that state’s individual mandate plan and the need for single payer. Dr. Claudia Chaufan’s article about ABX 1 is available on line at www.caapa.pnhp.org. Activists are developing local chapters in Humboldt County, Los Angeles, Fresno and other areas. The Los Angeles group is active in outreach to business (including county and city government), including to the Business Caucus of the California Democratic Committee in Anaheim. Contact CaPA’s new staffer, Roberto Ramos, at capa13@sbcglobal.net - capa.pnhp.org

PNHP Senior Health Policy Fellow Dr. Don McCanne is a frequent speaker to California medical and grassroots groups and to the media. His influential and widely-read ‘Health Policy Quote of the Day’ is archived at www.pnhp.org/quote_of_the_day, or sign-up by dropping a note to don@mccanne.org.

In Colorado, PNHP’ers are active in speaking, writing, outreach to legislators, and in coalition-building. Dr. Elinor Christiansen and Dr. Rocky White are leaders in Health Care for All Colorado and in promoting single payer at the state level. A fiscal analysis by Lewin found that single payer would cover all the uninsured and save $1.4 billion annually. Dr. White is running for a seat in the state House (District 62) on a pro-single payer, pro-education platform. Contact Dr. Christiansen at ecrzarr@yahoo.com.

The Washington, DC chapter of PNHP is active in speaking, outreach to physician and other groups, media outreach, and acting as national PNHP’s liaison to the Congress and Washington-based organizations. Activists met with members of the Congressional Black Caucus (garnering 3 new co-sponsors for HR 676), discussed single-payer with national leaders of the AFL-CIO, and hosted a single payer booth at the Take Back America conference. Dr. David Rabin is a frequent speaker to both medical and grassroots groups. Drs. Harvey Fernbach and Robert Zarr have been featured in the local media and are active in meeting with medical student and other groups. Contact Dr. Robert Zarr at rzarr@yahoo.com.

Georgia PNHP members have been reaching out to the progressive and medical communities through public forums, grand rounds and legislative efforts. The chapter presented a seminar on their state ‘SecureCare’ plan to the Georgia Progressive Summit, which includes trade union, civil rights, environment and peace groups. Chapter leader Dr. Henry Kahn has maintained an active speaking schedule both in Georgia and neighboring South Carolina. His recent engagements have included: a graduate nursing seminar at the University of Georgia, the Department of Medicine at the Tenet-owned Atlanta Medical Center, and the Departments of Medicine and Pediatrics at the University of South Carolina. Contact Dr. Kahn at hikahn@emory.edu.

In Hawaii, Dr. David Friar in Oahu is starting a new chapter of PNHP. PNHP activist Dr. Leslie Hartley Gise recently spoke to the Tripler Army Medical Center and the medical school in Honolulu. She also participated in events with Rep. Mazie Hirono (D-HI, a new co-sponsor of HR 676), discussed single-payer with national PNHP’s liaison to the Congress and Washington-based organizations. Activists met with members of the Congressional Black Caucus (garnering 3 new co-sponsors for HR 676), discussed single-payer with national leaders of the AFL-CIO, and hosted a single payer booth at the Take Back America conference. Dr. David Rabin is a frequent speaker to both medical and grassroots groups. Drs. Harvey Fernbach and Robert Zarr have been featured in the local media and are active in meeting with medical student and other groups. Contact Dr. Robert Zarr at rzarr@yahoo.com.

In Illinois, PNHP’ers are active in speaking, grassroots outreach, press work, and supporting HB 311, a bill for a single payer plan in Illinois (full text on line at www.healthcareforallillinois.org). Dr. Quentin Young and Dr. Claudia Fegan are active in speaking to physicians at grand rounds and other conferences. Dr. Fegan spoke at the annual meeting of the Student National Medical Association. Dr. Anne Scheetz and her husband Jim Rhodes are active in outreach to grassroots groups and other public audience across the state. Since Dr. Gordon Schiff moved to Boston, the chapter is in need of more speakers for physician audiences. If you are willing to give grand rounds on behalf of PNHP (we’ll provide slides and other materials), please drop a note to lida@pnhp.org.

In Kentucky, PNHP members are active in outreach to faith and civic groups and to legislators at both the state and federal level. Kay Tillow continues to spearhead the effort to

Abercrombie (D-HI). For a speaker or to become active, contact Dr. Leslie Hartley Gise on Maui at lesliig@maui.net or David Friar on Oahu at davidfriar@hawaii.rr.com.

Indianas’s PNHP chapter, Hoosiers for a Commonsense Health Plan (HCHP), has been active in outreach to physicians, coalition building and statewide outreach. HCHP has chapters in Indianapolis and Bloomington, and four new chapters in Fort Wayne, Terre Haute, New Albany, and Evansville. The group received the Indiana Public Health Association’s ‘Citizens Advocacy Award.’ HCHP is active in outreach to garner co-sponsors for HR 676 as well as working on legislation to study single payer at the state level (SB 218). Contact Dr. Rob Stone at rstone@hchp.info - www.hchp.info

PNHP members in Kansas are working with medical students from the University of Kansas, labor, church, and other groups to form ‘Heartland Healthcare for All’. First year medical student Elizabeth Stephens and others are active in speaking using the PNHP slide show. The Kansas Legislature is studying health care reform options. The fiscal analysis by the consulting firm of Schramm-Raleigh found that single payer would cover everyone and reduce health spending by $870 million annually. For a speaker or to become active, contact Dr. Joshua Freeman at jfree-
man@kumc.edu.
garner labor support for single payer. Dr. Garrett Adams participated in a widely-coverage press conference when Sicko premiered and is frequently interviewed on local radio. Dr. Syed Quadri, Dr. Ewell Scott and Harriette Seiler are active in speaking and writing letters to the editor. Contact Garrett Adams at kyhealthcare@aol.com.

In Massachusetts' PNHP members have been leading critics of the state's health reform, and continue an active campaign for single payer. Chapter Chair Dr. Rachel Nardin's Op Ed appeared in the Boston Globe, and she crafted a statement calling for more thoroughgoing health reform in the state, which garnered the signatures of 250 Massachusetts' physicians. Dr. Nardin is also active in speaking to professional and community groups. Dr. Susanne King's pro-single payer column regularly appears in the Berkshire Eagle, the largest paper in the western part of the state. Dr. Michael Kaplan's Op Ed critical of the health reform appeared in the Boston Globe. Students in PNHP sponsored a showing of SiCKO and follow-up forum for Boston-area medical students. Dr. Pat Berger brought a pro-single payer resolution to the Massachusetts Medical Society. The MMS agreed to 'include single-payer health care reform as an option for achieving universal, comprehensive, equitable, patient-centered, sustainable, and affordable health care for our patients.' Contact Dr. Rachel Nardin at rnardin@bidmc.harvard.edu.

In Michigan, PNHP member Dr. Jim Mitchiner has been active in speaking, media outreach, and discussion of single payer within his specialty society, the American College of Emergency Physicians. He spoke to the Michigan State Medical Society House of Delegates, the Washtenaw County Medical Society, and WMU's Center for the Study of Ethics in Society. His pro-single payer op-ed appeared in the Ann Arbor News, and he was interviewed by the local NPR affiliate in Kalamazoo. Contact Dr. Mitchiner at jemitich@umich.edu.

Minnesota PNHP members are active in speaking, lobbying, outreach to grassroots groups and collecting physician endorsements for a resolution in support of HR 676. Chapter members are working with Sen. John Marty and the Minnesota Universal Health Care Coalition on the new Minnesota Health Care Act, the state’s single-payer bill, which already has 57 co-sponsors and passed out of the Senate Health Policy Committee in February. Dr. Morrison Hodges, Dr. Lisa Nilles, Dr. Elizabeth Frost, and Kip Sullivan have been active in speaking to community groups and in forums with Rep. Keith Ellison, a sponsor of HR 676. The chapter is holding a speaker's training in February and is seeking additional opportunities to speak to physicians. Contact Dr. Ann Settgast at setttg001@umn.edu, Dr. Lisa Niles at canilles@comcast.net, or Dr. Elizabeth Frost at libbess@gmail.com.

PNHP'ers in the New York-Metro chapter of PNHP are active in speaking, outreach to physicians and medical students, press work, and sponsoring a popular monthly forum on health policy and politics. PNHP President-Elect Dr. Oliver Fein is a frequent speaker both locally and nationally. Dr. Fein, medical student David Marcus, Martha Livingston and others led a speakers' training for 43 medical students on March 8. A new book on single payer, "10 Excellent Reasons for National Health Care" edited by Dr. Mary O'Brien and Martha Livingston is being published by The New Press this summer. (http://www.pnhp-nymetro.org/)

In Albany, PNHP'ers are frequent speakers to physicians and grassroots groups. Chapter chair Dr. Paul Sorum and Dr. Andy Coates led a well-attended speaker's training in October. Activists are involved in outreach to unions, medical students, the League of Women Voters, the NY branch of the American College of Physicians, and other groups. Contact Dr. Coates at esquincle@earthlink.net.

The newly formed Finger Lakes PNHP Chapter (Rochester, New York) has been active in speaking, media outreach, and lobbying. The chapter hosted four screenings of SiCKO followed by panel discussions, and participated in a meeting with Rep. Louise Slaughter (NY-28). Chapter chair Dr. Larry Jacobs' pro-single payer op-eds appeared in the Rochester Democrat & Chronicle and the Santa Fe Times (Jacobs' winter home). Chapter members have published letters supporting single-payer in the Syracuse Post Standard and other local press. Drs. Leon Zoghlin, Larry Jacobs and Emily Queenan spoke at a seminar for medical students at the University of Rochester. Contact Larry Jacobs at lsjacobsnynm@msn.com.

In North Carolina, PNHP members are active in speaking, media outreach, leadership training, and coalition-building with Health Care for All North Carolina. Members who are active in speaking include Dennis Lazof, Dr. Gary Greenberg, Dr. Trevor Craig, Dr. Ernesto de la Torre and Dr. Jonathan Kotch. State Rep. Verla Insko participated in panel discussions on SiCKO and other events. Staffer Emily Taylor and Dr. Claudia Prose developed useful materials for the group. The chapter co-sponsored three fall forums with the Pediatrics Society, the Nurses' Association, and the Community Health Center Association, and received two grants to fund additional outreach and training. Contact Dr. Jonathan Kotch at jkotch@email.unc.edu.

Activists resurrected an Ohio chapter of PNHP in January. They plan to give grand rounds, do outreach to the media, legislative work, and participate in public debates and forums. A state bill for single payer, the Health Care for all Ohioans Act, was re-introduced in the legislature in 2007. PNHP'ers educated state legislative leaders and their aides about single payer, and used SiCKO as an organizing tool. Letters to the editor and op-eds by PNHP members have appeared in publications statewide. For a speaker or to become active, contact Dr. Jonathon Ross at drjohnross@ameritech.net.

PNHP's Western Washington chapter is very active in speaking, outreach to the public, and lobbying for single payer on the national (HR 676/HR 1200) and state level (Washington Health Security Trust). The chapter is pushing for a fiscal analysis of WHST to show that single payer is the only affordable option for universal coverage. In addition to participating in nearly a dozen panels on healthcare reform, PNHP'ers have presented to the King County Medical Society, a residency program in family medicine, on radio and at rallies. The chapter hosted a booth at the Washington State Medical Association's annual meeting, is making a brochure for physicians’ waiting rooms, and is supporting a medical student studying in Cuba. The chapter's annual meeting in February focused around 'The Community Effects of Uninsurance.' Contact Dr. David McLanahan at pnhp.westernwashington@comcast.net.

PNHP members Drs. Linda and Gene Farley are very active in the Coalition for Wisconsin Health (CWH), the Wisconsin affiliate of PNHP. Canadian labor leader James Clancy spoke in Milwaukee about the advantages of single payer in December; an excellent recording of his talk is available at www.grassrootsnorthshore.org/?page_id=19. For a speaker or to become active, contact esfarley@wisc.edu.
In Arizona, PNHP members have been building the single-payer Arizona Coalition for State and National Health Plans. Dr. George Pauk, state Sen. Phil Lopes and other PNHPers helped to defeat a ballot initiative that would have prohibited a single-payer system. Dr. James Dalen’s op-ed on the need to de-link insurance from employment appeared in the Arizona Republic. PNHP President Dr. Oliver Fein spoke to the Arizona chapter of the ACP in Tucson. Contact Dr. Pauk in Phoenix at gpauk@earthlink.net and Dr. Eve Shapiro in Tucson at shapiroc@u.arizona.edu.

The Arizona chapter of the ACP has prohibited a single-payer system. Dr. George Pauk, state Sen. Phil Lopes and other PNHPers helped to defeat a ballot initiative that would have included single-payer and H.R. 676 in their platform. Contact Dr. White at whtfarms@fone.net.

PNHPers in the District of Columbia are active in coalition-building, speaking, lobbying and media outreach. Staffer Danielle Alexander and Dr. Robert Zarr collaborated with others in helping establish a new national single-payer coalition on Nov. 10-II, co-organized by PNHP, the California Nurses Assn./NNOC, Healthcare-Now and Progressive Democrats of America. They have also been facilitating visits to congresspersons by PNHP delegations. Drs. Zarr and David Rabin spoke about Taiwan’s single-payer system and single-payer at a hearing convened by Rep. Sheila Jackson Lee (D-Texas), and student member Eric Pan spoke about single-payer at a University of Maryland pre-med student society meeting. Contact Dr. Zarr at rlzarr@yahoo.com.

PNHPers in Florida have established a new chapter in Tallahassee. The chapter hosted PNHP co-founder Dr. Steffie Woolhandler in April for a series of debates with Dr. Jeremy Lazarus of the AMA at the medical school and medical society. In the spring, Byron Tucker presented to medical students on single-payer and in Palm Beach, the late Dr. David Prensky played a leading role in the successful effort to have the U.S. Conference of Mayors endorse H.R. 676. The chapter is working closely with the local League of Women Voters. Contact Dr. Ray Bellamy at ray.bellamy@med.fsu.edu.

In Georgia, PNHP members are working on outreach and speaking engagements. Longtime PNHP leader Dr. Henry Kahn has maintained an active speaking schedule, most recently addressed the Georgia chapter of Amnesty International on H.R. 676 after members of that group heard him speaking at a forum. The chapter hosted Dr. Oliver Fein in November for grand rounds and meetings with medical students, activists and the Atlanta Journal-Constitution editorial board. To get involved with the chapter, contact Dr. Kahn at hkahn@emory.edu.

Hawaii PNHP leader Dr. Leslie Gise organized a very successful symposium at the annual meeting of the American Psychiatric Association entitled “Health Care Financing Reform: The Good, the Bad and the Necessary.” Dr. Gise also continues to be a frequent speaker at grand rounds and other medical events, as well as an advocate to policy makers. Contact Dr. Gise at leslieg@maui.net.

The Illinois PNHP chapter, Health Care for All Illinois, has been engaged in state and federal legislative activity around H.R. 676 and state single-payer bill H.B. 311. The chapter organized a series of six citizen legislative hearings convened by H.B. 311 sponsor Rep. Mary Flowers, chair of the House Health Committee, which drew large crowds and much press attention. An official hearing and lobby day is set for March 24. Dr. Anne Scheetz has been an active speaker to church and community groups. Dr. Pam Gronemeyer has been bringing the single-payer message to the Metro-East St. Louis Area, speaking to community groups and at local Democratic Party events. Dr. Quentin Young continues to speak at grand rounds and events across the state. The chapter next plans congressional visits to keep Illinois congresspeople solidly in favor of single payer. Contact the chapter at info@pnhp.org.

In Indiana, Hoosiers for a Commonsense Health Plan leader Dr. Rob Stone has been working with the League of Women Voters to arrange speaking engagements and other publicity for single-payer. Relatively new chapters of HCHP in Fort Wayne and New Albany have gotten stronger, sup-
plementing more established chapters in Bloomington and Indianapolis. Dr. Stone spoke to the New Albany City Council before they passed a resolution in support of H.R. 676. Both Dr. Stone and Dr. Jonathan Walker have had op-eds published in the Fort Wayne Journal Gazette. Many HCHP members participated in Obama-Daschle community discussions on health care across the state. Dr. Aaron Carroll’s study – which found 59 percent of physician support national health insurance – received extensive news coverage, including from CNN, when it was released in the spring. Contact Dr. Stone at grostone@gmail.com or www.hchp.info.

Iowa PNHP leader Dr. Miles Weinberger led a talk and discussion on single payer for the University of Iowa AMSA group. Dr. Jess Fiedorowicz gave a talk at a medical-psychiatry nursing conference, dedicating a portion of the talk to single-payer. Dr. David Drake spoke to the Des Moines University AMSA chapter. Contact Dr. Weinberger at miles-weinberger@uiowa.edu.

Members of PNHP’s Kansas chapter, Heartland Health Care for All, have been active in physician, medical student and community speaking and outreach. The chapter hosted Rep. John Conyers for a town hall meeting in October. Drs. Jon Jacobs and Josh Freeman presented grand rounds to the Dept. of Medicine at St. Luke’s Hospital in September. Dr. Freeman also presented on primary care and single payer at Lawrence Memorial Hospital. Dr. Jacobs presented grand rounds at KU-Witchita, UMKC Medical School, and St. Louis University. Tim Lyon of the student chapter at KU Medical School spoke at a “First Friday” talk to 40 attendees. Dr. Freeman also made a presentation on single payer at the annual meeting of the Missouri Association for Social Welfare. Contact Dr. Freeman at jfreeman@kumc.edu or Dr. Jacobs at jonjacobs@pol.net.

The Kentucky PNHP chapter recently hosted a meeting featuring Rev. David Bos of the Presbyterian Church, whose efforts led to the denomination’s endorsement of single payer and the appropriation of $25,000 to conduct nationwide single-payer education. Chapter leader Dr. Garrett Adams has kept an active speaking schedule, recently being invited by the neighboring Tennessee chapter to address a rally in Nashville on the eve of the Oct. 6 presidential debate. Contact Dr. Adams at kyihealthcare@aol.com.

In Maryland, PNHPers have been coalition-building with groups like the NAACP, AFSCME, Progressive Democrats of America, the Greens and others. Dr. Margaret Flowers and Brigitte Marti have been speaking regularly at local venues, including churches and chapters of the League of Women Voters. They have also been actively engaged in assisting lobbying efforts in Washington for H.R. 676. Contact Dr. Margaret Flowers at conversationcoalition@gmail.com.

Massachusetts PNHPers have been active on the legislative advocacy, student organizing, and physician speaking fronts. The chapter is leading the way in publicizing the inadequacies of the Massachusetts health reform. Their letter to Senator Ted Kennedy identifying the deficiencies of that plan and encouraging him to craft a national single-payer solution has been signed by more than 500 doctors. The chapter sponsored a leadership training event on Feb. 7 that drew 100 participants. Chapter members also gave seven grand rounds at area hospitals and have helped organize student events with AMSA chapters at the Boston medical schools. Contact Dr. Rachel Nardin at rnardin@bidmc.harvard.edu.

Michigan PNHPers have maintained an active speaking schedule focused on outreach to the physician community. Dr. Jim Mitchiner lectured on single-payer at Botsford Hospital, Kalamazoo Center for Medical Studies, University of Michigan–St. Joseph Mercy Hospital and Western Michigan University. Dr. Mitchiner also spoke on single payer to the American College of Emergency Physicians Council Meeting and at the Bronson Hospital Medical Ethics Conference. He joined with Dr. Andy Zweifler to write a joint letter to John Dingell in support of H.R. 676 and plan a community health meeting in Ann Arbor. Contact Dr. Mitchiner at jnitch@med.umich.edu or Dr. Zweifler at zweifler@umich.edu.

The Minnesota PNHP chapter has been very active in lobbying state and national legislators (on a state single-payer bill and H.R. 676), writing op-eds, and enlisting physician support for single payer. The chapter ran a full-page, single-payer ad on the back cover of Minnesota Physician, and Dr. Ann Settgast, a leader of the chapter, was invited to contribute articles to that magazine and the local ACP publication. The ad included the signatures of 200 doctors from the state on a petition in support of H.R. 676. The chapter also held a speakers’ training workshop last year modeled on the PNHP national meeting, PNHP members have also spoken to at least three local meetings of the Minnesota Democratic-Farmer-Labor Party and written numerous op-eds and letters to the editor. Contact Dr. Settgast at settg001@umn.edu or Dr. Elizabeth Frost at llibbess@gmail.com.

In New Hampshire, PNHP members organized a book party for “10 Excellent Reasons for National Health Care.” They helped lead at least two Obama-Daschle health care community discussions, one in Rumney and the other in Portsmouth, both of which were well-attended. Both meetings endorsed single payer. Members are seeking resolutions of support for H.R. 676 in both the state House and Senate. Contact Dr. Marcosa Santiago at cosy@diacad.com.

PNHP’s New Mexico chapter, now renamed the Network of Professionals for a National Health Program, has been revitalized in the wake of hosting Dr. Oliver Fein in September for a chapter
meeting, grand rounds, and a meeting with Senator (then candidate) Tom Udall. Contact Dr. Bruce Trigg at bruce.trigg@state.nm.us.

**New York Metro** PNHPers have continued to expand their speaking, student outreach, and public event activities. Dr. Oliver Fein debated single-payer skeptics at NYU and New York Medical College. Dr. Mary O’Brien spoke at Cornell University. The chapter hosted a successful student leadership training session attended by 43 medical student activists from throughout the state. Len Rodberg, Ph.D. has continued to provide policy support. About 200 people attended a party and celebration with Rep. John Conyers around the release of “10 Excellent Reasons for National Health Care” edited by Mary O’Brien and Martha Livingston. Contact the chapter through their website at www.pnhp.nymetro.org.

Members of the Albany / Upstate New York PNHP chapter have been marching, lobbying, taking to the airwaves, writing opinion pieces, and coalition building. As a result of cumulative lobbying efforts, the New York State Assembly voted to endorse H.R. 676 this summer. Dr. Andy Coates is lending support to two newly-forming upstate PNHP groups: one in Ithaca and one in Cooperstown. The various groups are now coordinating their actions on a statewide level: the Single Payer New York coalition was founded in Albany on Sept. 13, drawing about 150 people. It has already mapped out plans to visit every congressperson in the state, and has met with other state officials, as well. Dr. Paul Sorum now has a regular radio hour in which he advocates for single payer. Contact Dr. Coates at esquince@verizon.net.

In Ohio, Dr. Richard Wyderski (Dayton) spoke to the national convention of the Southern Christian Leadership Conference and to the NAACP’s national health council about H.R. 676 and single-payer, after which he was made a member of the group’s health committee. Dr. Johnathon Ross had an op-ed on single payer published in the Toledo Blade in December; he also spoke before the Mansfield Ohio United Labor Council, gave a psychiatry grand rounds at Henry Ford Hospital in Detroit, and presented the PNHP slide show at Wright State University Medical School at the invitation of the AMSA chapter. PNHP members have been active with others, including the Single Payer Action Network, in pressing a state single-payer bill. PNHPers were also active in numerous Obama-Daschle house meetings around the state. Contact Dr. Johnathon Ross at drjohnross@ameritech.net.

**Oregon** PNHPers have revived their state chapter and are organizing with renewed enthusiasm. The chapter hosted PNHP Senior Health Policy Fellow Dr. Don McCanne, who gave grand rounds at hospitals in Portland and Corvallis and appeared on two Oregon radio programs. Those interested in participating in chapter activities can contact Dr. Mike Huntington (Corvallis) at mchuntington@comcast.net or Dr. Paul Gorman (Portland) at gormanp@comcast.net.

**Pennsylvania** PNHPers joined with student members of the American Medical Student Association (AMSA) last year for a rally in support of single payer. About 60 attendees participated in the event, which was followed by a lobby day in the state capitol. Dr. Scott Tyson and other leaders continue their legislative advocacy on behalf of their state single-payer bill. In Eastern PA, contact Dr. Tsou at macman2@aol.com; in Western PA, contact Dr. Tyson at styson@pediatricssouth.com.

The **Tennessee** PNHP chapter, which has experienced important membership growth, has been working with the Tennessee Health Care Campaign to promote H.R. 676. Together they have hosted 26 house parties with 435 participants viewing the Frontline documentary, “Sick Around the World.” They also helped organize an Oct. 6 rally for health care that included a talk by Dr. Garrett Adams of Kentucky. Contact Dr. Arthur J. Sutherland at asutherland@sutherlandclinic.com.

PNHP members in **Virginia** are starting a new state chapter under the leadership of Drs. Jan Gable, Susan Miller and others. PNHPers participated in an Obama-Daschle community discussion at the Richmond Medical Society, where, Dr. Miller reports, the crowd of 70 clearly leaned toward a Medicare-for-All approach. Contact Dr. Gable at jangable@email.com.

PNHP’s **Western Washington** chapter succeeded in urging the Seattle City Council to pass a resolution endorsing single payer. It has also has been using a series of town-hall meetings on health organized by the state legislature as a platform for spreading the single-payer message, and is challenging a Mathematica report that misrepresents the costs of a single-payer program in the state. Drs. David McLanahan, Donald Mitchell, and others hosted a speaker’s training session in September to help newer members become activists. Contact Dr. McLanahan at pnhp.westernwashington@comcast.net.

Members in **Spokane, Washington** have formed the Inland Northwest chapter, co-chaired by Drs. Jeremy Graham and Chris Anderson. In addition to a plenary formation meeting, the chapter held a community discussion on health reform in December. The chapter plans to promote single payer to medical students, residents and clinicians as well as local business groups. Contact Dr. Graham at jeremydgraham@gmail.com.
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Alabama PNHP’s new chapter, North Alabama Healthcare for All, was launched in 2009. Members are active in speaking to physician and public audiences, lobbying, and building a grassroots coalition in support of an improved Medicare for All. Dr. Wally Retan has appeared on ABC News and in other media. The Huntsville Times ran an op-ed in support of single payer signed by seven local physicians. Dr. Oliver Fein, PNHP president, had a very successful visit to Birmingham and Huntsville in late February, with multiple speaking events. Contact Dr. Pippa Abston in Huntsville at pabston@aol.com.

PNHP’s Arizona chapter, the Arizona Coalition for State and National Health Plans, is growing. Members are active in speaking at town hall meetings and other events. The state Democratic Party passed a resolution in favor of single payer. Drs. Jonathan Weisbuch, Mary Ellen Bradshaw and George Pauk were among the many physicians who attended a rally and lobby day in support of Medicare’s 44th birthday in Washington, D.C. A news program in Prescott featured Nancy Martin, RN, on the advantages of single payer. Activists are working to block passage of a referendum measure that would pre-empt a single-payer plan at the state level; a similar measure was narrowly defeated in 2008. Contact Dr. Pauk in Phoenix at gpauk@earthlink.net or Dr. Eve Shapiro in Tucson at shapiro@u.arizona.edu.

PNHP’s California affiliate, the California Physicians’ Alliance (CaPA) is active in promoting single payer at the national (H.R. 676) and state level (S.B. 810). In recent months, chapter members have been active in speaking, participating in rallies, educating medical students, and lobbying Rep. Nancy Pelosi and other members of Congress. One of the founders of the new L.A. chapter of PNHP, Dr. Matt Hendrickson, was arrested for participating in civil disobedience in support of single payer at Cigna offices in October. J.B. Fenix, CaPA’s medical student fellow, helped organize hundreds of medical students for a successful lobby day for single payer in Sacramento in early January. CaPA is deeply saddened by the death of former President Dr. John Shearer, who passed away from cancer on March 27. CaPA welcomed Ellen Bradshaw and George Pauk as new members. The chapter successfully lobbied for passage of a referendum measure that would pre-empt a single-payer plan at the state level. Contact Dr. Pauk or Dr. Eve Shapiro at capa@pnhp.org or at shapiro@u.arizona.edu.

PNHP’s Hawaii chapter, the Institute for Psychiatric Services in New York City. A rally in Hilo drew over 200 single-payer activists. Contact Dr. Gise at leslieg@maui.net.

Idaho PNHPers are active in speaking, research and media outreach. Dr. Andy Wilper’s research on the 45,000 Americans who die annually due to lack of insurance has been frequently cited in the national debate over health reform. Dr. Lou Schlickman’s op-eds have appeared in the Idaho Statesman. Dr. Robert Vestal was featured on Idaho Public Television discussing the economic necessity of single payer. The chapter hosted PNHP board member Dr. Joseph Jarvis from Utah who spoke on the conservative case for single-payer national health insurance. A rally for single payer in Boise at City}

Florida PNHPers are continuing to speak across the state, present grand rounds and work with media. Dr. Ray Bellamy’s op-eds on single payer often appear in the Tallahassee Democrat. The Leon County Democrats passed a resolution in support of H.R. 676 last spring. In May, Dr. Ken Brummel-Smith presented a single-payer resolution to the Leon County Board of County Commissioners. PNHPers have appeared on numerous radio programs. Drs. Olveen Carrasquillo and Ana Palacio had an article published in El Diario-La Prensa of New York on the need for health reform that would benefit non-English speakers. Contact Dr. Bellamy at ray.bellamy@med.fsu.edu.

In Georgia, the chapter is continuing to engage new physicians and medical students. Dr. Henry Kahn was interviewed on the local NBC affiliate and had an article published in the Atlanta Journal-Constitution on why he supports single-payer national health insurance. Dr. Daniel Blumenthal and others had several articles published on why they support an improved Medicare for all. Contact Dr. Kahn at hkahn@emory.edu.

In Hawaii, the chapter is continuing to engage new physicians and medical students. Dr. Steve Kemble garnered the endorsement of the Hawaii Medical Association for single-payer health reform at both the state and national level. Dr. Leslie Gise spoke at the Asian and Pacific Islander American Health Forum in Washington, D.C., on ‘Quality Affordable Health Care for All.’ Dr. Gise also chaired a symposium on single payer at the American Psychiatric Association’s Institute for Psychiatric Services in New York City. A rally in Hilo drew over 200 single-payer activists. Contact Dr. Gise at leslieg@maui.net.

Idaho PNHPers are active in speaking, research and media outreach. Dr. Andy Wilper’s research on the 45,000 Americans who die annually due to lack of insurance has been frequently cited in the national debate over health reform. Dr. Lou Schlickman’s op-eds have appeared in the Idaho Statesman. Dr. Robert Vestal was featured on Idaho Public Television discussing the economic necessity of single payer. The chapter hosted PNHP board member Dr. Joseph Jarvis from Utah who spoke on the conservative case for single-payer national health insurance. A rally for single payer in Boise at City
Illinois: PNHP members are active in speaking, lobbying, media outreach, and state and national coalition building. Dr. David Scheiner, Obama’s former physician, and Dr. Claudia Fegan were featured in the media as respondents to Obama’s health policy. PNHP members participated in numerous town hall and other educational forums across the state. Dr. Diljeet Singh is the new co-president of Health Care for All Illinois, the local PNHP affiliate. Dr. Singh worked with Dr. Fegan and chapter co-president Dr. Anne Scheetz to host a successful speaker’s training session in December. Drs. David Scheiner and Margaret Creedon hosted a well-attended chapter building social in March. State Rep. Mary Flowers continues to support a single-payer bill for Illinois; she helped garner an endorsement from the Illinois House for single payer to commemorate the anniversary of Medicare. PNHP is greatly saddened by the death of former staffer Nick Skala, who argued the case for single payer over other reform options before the Congressional Progressive Caucus in D.C. in July. Contact the chapter at info@healthcareil.org.

In Indiana, PNHPers are active in speaking, lobbying, hosting public events, and coalition building with their statewide group, Hoosiers for a Commonsense Health Plan. In June, Dr. Rob Stone made a presentation on single payer to members of the Blue Dog Congressional Coalition in D.C. Dr. Aaron Carroll appeared on The Colbert Report on Obama’s health policy. Activists hosted a chapter visit and speaker’s training with PNHP President Dr. Oliver Fein and chapter organizer Ali Thebert. Dr. Rob Stone is working with other emergency medicine physicians to organize within his specialty. Contact Dr. Stone at grostone@gmail.com.

In Iowa, PNHPers are active in media and grassroots outreach, lobbying, and building a local speakers bureau. Dr. Jess Fiedorowicz spoke eloquently at the White House health forum in Des Moines and has published op-eds in the Des Moines Register. Dr. Miles Weinberger was featured on a local radio show. Contact Dr. Fiedorowicz at mkejess@yahoo.com.

In Kentucky, PNHPers are speaking and rallying in support of single payer. About 50 Kentuckians participated in a demonstration in Washington, D.C., to commemorate the anniversary of Medicare. Single-payer events are increasingly covered by the local media. A candlelight vigil in memory of the nearly 45,000 Americans who die annually due to uninsurance was featured on the front page of the Louisville Courier-Journal. Dr. Garrett Adams and other activists recently participated in a sit-in at Humana headquarters to support improved Medicare for All. Dr. Fein visited Louisville and Lexington in March for a very successful speaking tour. Contact Dr. Adams at kyhealthcare@aol.com.

Maryland: PNHP members are active in speaking, writing and lobbying at both the state and national level, and doing outreach to the media. Drs. Margaret Flowers, Pat Salomon and Carol Paris were among those arrested for disrupting a Senate Finance Committee hearing that excluded single-payer advocates in May. Drs. Flowers and Paris have published several op-ed pieces in addition to contributing to the PNHP blog. In late January, in response to President Obama’s request to “let me know” if anyone has a better solution to our health care crisis, Drs. Flowers and Paris were arrested holding a sign in support of Medicare for All outside a hall where the president was speaking. Maryland activists hosted a speaker’s training in February with over 40 attendees and speakers from across the country. Dr. Flowers, PNHP’s congressional fellow, has been featured in the media, including on Bill Moyers Journal and Frontline, and is a frequent speaker to civic, religious, and academic groups. She received the Dr. Quentin Young Health Activist award at PNHP’s Annual Meeting. Activists are also promoting Maryland’s state single-payer bill. Contact Dr. Flowers at mdpnhp@gmail.com.

Massachusetts: PNHPers are active in speaking, research, media outreach and lobbying on the state and national level. Drs. David Himmelstein, Steffie Woolhandler and their colleagues published several groundbreaking studies in 2009, including a study showing that nearly 45,000 people die annually due to lack of insurance. Drs. Himmelstein and Woolhandler were featured widely in the press, including in the Boston Globe, The New York Times, and the CBS Evening News. Dr. Rachel Nardin spoke at a press conference in Washington, D.C. on the flaws of the Massachusetts health plan. Medical student Lyah Romm testified in support of single payer before the Massachusetts Legislature, and he and resident Sylvia Thompson had an op-ed published in The Huffington Post. Nearly 200 physicians signed an ad that appeared in the Boston Globe saying that Massachusetts’ health care is not a model for the nation. Contact Dr. Nardin at rrnardin40@gmail.com.

In Minnesota, PNHP members are active in speaking, writing, lobbying and working in coalition with other organizations on both the state and national level. Chapter members are frequent speakers to community groups and have been featured in several radio interviews. Dr. Oliver Fein, PNHP’s national president, gave grand rounds, attended a fundraiser, and met with two newspaper editorial boards and local activists during a...
recent visit. Leaders hosted a very successful speaker’s training this winter that was widely attended. Contact Dr. Ann Settgast at settg001@umn.edu or Dr. Elizabeth Frost at libbess@gmail.com.

Mississippi PNHPers are active in speaking to community organizations and working in coalition with the Mississippi Health Advocacy Program. Dr. John Bower has presented on single payer many times, including once when he shared the platform with Dr. Steffie Woolhandler, co-founder of PNHP. Contact Dr. Bower at jbower564@aol.com.

Missouri activists are active in delivering grand rounds, speaking to the public and reaching out to the media in support of single payer. Dr. William Parks presented the case for single payer to over 100 people at an event sponsored by a coalition of university groups. Dr. Joshua Freeman presented grand rounds at KU Medical Center. Drs. Robert Blake and David Mehr were featured in interviews on their support for a single-payer system. Contact Dr. Tom Lieb at tfml@sbcglobal.net.

In Montana, PNHPers are active in speaking, lobbying, media outreach, and coalition-building with Montanans for Single Payer. An eloquent op-ed in the Missoulian in support of health care as a human right was signed by Dr. Hal Braun and over a dozen other physicians. Activists, union leaders, and community groups continue to make the case for single payer to Sen. Max Baucus whenever he holds a public meeting. Contact Dr. Robert Putsch at poo@linctel.net.

In New Hampshire, PNHPers are active in delivering grand rounds, speaking to community groups and meeting with legislators. PNHPers recently formed a speakers bureau to further their advocacy efforts. Drs. Thomas Clairmont and Marcosa Santiago have published several op-eds in area papers. Dr. Rob Kiefner’s article on why his patients won’t be helped by the recent federal health care legislation was recently published in the Concord Monitor. Contact Barbara Power, RN, at bjpower2@gmail.com or Dr. Clairmont at tppc48@aol.com.

The Capital District New York PNH chapter is active in supporting pro-single payer resolutions, hosting community events, coalition-building, lobbying and media outreach. Dr. Andy Coates’ op-ed on the ‘death of the public option’ and need for single payer appeared in over a dozen newspapers. Dr. Coates represented PNHP at the International Association of Health Policy meeting in Spain. Danielle Alexander and other medical students held a vigil in support of single payer. The New York State Senate endorsed H.R. 676 due to the efforts of PNHP members and labor activists. Contact the Capital District chapter at pnhpcapitaldistrict@gmail.com.

The PNHP New York Metro chapter hosted numerous speakers’ trainings, forums, medical student talks, and other events this year. N.Y. Metro PNHPers participated in countless media interviews and meetings with state and federal lawmakers. Dr. Laura Boylan was arrested with seven others in December for sitting in for single payer at the office of Sen. Charles Schumer, D-N.Y. Drs. Oliver Fein, Alex Pruchnicki, Mary O’Brien, along with Dr. Boylan and Leonard Rodberg, the chapter’s research director, have been keeping active speaking schedules, presenting the case for single payer to the public and the press. Contact PNHP New York Metro at info@pnhp-nymetro.org.

In Oregon, PNHPers have been speaking at community events and grand rounds, lobbying, and doing media interviews. Dr. Mahr’s op-eds have appeared in The Oregonian. ‘Mad as Hell Doctors’ Paul Hochfeld, Peter Mahr, Samuel Metz, Bob Seward, Gene Uphoff and Michael Huntington took to the road, appearing in 22 cities at town-hall meetings, rallies and vigils en route to Washington, D.C. They generated substantial media coverage for single payer. Oregon PNHPers hosted Dr. Oliver Fein for a chapter visit in January that included dozens of speaking events, a fundraiser, and numerous media appearances. Contact Dr. Mahr at peter.n.mahr@gmail.com.

Pennsylvania PNHPers are speaking, educating legislators at local and federal levels, and coalition building. PNHPers participated in a rally at the Capitol in Harrisburg. The chapter hosted former Cigna executive turned whistle-blower Wendell Potter to speak on the private health insurance industry. Dr. Dwight Michaels testified in support of a state single-payer plan before the Pennsylvania Legislature. Contact Dr. Walter Tsou in Philadelphia at mcman2@aol.com or Dr. Scott Tyson in Pittsburgh at styson@pediassouth.com.

Tennessee PNHPers are active in speaking, meeting with community leaders, and coalition-building on the need for single-payer reform. Dr. Art Sutherland is a frequent speaker on single payer to faith and civic groups and recently participated in a press conference stressing the need for real health care reform. In October, PNHPers joined a rally against the private health insurance industry. Recently members participated in a candlelight vigil for health reform. Contact Dr. Sutherland at asutherland@sutherlandclinic.com.

The Texas PNHP chapter, Health Care for All Texas (HCFAT), is active in speaking, lobbying, giving media
interviews, and participating in community events. HCFAT members worked with a coalition of nearly 100 members to advocate for single payer within communities of faith. Dr. Ana Malinow participated in Houston PBS’ town-hall meeting. During a recent visit to the chapter, PNHP President Dr. Oliver Fein spoke to medical students and residents, delivered grand rounds, met with the media and faith community leaders, and presented the case for single payer to a local public health advocacy organization. Contact info@hcfat.org.

In Vermont, PNHPers have been active in speaking, lobbying, coalition building, and participating in town-hall meetings and rallies. Dr. Deb Richter spoke at the White House regional summit on health reform and on Capitol Hill to congressional staff with Con Hogan, former head of Vermont’s Human Services Agency. She has also spoken to dozens of community organizations, including Rotary clubs, and had an op-ed published on patients who have died because they lacked health insurance. PNHPers attended many of Sen. Bernie Sanders’ town-hall meetings during the legislative recess and report that the vast majority of attendees were single-payer supporters. Contact Dr. Richter at drdebvt@sover.net.

Western Washington PNHPers have been active in speaking, lobbying, coalition building and doing media outreach. Dr. Oliver Fein, PNHP president, delivered grand rounds, spoke to community groups, and gave media interviews in a recent visit. PNHP members participated in a march and other demonstrations for single payer. The Washington State Democratic Party released a poll showing that Democrats support single payer 2 to 1. Dr. Jason MacLurg’s op-ed was published in the Seattle Post-Intelligencer. Dr. John Geyman was interviewed many times on regional and national radio about the health insurance industry and single payer. Dr. Ken Fabert arranged for single-payer public service ads on the local NPR station and was interviewed by Fox Business News. In late February local activists hosted an annual meeting featuring speakers from across the country, including the Mad as Hell Doctors and Donna Smith of CNA/NNOC. Contact Dr. David McLanahan at mcltan@comcast.net.

Several Wisconsin PNHPers, including Drs. Rian Podein, Laurel Mark, and Melissa Stiles, have stepped up to become more active since the death of Dr. Linda Farley, the much-loved, tireless, and enthusiastic leader of the chapter for many years. Dr. Gene Farley continues to speak out and has been featured on local radio a number of times. Dr. Cindy Haq was interviewed on Wisconsin Public Radio. Several PNHPers, including Dr. Jeff Patterson, are active in distributing information on single payer to the public. Contact Dr. Rian Podein at rpodein@gmail.com.
Right-Wing "Think" Tanks and Health Policy

"You can always tell if you're succeeding by the viciousness of the opposition."
— Dr. Quentin Young, PNHP National Coordinator

By NICHOLAS SKALA. Updated by CHRIS GRAY, July, 2010

As the movement for single payer expands, attacks on single payer in the media by the far right have increased. In addition to misleading articles and op-eds, several books attacking single payer by conservative pundits were published in recent years, including one endorsed by former GOP Speaker of the House Newt Gingrich.

The PNHP National Office has identified 20 right-wing think tanks that employ full-time health policy 'scholars' to oppose national health insurance and advocate for health care privatization, deregulation and market-based reforms. These groups are funded with millions of dollars from wealthy far-right foundations such as the Lynde & Harry Bradley Foundation, the Charles Koch Foundation, the John Olin Foundation, the Adolph Coors family's Castle Rock Foundation and the Scaife Family Foundations, which share an ultra-conservative social agenda.

1. American Enterprise Institute

Advocates: Privatization, Medicaid cuts, tax credits for the uninsured, teaching emotionally disturbed children to seek 'self-reliance' rather than going to therapy.


2008 Budget: $50.9 million

2. Association of American Physicians and Surgeons

Advocates: This tiny group's impressive name often confers false legitimacy onto its public statements. AAPS favors abolishing Medicare and is primarily devoted to spreading misinformation about single payer. Opposes HIPAA as government interference. Has made claims that HIV does not cause AIDS and a "gay male lifestyle" shortens life expectancy by 20 years. Also attempted to link abortions with breast cancer. Journal has claimed undocumented immigrants are carriers of disease such as leprosy.

Look Out For: Executive Director Jane Orient, M.D., “Journal of American Physicians and Surgeons"

2009 Budget: $1.1 million

3. Cato Institute

Advocates: Medicaid / Medicare privatization, FDA deregulation, HSAs, elimination of state mandatory coverage laws for insurance companies, increased managed care. “Health status insurance” – insurance to have money to afford high-risk health insurance. Phase out employer-sponsored health care in favor of individual market. Advocates purchasing insurance across state lines, from states with little regulation.

Look Out For: ‘Director of Health Policy Studies’ Michael F. Cannon; ‘Director of Health & Welfare Studies’ Mike Tanner.

2008 Budget: $20.1 million

4. Competitive Enterprise Institute

Advocates: Operates the ‘Death by Regulation’ Project, which seeks to reduce or eliminate FDA regulations which ‘delay the availability of life-saving treatments.’

Look Out For: General Counsel Sam Kazman; ‘Senior Fellow’ Gregory Conko; TV reporter John Stossel

2007 Budget: $5.3 million
5. Discovery Institute
Advocates: Main health policy business seems to be publicizing Fraser Institute (see number 6) research in editorials, but also notable for providing 'experts' to criticize the scientific basis of Evolutionary Theory at meetings of Kansas' public school board.
2008 Budget: $5.2 million

6. Fraser Institute
Advocates: Specializes in producing unreviewed crackpot studies such as 'How Good is Canadian Health Care?' and the annual 'Waiting List Survey.'
Look Out For: Anything even remotely tied to Fraser. Their research is so bad that not even pro-privatization Canadians bother to cite their work.
2008 Budget: $13.7 million

7. Galen Institute
Advocates: Privatization, tax credits for the uninsured, health savings accounts, health reimbursement arrangements, “competition in the health sector” and ‘incentive-driven health reform,” bills itself as “only free-market think tank solely dedicated to...putting individuals rather than corporate or government bureaucrats in charge of health care decisions.”
Look Out For: President Grace-Marie Turner; ‘Center for Consumer Driven Health Care’ Director Greg Scandlen., Sewell Hinton Dixon, M.D.
2008 Budget: $814,000

8. Heartland Institute
Look Out For: ‘Senior Fellow’ Merrill Matthews Jr., ‘Fellow’ Scott Whipple.
2008 Budget: $7.8 million

9. The Heritage Foundation
Advocates: Medicaid / Medicare privatization, tax credits for the uninsured, health savings accounts (HSAs), drug ‘discount’ cards.
Look Out For: ‘Center for Health Policy Studies Director’ Robert Moffit; ‘Vice President for Domestic Policy’ Stuart M. Butler.
2008 Budget: $70.9 million

10. Hudson Institute
Advocates: Medical malpractice award caps, elimination of state mandatory-coverage laws, policy papers make numerous hostile references to abortion. Attacked WHO for allowing distribution of generic anti-retroviral drugs.
Look Out For: ‘Senior Fellows’ Ronald W. Dworkin and Betsy McCaughey.
2007 Budget: $11.1 million

11. Institute for Health Freedom
Advocates: Essentially the total abolishment of Medicare and Medicaid, ‘consumer driven health care’ and HSAs.
Look Out For: President Sue A. Blevins
2008 Budget: $236,000

12. Manhattan Institute
Advocates: HSAs and ‘consumer driven reform,’ eliminating premium tax deductibility for employers, remedying the fact that ‘Americans tend to be over-insured.’ Manufactures misinformation about Canada’s health system to undermine support for national health insurance in America.
Look Out For: ‘Senior Fellow’ David Gratzer, M.D., Center for Medical Progress, Chairman Paul Singer
2008 Budget: $9.7 million
13. National Center for Policy Analysis

**Advocates:** Privatization and health savings accounts (NCPA runs the ‘consumer-driven health care project’), health debit cards, increased cost-shifting to patients.

**Look Out For:** President and CEO John C. Goodman, Ph.D.

**2007 Budget:** $4.1 million

14. Pacific Research Institute

**Advocates:** HSAs, tax credits, banning prescription re-importation (PRI extensively uses crackpot data supplied from fellow Bradley beneficiary the Fraser Institute).

**Look Out For:** Pacific CEO Sally C. Pipes; ‘Director of Health Care Studies’ John R. Graham

**2008 Budget:** $4.0 million

15. Hoover Institution

**Advocates:** Recirculates material from National Center for Policy Analysis: uncited statistics praising the U.S. system and disparaging other health systems. Supports medical savings accounts, abolishing Medicare, Medicaid and elimination of employer-sponsored health care.

**Look Out For:** Michael W. McConnell, senior fellow

**2008 Budget:** Part of Stanford University; no data available.

16. American Legislative Exchange Council (ALEC)

**Advocates:** Seeks to oppose single-payer laws at the state level by pushing forward constitutional amendments to ensure private health insurance; also opposes universal health care in general, against the individual mandates. Spinoff of the Heritage Foundation that works in state governments.

**Look Out For:** Christine Herrera, health and human services director

**2008 Budget:** $7.0 million

17. Americans for Prosperity and the American for Prosperity Foundation

**Advocates:** Ran series of commercials of Canadian woman who claimed to be denied surgery for brain tumor when she never had more than a benign cyst. Attacked single payer and Canada’s system in the debate, pre-emptively excluding single-payer from the reforms.

**Look Out For:** Patients United Now (bogus shell group), Any Menefee.

**2008 Budget:** $14.4 million

18. Independence Institute

**Advocates:** Colorado ‘libertarian’ group, behind anti-single-payer group ‘Patient Power Now’ and ‘Center for the American Dream,’ former board members include right-wingRepublicans former Interior Secretary Gale Norton and overtly racist Rep. Tom Tancredo.

**Look Out For:** Linda Gorman, health policy researcher

**2008 Budget:** $1.8 million

19. National Center for Public Policy Research

**Advocates:** Puts out bogus information about allowing the government to negotiate drug policies for Medicare. Pushes for privatization of Medicare. Warns against single-payer “propaganda” and Sweden’s system.

**Look Out For:** Edmund F. Haislmaier, health care analyst. Amy and David Ridenour, health care “experts.”

**2008 Budget:** $8.6 million


**Advocates:** Founded by Charles Koch. Attacks Obama health plan as a government takeover of health care. Boasts of work to derail single-payer systems and “Hillary Care” in the past. Group is a fake grassroots organization, Wall Street-supported front group that helped set off the Tea Party movement. Social Security privatization, outreach for pharmaceutical donors. Attacks FDA to speed up drug approvals.

**Look Out For:** Dick Armey, Wayne T. Brough, Ph.D. Group is formerly known as Citizens for a Sound Economy.

**2008 Budget:** $7.4 million
A Brief History: Universal Health Care Efforts in the US

(Late 1800’s to Medicare
The campaign for some form of universal government-funded health care has stretched for nearly a century in the US On several occasions, advocates believed they were on the verge of success; yet each time they faced defeat. The evolution of these efforts and the reasons for their failure make for an intriguing lesson in American history, ideology, and character.

Other developed countries have had some form of social insurance (that later evolved into national insurance) for nearly as long as the US has been trying to get it. Some European countries started with compulsory sickness insurance, one of the first systems, for workers beginning in Germany in 1883; other countries including Austria, Hungary, Norway, Britain, Russia, and the Netherlands followed all the way through 1912. Other European countries, including Sweden in 1891, Denmark in 1892, France in 1910, and Switzerland in 1912, subsidized the mutual benefit societies that workers formed among themselves. So for a very long time, other countries have had some form of universal health care or at least the beginnings of it. The primary reason for the emergence of these programs in Europe was income stabilization and protection against the wage loss of sickness rather than payment for medical expenses, which came later. Programs were not universal to start with and were originally conceived as a means of maintaining incomes and buying political allegiance of the workers.

In a seeming paradox, the British and German systems were developed by the more conservative governments in power, specifically as a defense to counter expansion of the socialist and labor parties. They used insurance against the cost of sickness as a way of “turning benevolence to power”.

US circa 1883-1912, including Reformers and the Progressive Era:
What was the US doing during this period of the late 1800’s to 1912? The government took no actions to subsidize voluntary funds or make sick insurance compulsory; essentially the federal government left matters to the states and states left them to private and voluntary programs. The US did have some voluntary funds that provided for their members in the case of sickness or death, but there were no legislative or public programs during the late 19th or early 20th century.

In the Progressive Era, which occurred in the early 20th century, reformers were working to improve social conditions for the working class. However unlike European countries, there was not powerful working class support for broad social insurance in the US The labor and socialist parties’ support for health insurance or sickness funds and benefits programs was much more fragmented than in Europe. Therefore the first proposals for health insurance in the US did not come into political debate under anti-socialist sponsorship as they had in Europe.
Theodore Roosevelt 1901 — 1909
During the Progressive Era, President Theodore Roosevelt was in power and although he supported health insurance because he believed that no country could be strong whose people were sick and poor, most of the initiative for reform took place outside of government. Roosevelt’s successors were mostly conservative leaders, who postponed for about twenty years the kind of presidential leadership that might have involved the national government more extensively in the management of social welfare.

AALL Bill 1915
In 1906, the American Association of Labor Legislation (AALL) finally led the campaign for health insurance. They were a typical progressive group whose mandate was not to abolish capitalism but rather to reform it. In 1912, they created a committee on social welfare which held its first national conference in 1913. Despite its broad mandate, the committee decided to concentrate on health insurance, drafting a model bill in 1915. In a nutshell, the bill limited coverage to the working class and all others that earned less than $1200 a year, including dependents. The services of physicians, nurses, and hospitals were included, as was sick pay, maternity benefits, and a death benefit of fifty dollars to pay for funeral expenses. This death benefit becomes significant later on. Costs were to be shared between workers, employers, and the state.

AMA supported AALL Proposal
In 1914, reformers sought to involve physicians in formulating this bill and the American Medical Association (AMA) actually supported the AALL proposal. They found prominent physicians who were not only sympathetic, but who also wanted to support and actively help in securing legislation. In fact, some physicians who were leaders in the AMA wrote to the AALL secretary: “Your plans are so entirely in line with our own that we want to be of every possible assistance.” By 1916, the AMA board approved a committee to work with AALL, and at this point the AMA and AALL formed a united front on behalf of health insurance. Times have definitely changed along the way.

In 1917, the AMA House of Delegates favored compulsory health insurance as proposed by the AALL, but many state medical societies opposed it. There was disagreement on the method of paying physicians and it was not long before the AMA leadership denied it had ever favored the measure.

AFL opposed AALL Proposal
Meanwhile the president of the American Federation of Labor repeatedly denounced compulsory health insurance as an unnecessary paternalistic reform that would create a system of state supervision over people’s health. They apparently worried that a government-based insurance system would weaken unions by usurping their role in providing social benefits. Their central concern was maintaining union strength, which was understandable in a period before collective bargaining was legally sanctioned.

Private insurance industry opposed AALL Proposal
The commercial insurance industry also opposed the reformers’ efforts in the early 20th century. There was great fear among the working class of what they called a “pauper’s burial,” so the backbone of insurance business was policies for working class families that paid death benefits and covered funeral expenses. But because the reformer health insurance plans also covered funeral expenses, there was a big conflict. Reformers felt that by covering death benefits, they could finance much of the health insurance costs from the money wasted by commercial insurance policies who had to have an army of insurance agents to market and collect on these policies. But since this would have pulled the rug out from under the multi-million dollar commercial life insurance industry, they opposed the national health insurance proposal.
**WWI and anti-German fever**
In 1917, the US entered WWI and anti-German fever rose. The government-commissioned articles denouncing “German socialist insurance” and opponents of health insurance assailed it as a “Prussian menace” inconsistent with American values. Other efforts during this time in California, namely the California Social Insurance Commission, recommended health insurance, proposed enabling legislation in 1917, and then held a referendum. New York, Ohio, Pennsylvania, and Illinois also had some efforts aimed at health insurance. But in the Red Scare, immediately after the war, when the government attempted to root out the last vestiges of radicalism, opponents of compulsory health insurance associated it with Bolshevism and buried it in an avalanche of anti-Communist rhetoric. This marked the end of the compulsory national health debate until the 1930’s.

**Why did the Progressives fail?**
Opposition from doctors, labor, insurance companies, and business contributed to the failure of Progressives to achieve compulsory national health insurance. In addition, the inclusion of the funeral benefit was a tactical error since it threatened the gigantic structure of the commercial life insurance industry. Political naiveté on the part of the reformers in failing to deal with the interest group opposition, ideology, historical experience, and the overall political context all played a key role in shaping how these groups identified and expressed their interests.

**The 1920’s**
There was some activity in the 1920’s that changed the nature of the debate when it awoke again in the 1930’s. In the 1930’s, the focus shifted from stabilizing income to financing and expanding access to medical care. By now, medical costs for workers were regarded as a more serious problem than wage loss from sickness. For a number of reasons, health care costs also began to rise during the 1920’s, mostly because the middle class began to use hospital services and hospital costs started to increase. Medical, and especially hospital, care was now a bigger item in family budgets than wage losses.

**The CCMC**
Next came the Committee on the Cost of Medical Care (CCMC). Concerns over the cost and distribution of medical care led to the formation of this self-created, privately funded group. The committee was funded by 8 philanthropic organizations including the Rockefeller, Millbank, and Rosenwald foundations. They first met in 1926 and ceased meeting in 1932. The CCMC was comprised of fifty economists, physicians, public health specialists, and major interest groups. Their research determined that there was a need for more medical care for everyone, and they published these findings in 26 research volumes and 15 smaller reports over a 5-year period. The CCMC recommended that more national resources go to medical care and saw voluntary, not compulsory, health insurance as a means to covering these costs. Most CCMC members opposed compulsory health insurance, but there was no consensus on this point within the committee. The AMA treated their report as a radical document advocating socialized medicine, and the acerbic and conservative editor of JAMA called it “an incitement to revolution.”

FDR’s first attempt — failure to include in the Social Security Bill of 1935
Next came Franklin D. Roosevelt (FDR), whose tenure (1933-1945) can be characterized by WWI, the Great Depression, and the New Deal, including the Social Security Bill. We might have thought the Great Depression would create the perfect conditions for passing compulsory health insurance in the US, but with millions out of work, unemployment insurance took priority followed by old age benefits. FDR’s Committee on Economic Security, the CES, feared that inclusion of health insurance in its bill, which was opposed by the AMA, would threaten the passage of the entire Social Security legislation. It was therefore excluded.
FDR’s second attempt — Wagner Bill, National Health Act of 1939

But there was one more push for national health insurance during FDR’s administration: The Wagner National Health Act of 1939. Though it never received FDR’s full support, the proposal grew out of his Tactical Committee on Medical Care, established in 1937. The essential elements of the technical committee’s reports were incorporated into Senator Wagner’s bill, the National Health Act of 1939, which gave general support for a national health program to be funded by federal grants to states and administered by states and localities. However, the 1938 election brought a conservative resurgence and any further innovations in social policy were extremely difficult. Most of the social policy legislation precedes 1938. Just as the AALL campaign ran into the declining forces of progressivism and then WWI, the movement for national health insurance in the 1930’s ran into the declining fortunes of the New Deal and then WWII.

Henry Sigerist

About this time, Henry Sigerist was in the US. He was a very influential medical historian at Johns Hopkins University who played a major role in medical politics during the 1930’s and 1940’s. He passionately believed in a national health program and compulsory health insurance. Several of Sigerist’s most devoted students went on to become key figures in the fields of public health, community and preventative medicine, and health care organization. Many of them, including Milton Romer and Milton Terris, were instrumental in forming the medical care section of the American Public Health Association, which then served as a national meeting ground for those committed to health care reform.

Wagner-Murray-Dingell Bills: 1943 and onward through the decade

The Wagner Bill evolved and shifted from a proposal for federal grants-in-aid to a proposal for national health insurance. First introduced in 1943, it became the very famous Wagner-Murray-Dingell Bill. The bill called for compulsory national health insurance and a payroll tax. In 1944, the Committee for the Nation’s Health, (which grew out of the earlier Social Security Charter Committee), was a group of representatives of organized labor, progressive farmers, and liberal physicians who were the foremost lobbying group for the Wagner-Murray-Dingell Bill. Prominent members of the committee included Senators Murray and Dingell, the head of the Physician’s Forum, and Henry Sigerist. Opposition to this bill was enormous and the antagonists launched a scathing red baiting attack on the committee saying that one of its key policy analysts, I.S. Falk, was a conduit between the International Labor Organization (ILO) in Switzerland and the United States government. The ILO was red-baited as “an awesome political machine bent on world domination.” They even went so far as to suggest that the United States Social Security board functioned as an ILO subsidiary. Although the Wagner-Murray-Dingell Bill generated extensive national debates, with the intensified opposition, the bill never passed by Congress despite its reintroduction every session for 14 years! Had it passed, the Act would have established compulsory national health insurance funded by payroll taxes.

Truman’s Support

After FDR died, Truman became president (1945-1953), and his tenure is characterized by the Cold War and Communism. The health care issue finally moved into the center arena of national politics and received the unreserved support of an American president. Though he served during some of the most virulent anti-Communist attacks and the early years of the Cold War, Truman fully supported national health insurance. But the opposition had acquired new strength. Compulsory health insurance became entangled in the Cold War and its opponents were able to make “socialized medicine” a symbolic issue in the growing crusade against Communist influence in America.
Truman’s plan for national health insurance in 1945 was different than FDR’s plan in 1938 because Truman was strongly committed to a single universal comprehensive health insurance plan. Whereas FDR’s 1938 program had a separate proposal for medical care of the needy, it was Truman who proposed a single egalitarian system that included all classes of society, not just the working class. He emphasized that this was not “socialized medicine.” He also dropped the funeral benefit that contributed to the defeat of national insurance in the Progressive Era. Congress had mixed reactions to Truman’s proposal. The chairman of the House Committee was an anti-union conservative and refused to hold hearings. Senior Republican Senator Taft declared, “I consider it socialism. It is to my mind the most socialistic measure this Congress has ever had before it.” Taft suggested that compulsory health insurance, like the Full Unemployment Act, came right out of the Soviet constitution and walked out of the hearings. The AMA, the American Hospital Association, the American Bar Association, and most of the nation’s press had no mixed feelings; they hated the plan. The AMA claimed it would make doctors slaves, even though Truman emphasized that doctors would be able to choose their method of payment.

In 1946, the Republicans took control of Congress and had no interest in enacting national health insurance. They charged that it was part of a large socialist scheme. Truman responded by focusing even more attention on a national health bill in the 1948 election. After Truman’s surprise victory in 1948, the AMA thought Armageddon had come. They assessed their members an extra $25 each to resist national health insurance, and in 1945 they spent $1.5 million on lobbying efforts which at the time was the most expensive lobbying effort in American history. They had one pamphlet that said, “Would socialized medicine lead to socialization of other phases of life? Lenin thought so. He declared socialized medicine is the keystone to the arch of the socialist state.” The AMA and its supporters were again very successful in linking socialism with national health insurance, and as anti-Communist sentiment rose in the late 1940’s and the Korean War began, national health insurance became vanishingly improbable. Truman’s plan died in a congressional committee. Compromises were proposed but none were successful. Instead of a single health insurance system for the entire population, America would have a system of private insurance for those who could afford it and public welfare services for the poor. Discouraged by yet another defeat, the advocates of health insurance now turned toward a more modest proposal they hoped the country would adopt: hospital insurance for the aged and the beginnings of Medicare.

After WWII, other private insurance systems expanded and provided enough protection for groups that held influence in American to prevent any great agitation for national health insurance in the 1950’s and early 1960’s. Union-negotiated health care benefits also served to cushion workers from the impact of health care costs and undermined the movement for a government program.

**Why did these efforts for universal national health insurance fail again?**

For many of the same reasons they failed before: interest group influence (code words for class), ideological differences, anti-communism, anti-socialism, fragmentation of public policy, the entrepreneurial character of American medicine, a tradition of American voluntarism, removing the middle class from the coalition of advocates for change through the alternative of Blue Cross private insurance plans, and the association of public programs with charity, dependence, personal failure and the almshouses of years gone by.

For the next several years, not much happened in terms of national health insurance initiatives. The nation focused more on unions as a vehicle for health insurance, the Hill-Burton Act of 1946 related to hospital expansion, medical research and vaccines, the creation of national institutes of health, and advances in psychiatry.
**Johnson and Medicare/caid**

Finally, Rhode Island congressman Aime Forand introduced a new proposal in 1958 to cover hospital costs for the aged on social security. Predictably, the AMA undertook a massive campaign to portray a government insurance plan as a threat to the patient-doctor relationship. But by concentrating on the aged, the terms of the debate began to change for the first time. There was major grass roots support from seniors and the pressures assumed the proportions of a crusade. In the entire history of the national health insurance campaign, this was the first time that a ground swell of grass roots support forced an issue onto the national agenda. The AMA countered by introducing an “eldercare plan,” which was voluntary insurance with broader benefits and physician services. In response, the government expanded its proposed legislation to cover physician services, and what came of it were Medicare and Medicaid. The necessary political compromises and private concessions to the doctors (reimbursements of their customary, reasonable, and prevailing fees), to the hospitals (cost plus reimbursement), and to the Republicans created a 3-part plan, including the Democratic proposal for comprehensive health insurance (“Part A”), the revised Republican program of government subsidized voluntary physician insurance (“Part B”), and Medicaid. Finally, in 1965, Johnson signed it into law as part of his Great Society Legislation, capping 20 years of congressional debate.

**What does history teach us? What is the movement reacting to?**

Henry Sigerist reflected in his own diary in 1943 that he “wanted to use history to solve the problems of modern medicine.” I think this is, perhaps, a most important lesson. Damning her own naivete, Hillary Clinton acknowledged in 1994 that “I did not appreciate how sophisticated the opposition would be in conveying messages that were effectively political even though substantively wrong.” Maybe Hillary should have had this history lesson first.

The institutional representatives of society do not always represent those that they claim to represent, just as the AMA does not represent all doctors. This lack of representation presents an opportunity for attracting more people to the cause. The AMA has always played an oppositional role and it would be prudent to build an alternative to the AMA for the 60% of physicians who are not members.

Just because President Bill Clinton failed doesn’t mean it’s over. There have been periods of acquiescence in this debate before. Those who oppose it can not kill this movement. Openings will occur again. We all need to be on the lookout for those openings and also need to create openings where we see opportunities. For example, the focus on health care costs of the 1980’s presented a division in the ruling class and the debate moved into the center again. As hockey great Wayne Gretzky said, “Success is not a matter of skating to where the puck is, it is a matter of skating to where the puck will be.”

Whether we like it or not, we are going to have to deal with the persistence of the narrow vision of middle class politics. Vincente Navarro says that the majority opinion of national health insurance has everything to do with repression and coercion by the capitalist corporate dominant class. He argues that the conflict and struggles that continuously take place around the issue of health care unfold within the parameters of class and that coercion and repression are forces that determine policy. I think when we talk about interest groups in this country, it is really a code for class.

Red-baiting is a red herring and has been used throughout history to evoke fear and may continue to be used in these post Cold War times by those who wish to inflame this debate.

Grass roots initiatives contributed in part to the passage of Medicare, and they can work again. Ted Marmor says that “pressure groups that can prevail in quiet politics are far weaker in contexts of mass attention — as the AMA regretfully learned during the Medicare battle.” Marmor offers these lessons from the past: “Compulsory health insurance, whatever the details, is an ideological controversial matter
that involves enormous financial and professional stakes. Such legislation does not emerge quietly or with broad partisan support. Legislative success requires active presidential leadership, the commitment of an Administration’s political capital, and the exercise of all manner of persuasion and arm-twisting.”

One Canadian lesson — the movement toward universal health care in Canada started in 1916 (depending on when you start counting), and took until 1962 for passage of both hospital and doctor care in a single province. It took another decade for the rest of the country to catch on. That is about 50 years all together. It wasn’t like we sat down over afternoon tea and crumpets and said please pass the health care bill so we can sign it and get on with the day. We fought, we threatened, the doctors went on strike, refused patients, people held rallies and signed petitions for and against it, burned effigies of government leaders, hissed, jeered, and booted at the doctors or the Premier depending on whose side they were on. In a nutshell, we weren’t the stereotypical nice polite Canadians. Although there was plenty of resistance, now you could more easily take away Christmas than health care, despite the rhetoric that you may hear to the contrary.

Finally there is always hope for flexibility and change. In researching this talk, I went through a number of historical documents and one of my favorite quotes that speaks to hope and change come from a 1939 issue of Times Magazine with Henry Sigerist on the cover. The article said about Sigerist: “Students enjoy his lively classes, for Sigerist does not mind expounding his dynamic conception of medical history in hand-to-hand argument. A student once took issue with him and when Dr. Sigerist asked him to quote his authority, the student shouted, “You yourself said so!” “When?” asked Dr. Sigerist. “Three years ago,” answered the student. “Ah,” said Dr. Sigerist, “three years is a long time. I’ve changed my mind since then.” I guess for me this speaks to the changing tides of opinion and that everything is in flux and open to renegotiation.

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References:
1. Much of this talk was paraphrased/annotated directly from the sources below, in particular the work of Paul Starr: