

Vermont Workers' Center Director Visits Portland

Vermont Workers Center Executive Director, James Haslam, told Health Care for ALL Oregon advocates at a June 6th meeting in Portland that supporting workers' rights is a *lifelong commitment*. He encouraged advocates to be very strategic over the long term and reminded them that Martin Luther King had urged activists to "move from civil rights to human rights".

Haslam reported that Vermont is now challenged by its biggest legislative struggle: determining the scope of benefits and specifically how their health care plan will be financed. The intent is to present these components to the Vermont legislature in 2015.

Haslam urged advocates to look at the health care system through the lens of the six principles: *universality, equity, accountability, transparency, participation, public good*. And then to *indict* the health care system for its failures to measure up to these principles.

Oregon's health care champion, Senator Michael Dembrow, joined Haslam in answering questions from participants. He agreed with Haslam that the most important aspect of our efforts is *grassroots organizing*.

Sen. Dembrow said grassroots organizing is simple...just like Amway. If we have 10 supporters and each goes and talks to 10 more people, and each of them recruits 10 more supporters, and on and on.....soon we will have the **1 million voters** it will take to pass our universal, publicly funded health care legislation !!

Sen. Dembrow concluded that we need a vigorous grassroots movement to show the Oregon legislature that HCAO is strong enough to succeed when the legislation is referred to the voters in 2016.

Reported by Betty Johnson



James Haslam, Director,
Vermont Workers' Center

Lighting a Fire under Our Movement: Goals Set for 2015

The HCAO Mobilization Committee under Chair Cheryl Simpson-Whitaker met in June and established some benchmark goals. On our way to victory in 2016 we need interim goals to light new fires. A goal of **100,000 new recruits** by the end of 2015 is one benchmark; as a focus we will use a **2015 Legislative Rally**. We have seen that meetings with our legislators by HCAO members from all over the state can be very empowering, along with Echo Events (local events linking advocates to the Salem rally) for those who cannot make the trip to Salem. We hope to mount a **Legislative Rally of 2,500 persons** in 2015. A "**Train the Lobbyists**" Trainers Work Group is designing sessions for training trainers. These activists will fan out across the state and train citizen lobbyists prior to the Rally.

Donations to MVHCA now Tax-Deductible!

Our 501 (c)3 status as a non-profit just came through, reports our Treasurer, Jack Elder! You may now deduct donations to MVHCA on your tax forms—and **any donations you've made in the past year can also be deducted**, as our status is valid from the date we applied.

Please be a sustaining donor if you can. Declare your solidarity with a monthly donation! We are in this for the long haul! Thank you for supporting MVHCA! And thanks to Ilene Anderton and Bud Laurent for their work on the application!

If you prefer to send a check, please make it out to MVHCA, & mail it to: MVHCA, P.O. Box 242, Corvallis, OR 97339-0242.

Donate to MVHCA



UPCOMING EVENTS

July—August Calendar

Philomath Frolic Grande Parade

Our theme: "The Healthcare system is injured.
Help us fix it!"

Sat. Jul 12 Gather at 9 am; parade starts at 10
Bring bandages, slings, walkers, crutches
Need at least 20 marchers signed up by Jul 4
Contact Dagmar: 541-752-4415

Hispanic Soccer Tournament & Resource Fair
Sat., Aug 23 11—3:00 pm (Set-up at 10 am)
Need bi-lingual table staffers, set-up & take-down help. Contact Dagmar: 541-752-4415

JOIN US!

Attend our **Fourth Monday general meetings!**

At Unitarian Universalist Fellowship, 2945 NW Circle Dr., 7—9:00 pm

Next meeting: July 28

Orientation: 6:00 pm, same place.

The MVHCA Bookmobile (& DVDs) appears at
Fourth Monday General Meetings

Part of the meeting is training: One person asks a challenging question, another volunteers to answer it. Stay sharp! And pick up a Newcomer Packet for more resources.

Movie Nights

The Healthcare Movie: Putting People Before Profit

Tues., July 22 7:00 pm—8:45 Popcorn, Q & A
South First Alternative Coop Community Room,
1007 SE Third Ave, Corvallis

Thurs., July 24 7—9 pm Popcorn, Q & A
Philomath Library 1050 Applegate St.
Help get the word out in Philomath!



Connect with MVHCA via Facebook

www.facebook.com/MVHCA)

or Twitter (twitter.com/MVHCA)



Snailmail address: MVHCA, P.O. Box 242, Corvallis,
OR 97339-0242

MVHCA Loves the Darkside!



Paul Turner,
Bemused....

Carol Gold responded to a call by Paul Turner to the community to fund a conversion to digital movie equipment at our local independent theater. Paul was offering local nonprofits an ad every night for a year for \$700! Carol knows a bargain when she sees one. This is a lot of bang for our bucks!

The Darkside reached its goal of \$45,000 only two weeks into the four-week crowdfunding drive. There has been an amazing outpouring of love for the Darkside with these pledges! Anything that comes in now will help Paul convert further auditoriums or do other upgrades at Darkside. (Click on [Kickstarter](#) if you wish to contribute.)

MVHCA members pledged the \$700 needed at its Fourth Monday meeting on June 23d. Carol and Dick Gold put it on their own Amazon account. ***Now those who pledged need to write them a check.*** Please send your pledge money to Carol Gold at 4937 SW Hollyhock, Corvallis, OR 97333.



David Cay Johnston on Public Access TV



David Cay Johnston

David Cay Johnston, author and editor of the recently published *Divided: The Perils of Our Growing Inequality*, is a Pulitzer Prize winning investigative journalist. For more than 40 years he has uncovered how tax laws and the dominance of major corporations have created a near plutocracy, leading to major health as well as income disparities.

An extensive, entertaining conversation with Johnston about these policies and disparities--and what can be done to counteract them-- aired Monday, June 30, 11:00 – 12n on KBOO (104.3 fm in Corvallis, 90.7 in Portland) and can be heard online at this address <http://kboo.fm/content/>

[davidcayjohnstononhealthcareinequality](#). In 2 half-hour parts it can be accessed at <https://archive.org/details/DavidCayJohnstonOnInequality>

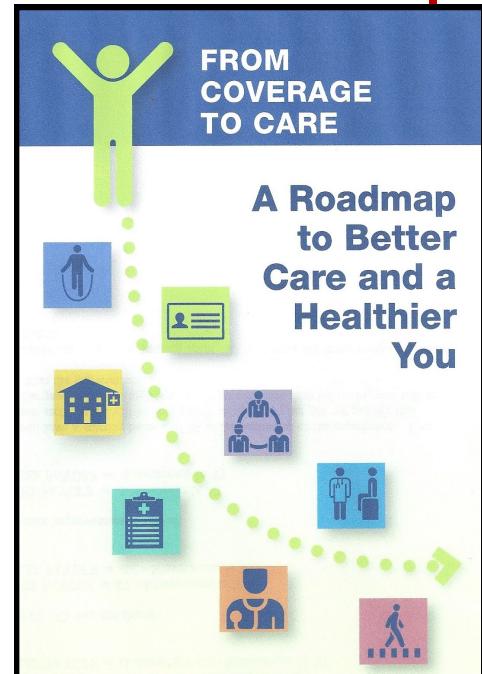
It will be aired in the two-part format on Corvallis/Albany public access TV Channel 29, available to those who subscribe to local cable, including basic. In July it will air 4 times a week Wednesday (7:30 to 8:30 p.m), Thursday (9:00 to 10:00), Saturday (1:00 to 2:00) and Sunday (5:30 to 6:30). Check the Ch. 29 schedule (<http://ccat29.org/current-schedule/>), which also offers other healthcare-related programs, some from Mid-Valley videographer Maegan Prentice. Check the schedule and you may find programs that you can recommend to friends, particularly those who can watch cable but are unable to attend evening programs in town. By using our local public media we can reach this very important audience.

Reported by

To Help People Make the Most of Their New Coverage:

The Centers for Medicare & Medicaid Services (CMS) have launched a national initiative “*From Coverage to Care*”(C2C), which is designed to help answer questions that people may have about their new health coverage, to help them make the most of their new benefits, including taking full advantage of primary care and preventive services. It also seeks to give health care providers the tools they need to promote patient engagement. C2C will be an ongoing project

Today's launch also marks the release of the new *Roadmap to Better Care and a Healthier You*, <http://marketplace.cms.gov/help-us/c2c-roadmap.pdf?linkId=8267630>, which includes 8 steps to help consumers and health care providers be informed about the diverse benefits available through their coverage and how to use it to access to primary care and preventive services. More information about C2C and other helpful resources, including a 10-part video series is at: <http://marketplace.cms.gov/c2c>. People with related questions about the C2C initiative should write to Coveragetocare@cms.hhs.gov.



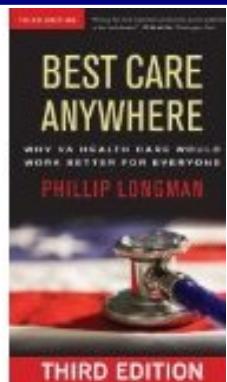
HCAO & MVHCA Go to the State Fair!

HCAO will have a booth at the State Fair, August 22-Sept 1. It will require six volunteers each day. Contact Carol Rathbun at: carolleach@peak.org or Anita Owen at: fundraisingor@msn.com for information and to volunteer.

Lest We Think Too Ill of the Veteran's Administration...

As revelations of lapses in the VA medical system continue to surface, consider how many different experiences must be true of an organization so large. (The VA was serving 5.5 million in 2008.) Yet in virtually all measures of success, in studies done under widely diverse institutional auspices, the VA does better. Better than Medicare (an insurance system, but not a service system like the VA), better than the privately insured. It does better not only in medical outcomes, but in terms of *lower costs and lower cost growth rates*. This last is crucial: our present system is unsustainable costwise and low-performing! See Philipp Longman, *Best Care Anywhere* (3rd ed, 2012). And yes, he still stands by that title.

Reported by Dianne Farrell



The American Health Care Paradox: Why Spending More Is Getting Us Less. By Elizabeth Bradley and Lauren Taylor. (2013)

This excellent book, which grew out of a 2002 study by the Yale School of Public Health, offers a challenge to the health care reform movement: It is not so much the uninsured, the private/public patchwork of insurance, the perverse incentives of fee-for-service and for-profit insurance, mal-practice suits, etc. that are producing our poor overall health outcomes. These *are* factors—measurable ones, considerable ones—in producing higher costs. But our system is so expensive and gets such relatively poor overall results chiefly because we ignore or do too little, too piecemeal to improve the “social determinants” of health. These are housing, employment, nutrition, fitness, education, environment and safety and they compromise all our efforts to gain health through better medicine.

Americans have lower life expectancy, low birth weight, injuries, homogeneously transmitted diseases, more HIV/AIDS, obesity, diabetes, heart disease, people in other industrially developed countries spend much more on health care than Americans. The authors compare our combined expenditures on health care to the expense, as a percentage of gross domestic product, to less for our money!

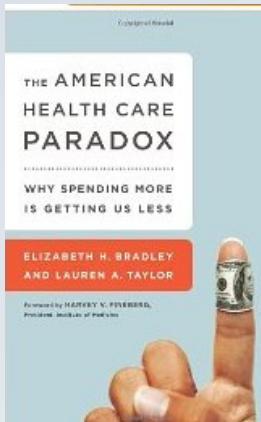
The authors compare the U.S. data focusing particularly on Scandinavia, (Sweden, Denmark & Norway) as their results are excellent and their values are close to those of Americans. The Scandinavian system combines social welfare and health service budgets and allows each region to administer its own health and social welfare programs—keeping the system local, flexible and maximally accountable to the voters.

However, the authors observe that the historical experience of the Scandinavians, their far less extreme wealth/income differential, populations that are more mutually trusting and more trusting of government plus other factors make it improbable that the U.S. will adopt a system like theirs. *The authors do not prescribe a solution*—remarkable in a book of this kind—but look to experience and home-grown experiments that might be built upon.

Bradley and Taylor explore four U.S. organizations—located in New York City; West Haven, Connecticut; Santa Monica, California and Portland, Oregon (OHSU’s C-Train program)—that combine healthcare and social supports. These systems are proving themselves to the hospitals and doctors involved. The authors think it likely that reforms will come gradually and piecemeal in the U.S., based upon such experiments.

The Corvallis Public Library and the MVHCA Bookmobile have this book.

Reviewed by Dianne Farrell



tancy and higher rates of infant mortality, homicides, adolescent pregnancy and sexually transmitted diseases, AIDS, more drug-related deaths, more chronic lung disease and disability than most countries. **The countries we compare ourselves to spend more on social services.** But if we compare health and social welfare, the difference in GDP, is not much. But we are getting far

with that of 30 other industrialized nations, focusing particularly on Scandinavia, (Sweden, Denmark & Norway) as their results are excellent and their values are close to those of Americans. The Scandinavian system combines social welfare and health service budgets and allows each region to administer its own health and social welfare programs—keeping the system local, flexible and maximally accountable to the voters.