



**DEMOCRATIC  
LEFT**

*Medicare  
for All*



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## From the National Director

# This is How We Win

By Maria Svart

**S**ocialists care about power. We want to win it, and we want to wield it.

We want power because that is the only way to get free.

But what is power? How do we build it?

We know what it's not. It's not wasting energy on being outraged by every new announcement from the nation's capital and going numb as the reality sinks in of what is happening to us and our communities. It's not getting so frustrated and hopeless about stopping these horrors that we retreat inward or turn on each other.

We must find the strength to push through this exhaustion and survival mode and reclaim our power.

This is how we fight back.

If you've been to one of our trainings, at the August convention or at a regional training, you know that we talk about power as having enough organized people or organized money to get what we want. We certainly don't have the organized money that the Koch brothers or the U.S. Chamber of Commerce do, but we have enough from our 35,000 members' dues to pay for national organizing infrastructure and several staff who support your work in communities across the country. And our staff, chapter leaders, and leaders on the National Political Committee and in national working groups are building the power that comes from organized people.

Your elected delegates at the August convention voted on three priority projects, each of which reinforces the other. Each offers a counter-narrative to the myth of capitalism as freedom. But more important, each gives us the opportunity to organize



more people around the conditions of their everyday lives and thus build our power. These priorities are Medicare for All, electoral work, and building union strength. Not coincidentally, *Democratic Left* devotes this Spring issue to Medicare for All and will highlight electoral and labor work in the next two issues.

Recently, the Democratic Socialist Labor Commission held elections and has begun to develop national projects to move DSA members into solidarity with unions in our communities and support members working to strengthen our own unions. This activity matters not only because when we have unions we workers keep more of the fruits of our labor but because, as one DSA T-shirt proclaims, "profit is theft." As socialists, we know that the capitalists depend on our labor to make that profit, and our ability to organize as working people has a direct relationship to our ability to disrupt the functioning of the economic system as it is now, demand concessions, and ultimately transform it.

After some amazing victories in November, the National Electoral Committee is ramping up for 2018 elections and has released a strategy document outlining our plan to build independent political power rooted in our chapters, starting with primaries ([electoral.dsausa.org/](http://electoral.dsausa.org/)). Our work will be based on a power analysis of each separate context rather than a cookie-cutter approach. We understand that capital controls the government, but if we strategically elect politicians accountable to us, we can mitigate or even reverse some of the worst policies that are destroying our communities right now. We can enact transformative reforms, policies that actually shift the balance of power from the ruling class to the working class.

This February, we won our first local healthcare victory. No, we didn't get Medicare for All. But Austin DSA, working in partnership with Austin unions—in particular the construction trades—helped pass the first paid sick leave law in the entire South, which is home to 70% of the nation's poor. The legislation was introduced by Greg Casar, a DSA member on the city council, and passed because DSA members canvassed tirelessly. They carried a message about the immediate benefit and held out a vision of health care for everyone. I teared up when I saw the video that Austin DSA posted of the late-

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# Does Medicare for All Advance Socialist Politics?

Benjamin Y. Fong

There is broad agreement on the left and within Democratic Socialists of America that Medicare for All (M4A) would vastly improve the lives of most Americans. It is for this reason that the fight for single-payer healthcare was adopted at DSA's 2017 convention as our top organizational priority. But some socialists fear, especially now that Bernie Sanders's Medicare for All Act of 2017 has been endorsed by a significant number of Democratic presidential hopefuls, that this issue has become too tame, that we need to be advancing issues to the *left* of the Democratic Party agenda. After all, getting someone to sign on to a program that is in the objective self-interest of 95% of the country doesn't necessarily mean that that person is going to be radicalized to fight for a just society down the line.

If we are to talk about the strategic importance of M4A for socialist politics, we must make an honest assessment of the contemporary power of the left. DSA's recent growth and that of other leftist organizations is tremendously exciting, but forty years of neoliberalism have isolated us from the mass constituency we need in order to challenge our inept political elites. The gravest danger to DSA is to spend too much time on internal politics, under the mistaken assumption that *we* are the primary constituency that must be properly organized, to the neglect of externally organizing the working-class majority to demand transformative changes in U.S.

society. Without a mass base, socialists are nothing but reading-group fodder.

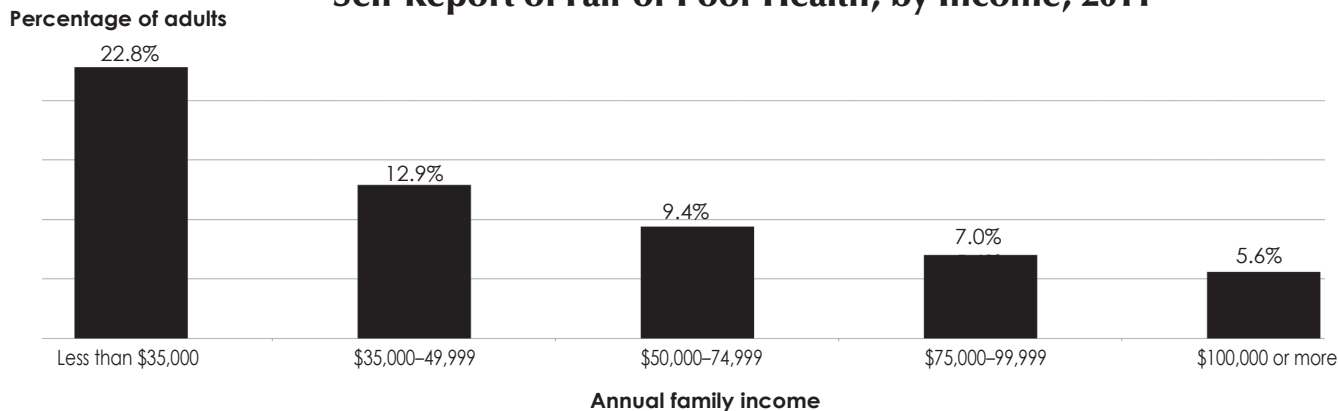
In a 2014 article in *Socialist Register* titled "The Crisis of Labour and the Left in the United States," Mark Dudzic and Adolph Reed, Jr. offered some sage advice as to how we go about building that base:

Broad movement-building requires mobilizing around an agenda of substantively anti-capitalist reforms that directly and militantly assert the priority of social needs over market forces, bourgeois property rights and managerial prerogative in the workplace and production process. Struggles to preserve and expand public institutions and to de-commoditize basic human needs like housing, transportation, healthcare and education could begin to address the immediate challenge, which is to create a new popular constituency for a revitalized movement, instead of reorganizing or re-mobilizing an already existing but totally marginalized left.

This was before the Sanders campaign began, and it turned out that decommodifying reforms such as M4A and Free College for All do in fact have the requisite mass appeal. This popularity has forced establishment Democrats to support M4A, for fear of alienating progressives. Make no mistake, though: without mass pressure to establish a real universal health insurance system, they will abandon or severely water down the program under the influence of their corporate sponsors.

Although M4A is a Democratic Party issue on paper, socializing part of an industry that accounts for

## Self-Report of Fair or Poor Health, by Income, 2011



Urban Institute and Virginia Commonwealth University, 2015. Source: Schiller, J. S., J. W. Lucas, and J. A. Peregoy. 2012. "Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2011." *Vital and Health Statistics 10 (256):* Table 21. [http://www.cdc.gov/nchs/data/series/sr\\_10/sr10\\_256.pdf](http://www.cdc.gov/nchs/data/series/sr_10/sr10_256.pdf)



Laura Lannes

more than one-sixth of U.S. gross domestic product is not something either party of capital is going to tolerate unless they have a mass base to fear and appease. The aim of the Democratic Socialists for Medicare for All campaign is to organize that base and to prepare it to fight for our demands against the corporate elites and the private insurance companies.

By reaching out to people directly through canvassing, educational events, workplace conversations, and other actions that get DSA members talking to non-politically involved, working-class people, we will be connecting DSA directly to what might be the most important and transformative piece of legislation of our era. The faces people associate with M4A will be those of *our* members, and the names, contact information, and healthcare stories of the people we talk to will be in *our* databases.

Making these connections is how we're going to build the base we need to have an independent power that makes politicians pay attention or to establish an independent party in the future. Being connected to a mass base differentiates DSA's M4A campaign from those of other progressive organizations that are fighting for universal healthcare. While groups like the Progressive Democrats of America wage grassroots lobbying efforts (sitting in at a congressman's office, letter-writing campaigns, and so on), DSA is building a base by having face-to-face conversations and connecting with ordinary people about the injustices that affect their everyday lives.

Because we're aiming to make personal connec-

tions with our base, we need to start with programs that are popular with a broad segment of the working class. Socialists may support a wide range of radical demands, but pushing those to which most people aren't receptive now is essentially consigning them to fantasy. For too many issues, the left has not yet made a credible case as to how the majority of people are affected. As Daniel Aldana Cohen sadly notes in Public Books's "The Big Picture: Working-Class Environmentalism," this is true even for climate change, undoubtedly the most important issue facing humanity today. It is only by building a base of people capable of seeing climate justice as integral to their material existences that we can hope to address this issue.

M4A can be the campaign that speeds up "the inherently extended epoch of revolutionary time" to approximate "the urgency of ecological time," to quote Sam Gindin in "Building a Mass Socialist Party" (*Jacobin*, Dec. 16, 2017). We can only do this, however, if we go about carefully linking it to a socialist program. The goal of the M4A campaign is thus not simply to convince people that the program is objectively in their self-interest, which it is, but to get them to recognize the injustices in their lives, to see how capitalism is responsible for them, and to think differently about what they demand from their society. Personal transformations of this nature can only occur if we aim to have high-value conversations with every person we meet and if we stay in touch with people who have a positive response to our program through follow-up phone-banking and emails.

This is not political charity work, where we help out the less fortunate; this is political *solidarity* work, where DSA members and everyday people connect on an issue of shared interest. When we win M4A, this base – *our* base – can be engaged to push for the next demand because they see their interests and those of DSA members as aligned.

As with the National Health Service in Britain, M4A could be a touchstone for how working-class people view other social goods such as education, transportation, utilities, and housing. And like Jeremy Corbyn's Labour Party, DSA can hold up the example of a nationalized healthcare system to heighten class struggle with a very simple message: these things are *ours*, and we're going to take them back. ❖

*Benjamin Y. Fong teaches at Arizona State University and serves on the steering committee of the Democratic Socialists Medicare for All campaign ([medicareforall.dsausa.org](http://medicareforall.dsausa.org)).*

# Women's Double Healthcare Jeopardy

By Natalie Shure

There are two competing realities in U.S. life today: (1) Our economic system is rigged to create extreme inequality and relegates almost all goods to the private market and (2) leading a dignified life depends on being able to buy those goods in the private market. Of course, not everyone can afford a dignified, much less a “good” life. What to do about inequality is the central question of contemporary politics. The conservative attitude is that poverty is the result of individual failures. Others, from liberals to leftists, address different aspects of the economic system to make it fairer, such as increasing workers’ buying power through minimum-wage laws or shifting certain necessities from the private to the public sector to defray costs for people who can’t procure them through the market. How a given society manages these issues determines the amount of pain it can levy against those who aren’t part of the ruling class.

In the United States, our meager social safety net provides only marginal protections against poverty, which we tolerate at a rate far higher than those of other industrialized countries. That also makes it a fabulous place to be rich: unlike other comparable countries, the United States does not fund robust universal entitlements through progressive taxation. If capitalism forces all workers to sell their labor to survive, so too does it oppress marginalized people by valuing their labor less. The result is that people of color, disabled people, gender-nonconforming people, undocumented people, and others are disproportionately less able to procure safety and security on an individual basis.

## Women and Unpaid Labor

Also individualized are the demands of unpaid domestic labor, which disproportionately fall to women. With no public entitlement to childcare or eldercare, women often must make their own arrangements—either paying for such services or taking them on themselves and forfeiting the flexibility to perform paid work. This unpaid labor is a major reason for the so-called gender and racial

“wage gap.” The lack of public relief available for domestic duties, combined with a safety net that is mostly accessible only through traditional full-time employment, creates a bind for women: they’re pushed to balance wage work with care roles and thus often end up in part-time or freelance jobs that provide few benefits. This dynamic has disastrous implications for their healthcare in particular: without employer-sponsored health insurance, women are perhaps insured as dependents through spouses or parents, which gives them less control over their own lives. Others are poor enough to qualify for Medicaid, whose blocked expansion in several GOP-controlled states disproportionately harms women, who also stand to be harmed by new legislation imposing stringent work requirements that impose heavy taxes on recipients’ time (a luxury that low-income mothers do not have). For those women forced to buy coverage on the Affordable Care Act exchanges, high levels of cost-sharing mean they may not even be able to use the care they’re entitled to. Those who can afford the co-pays may

still be left without coverage for reproductive care such as birth control or abortion.

High co-pays and deductibles mean that even people with insurance coverage have high out-of-pocket payments. U.S. healthcare shifts disproportionate costs onto those who use care. This group is often referred to as “the sick,” but contains within it women, whose bodies tend to yield higher profits than men’s in our highly commodified system. Maternity care and childbirth are among the most common reasons for hospitalization or treatment, gender-affirming care for trans women is expensive and often uncovered, and oppressed women are particularly vulnerable to poverty and its accompanying health effects. Women of color and disabled women are even less likely than white women to have any paid time off from paid work to fulfill health or care needs. Finally, women live longer than men, spending years on a fixed income during the phase of their lives when care is most expensive, leaving them open to critical gaps uncovered by Medicare or Medicaid.



Laura Lannes



North Texas DSA at the Dallas women's march, January 2018.

In short, we've created a society whose existence relies on women to perform individualized domestic duties that keep families safe and secure while making them less valuable to employers. Rather than correcting this problem, the U.S. system doubles down: by privatizing nearly all basic needs, we ensure that those valued least by capitalism also lead the least dignified lives under it. We distribute too much financial burden for healthcare onto the people who use it.

Socializing the financing of U.S. healthcare through a Medicare for All plan wouldn't solve every gender-based inequity of the healthcare system: many of the dynamics that produce disproportionate poverty and negatively affect the health of marginalized communities would remain unchanged.

For-profit providers and drug and device companies would still have perverse incentives to prioritize business considerations over health.

But we have only to look across an ocean to see examples of better healthcare: women who give birth in the United Kingdom's National Health Service do so for free. Iceland, Norway, and Finland—the top three nations in gender equity—all have robust universal systems wherein healthcare is publicly financed or publicly provided, as well as generous publicly funded childcare and parental leave.

Universal access to free healthcare from the point of use would do much to liberate women from the yoke of bosses and family members and reduce the amount of suffering to which they or their families can be subjected. By relieving U.S. women from being forced to consider healthcare as a budget item or a reason for marriage or domestic partnership, we can guarantee women more autonomy and freedom when it comes to their time, stress, and family choices. ❖

*Natalie Shure is a story producer for Adam Ruins Everything on TruTV. She has also written for Happy Ending with Nando Vila on Fusion, as well as for Jacobin, Pacific Standard, Slate, the Atlantic, and others.*

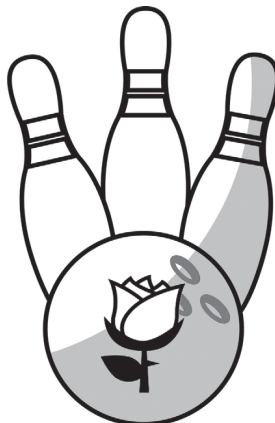


## Strike Out Barriers to Abortion Access, Join the Bowl-a-thon!

By Lisa Sanchez and Kim Varela-Broxson

The national DSA Socialist Feminist Working Group and its Abortion Access Committee invite you to raise money to fund abortions through the National Network of Abortion Funds' annual National Abortion Access Bowl-a-thon. DSA participates every April and last year raised more than \$40,000 to help NNAF beat its goal of one million dollars.

This year, the goal is two million dollars. The NNAF consists of abortion funds throughout the country that provide much-needed financial assistance for those with unwanted pregnancies. Many abortion funds host bowling events as a



culmination and celebration of the funds raised. No abortion fund in your area? You can start your own event (bowling or otherwise) and donate straight to NNAF. Form a team of six to eight people (no skill required) and pick a "puntastic" name (Bowlsheviks, Red Strikers, etc.), set up a goal through the NNAF fundraising pages, and spread the word. Get creative.

Check [www.bowl.nnaf.org](http://www.bowl.nnaf.org) to see if there is a bowling event scheduled in your area, and reach out to DSAers Lisa Sanchez ([ldsanchez1310@gmail.com](mailto:ldsanchez1310@gmail.com)) and Kim Varela-Broxson ([kim\\_varela@me.com](mailto:kim_varela@me.com)) for more information and fundraising tips. You can also follow us on Twitter @DSAbowlathncrew. Whether you've done bowl-a-thon for years, or this is your first time, we'd love to hear from you and help you succeed!

# Fighting Unequal Access

By Marian Jones

In a 2013 report on healthcare issues among African Americans, radio station WNYC reported on then-52-year-old Mike Jackson, who battled diabetes and hypertension. His prescription drugs cost \$500 a month. After he lost his job and healthcare, he cut back on the amount of insulin he took to treat his diabetes. Within eight months he had developed neuropathic damage in his toes and feet and permanent damage in his left eye. His story is not atypical.

A program of universal healthcare such as Medicare for All would have a significant impact on African Americans. Members of our community have higher rates of hypertension, prostate or breast cancer, asthma, and diabetes than non-Hispanic whites. The infant mortality rate among African heritage people is almost two-and-a-half times higher than that of their non-Hispanic white counterparts.

Although there are environmental factors, lack of healthcare coverage is a major cause of these health disparities. African Americans, who have lower incomes than non-Hispanic whites, are more likely to be uninsured. Thus, they put off receiving care, forgo routine doctor visits, and cannot afford the prescription medicine that could help them.

African Americans make up 10% of Medicare beneficiaries and under the current system still have to pay burdensome premiums, copays, and supplemental insurance for services that Medicare does not cover. They have a smaller probability of receiving employer-based coverage or retiree health benefits, as many are employed in low-wage service jobs that do not provide employee benefits. When they reach age 65, they may be receiving decent health care for the first time in their lives, but the cost is high.

Medicaid, a financial-needs-based program that includes the Children's Health Insurance Program, helps the uninsured who are not eligible for Medicare. Nearly all uninsured African Americans qualify for Medicaid under the Affordable Care Act (ACA, popularly known as Obamacare). However, certain states with Republican-controlled executives declined the expansion in order to undermine

the ACA. This exclusion disproportionately harms African Americans, who make up 19% of Medicaid enrollees. As of 2017, only 31 states and the District of Columbia had expanded their Medicaid programs. This has left two-thirds of African Americans and more than half of low-wage workers without adequate care. Most of the non-expansion states are in the South, which is home to 70% of the nation's poor. If the 19 states that declined the expansion had chosen to comply, an additional 806,000 black people would have become eligible for Medicaid coverage.

The ACA also created a health insurance marketplace that offered tax credits to low-income individuals so that they could purchase insurance under an individual mandate. However, this insurance is inaccessible, as the ACA has not lowered the cost of copayments, deductibles, or premiums. Too many people are paying for insurance that they simply cannot access.

A universal healthcare system that eliminates copays and deductibles, while reining in private insurance avarice, would allow millions of low-income individuals in all ethnic and racial groups to have access to care.

Anti-blackness plays a role in demonizing public programs that should be universal. African Americans are not the only ones to suffer from disparities in health care. Yes, we support Medicare for All in part because of our concern for our community. We also support it because of the impact it would have on all those with whom we stand in solidarity. ❖

*Marian Jones is a member of DSA's AfroSocialist Caucus and serves on the organizing committee of the NYC-DSA Socialist Feminist Working Group. She has been canvassing with the DSA's Medicare for All campaign in Sunset Park, Brooklyn.*



**“Lack of healthcare coverage is a major cause of these health disparities.”**

# DSA Across the USA

by Jessie Mannisto

**D**SA Long Beach is working in coalition with #SanctuaryLB to pressure the city council to adopt a local policy that would prevent local government and police from spending their resources cooperating with federal immigration enforcement. The project has been an opportunity for DSA activists to learn about the benefits and challenges of working with community groups. On one hand, coalition work has allowed the chapter to build ties to organizations like the Filipino Migrant Center and Long Beach Immigrant Rights Coalition, putting them in touch more directly with the immigrant community. On the other hand, the coalition is mostly nonprofits that meet during the workday, limiting the ability of DSA's volunteer members to be involved in major decisions. "We've found it's also essential to organize our own autonomous campaigns to develop our capacity and internal democracy," said Kevin Joerger, who is involved in the project. They've done this in part by engaging in more radical tactics than some of their partners might undertake. "We're not accountable to any funders, so we can push the envelope," Joerger said, noting that DSA was able to put its message in front of their neo-liberal mayor—a known comic fan—by holding a rally outside Long Beach Comic Con.



**Metro DC DSA** members are expanding their Stomp Out Slumlords (SOS) campaign, which trains activists to go directly to renters in the DC community and make them aware of their rights when they're served with eviction notices. Can-

vassers start by asking tenants whether they plan to go to court. If so, SOS helps them connect with the free legal help available at the courthouse, tells them what to expect on the day of the hearing, and gives them a number to call if they have questions. "We're giving them the power of knowledge, because a lot of these people just don't know how it works," says DSA activist Liz Golden. Lately, SOS has tried to spearhead internal organizing among tenants in large apartment complexes to "make their own groups so they can file complaints against the company," Golden explains. SOS has attracted regular volunteers from outside DSA, including law students and those working in the housing sector, and the project's leaders have put together a guide for other chapters seeking to launch similar programs.



**Santa Fe DSA** is working on several campaigns designed to build new organizers' skills and form alliances within the community. Members have worked with FairVote, a national organization that promotes ranked-choice voting, because of its potential to counter voter suppression and increase the effectiveness of local democracy. "It's training for our members, giving them experience canvassing and talking to people directly," said local organizer Cathy Garcia. The chapter is also involved in the Health Security for New Mexicans Campaign, a proposed state government insurance co-op. "New Mexico is one of the poorer states in the nation. If we could get something like this passed in New Mexico, it becomes a lever that other states can use,"



Some 350 people attended the Young Democratic Socialists Conference on February 16-18 in Washington, DC. And on February 22, the vice president of the National Rifle Association warned the Conservative Political Action Conference that "there are now over 100 chapters of Young



says Garcia. Members are lobbying the state legislature. The chapter has also decided to put money donated at meetings into a mutual aid fund, which it can then use to support members or allies in need; they have already used it to donate to a member of The Red Nation, an indigenous rights group, who needed help replacing a broken window. Garcia said all these efforts are designed to build novice organizers' skills, camaraderie, and ties with the Santa Fe activist community while also taking on urgent problems.



In October, **Twin Cities DSA** held a Campus Labor Institute at the University of Minnesota. Resurrected from YDS programming of the 1990s by long-time DSA member and union organizer Jeff Lacher, the event provided space for the labor movement to connect with new members with a passion for workers' rights. Attendees included not only DSAers, but other members of the local community, including grad students seeking to organize. "It allowed us to speak to some people who might not normally take an interest in this," said Ian Ringgenberg, one of the lead organizers of the event. The opening panel featured a graduate student, an adjunct faculty member, a representative for student workers, and a campus rep for the Teamsters Union. "So often, our administration tries to pit workers and students against each other for scarce resources, so seeing all the perspectives was powerful," said Ringgenberg. Other sessions offered an introduction to organizing, the history of class war, labor issues for people of color, and organizing as socialists.



**El Chuco del Norte DSA** (El Paso) has become key to a community effort to protect a neighborhood



Community protest to save the Duranguito neighborhood on September 11, 2017, the day before the illegal demolitions. Photo: Miguel Juarez.

being targeted for anti-democratic development. Although the community voted by a wide margin in 2012 to fund libraries, a fine arts center, a children's museum, and a multi-purpose center, developers have tried to build a sports arena in the Duranguito neighborhood. A state judge later ruled that this was unacceptable, but developers have continued to try to take control of buildings in the neighborhood. Early in the morning on September 12, 2017, they staged an unannounced demolition of five residential and commercial buildings whose residents had been forced and manipulated into leaving, according to Selfa A. Chew and Alejandra Alcalde. Since that time, DSA members have been part of a group of residents, students, and activists who have taken shifts to ensure the protection of other buildings at risk of illegal demolition. Activists have also created a street museum around the camp, exhibiting images and information on the historical value of the neighborhood. ❖

*Jessie Mannisto is a freelance writer and a member of the Metro DC DSA.*



Democratic Socialists of America at many universities. . . Photo: Kojo Senoo

# Labor's Stake in Medicare for All

By Mark Dudzic

There are still those in the labor movement who believe that unionists should oppose single-payer Medicare for All because good union-negotiated benefits strengthen member loyalty and help to organize new members. This misunderstanding persists because the provision of healthcare is deeply embedded in the employment relationship. More than 150 million people in the United States receive employer-provided healthcare insurance. This accident of history is a result of the post-Second-World-War defeat of the left in this country and the subsequent constraints on militant trade unionism. Unions and their allies had to construct “second-best solutions” in the face of unchallenged corporate power.

While unions throughout the industrialized world led the fight to make healthcare a right for all, unions in the United States were instrumental in setting the terms for a “private welfare state” that organized the provision of public goods through private employers. Healthcare became a benefit rather than a right.

Today, bargaining for healthcare has become unsustainable. Rather than being a positive perk of union membership, healthcare has become the biggest cause of strikes, lockouts, and concession bargaining as the costs continue to rise much faster than wages and the general rate of inflation. Workers often trade wage increases and other benefits to maintain health coverage only to be faced with the same dismal co-pays, deductibles, and limited networks that characterize all private health insurance plans.

In 2017, according to the Milliman Medical Index (an actuarial index) the total cost of healthcare for a hypothetical family of four with employer-provided benefits was \$26,944 per year, with employers contributing an average of \$15,259.

Unions representing low-wage workers face the impossible task of trying to bargain for both a living wage and decent healthcare benefits for their members. And all unions face the competitive pressures from non-union employers, who pay a small fraction of the costs of decent union benefits. Even higher wage workers covered by union-sponsored health funds (so-called “Taft Hartley plans”) feel the

pain. Several years ago, for example, transit workers in the District of Columbia were forced to accept a contract that eliminated retiree health benefits for future hires. Forty percent of the membership is now no longer eligible for this benefit. This creates a deep rift in the internal solidarity that unions need in order to stand up against the power of their employers.

Not only are good, union-negotiated health benefits economically unsustainable (at the bargaining table), they are politically unsustainable in the wider community. Unions find it hard to champion their members’ decent benefits when most other workers are losing theirs. This helps fuel a politics of resentment which undermines and divides

working-class support for union struggles. As then-governor of Massachusetts, Mitt Romney, famously asked, “Why should taxpayers pay for healthcare for public employees that we [sic] don’t have ourselves?”

Smart, strategic unions such as the Vermont State Employees Association frame their fight for quality healthcare as part of a broader movement for healthcare for all. They’ve gone to their members to explain that, the “only way we can maintain our excellent healthcare is by working to expand it to every Vermonter.” And they’ve gone to the public with a promise that they will advocate for the right of “every Vermonter to have the same quality of healthcare that we have achieved.”

Most national unions, as well as the AFL-CIO, have passed resolutions in support of Medicare for All. What is needed now is for unions to move beyond “revolutionary politics” to commit substantial resources and organizing capacity. If a united labor movement were to get behind the campaign, it would be a game changer. Not only would it benefit millions of people, it would revitalize a beleaguered labor movement. ❖

*Mark Dudzic is the national coordinator for the Labor Campaign for Single Payer. [laborforsinglepayer.org](http://laborforsinglepayer.org)*



“Bargaining for healthcare has become unsustainable.”

# Devil in the Details: Disabilities and M4A

By Mark S. Alper

**M**edicare for All (M4A) will mean the difference between life and death for thousands of people. That is the highest stake in the campaign to win M4A. As a recipient of Medicare because I can no longer work, I write from frightening and painful experience.

But first, some background. Because Medicare as it now stands is often associated in the public mind with Social Security, there is an impression that it has a long and established history in the United States. In truth, Medicare has been in existence as a federal program only since 1965. It is a product of Lyndon B. Johnson's "Great Society" vision, which was to be totally subordinated to the escalation of the Vietnam War within a few years. And it was bitterly and viciously opposed by the medical establishment and still bears the scars of that fight in some of its deficiencies.

Medicare was originally offered only to people over age 65 who qualified and who selected it. It consisted of two parts: Medicare Part A (hospital insurance) and Medicare Part B (medical insurance). In 1972, the program was expanded to include persons with disabilities and those with End Stage Renal Disease (ESRD) who required a kidney transplant.

The Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA) created the optional "Medicare D" plan to cover prescription drugs under the program for the first time. This eased, but did not eliminate, the heartbreaking problem of seniors on fixed incomes who were often forced to choose between spending their money on food or necessary prescribed medications. Medicare D coverage is provided by private insurance companies, and a cursory check of Medicare D premiums reveals an average premium of between \$30 and \$40 per month for coverage with an average annual deductible of \$400.

Medicare premiums have also increased over the

years. In 1986, the standard Medicare premium was \$31.30 per month. Last year, it was \$104.90 per month, and there was an additional increase this year to \$134 per month.

Although I was born with a developmental mobility impairment, I was able to be gainfully employed until I was 52 years old and diagnosed with a degenerative back condition that further limited my already impaired mobility. One

would think that getting Social Security Disability with a record of disability that dated back to my birth would be relatively easy. As the late George Carlin quipped during one of his routines, "*Au contraire.*" I had to enlist the assistance of Senator Bill Nelson (D-FL), and the senator and his staff were great advocates.

But, I could not receive Social Security disability benefits until six months after the 2012 onset of the disabling condition that prevented me from working, and I would not receive Medicare benefits

until I had been receiving Social Security Disability payments for two years. This Catch-22, stipulated in congressional regulations, not the legislation, could bankrupt or kill a person. Fortunately, I was able to continue with the medical insurance I had been receiving from my employer for the two-year period, an option not available to most disabled people.

Medicare For All is a fight that needs to be joined. But it presents special challenges for disabled people, and a universal program will require remedial legislation on the congressional level with attention to the regulations that provide the foundations of the program. ❖

*Mark S. Alper has been a member of DSA and one of its predecessor organizations since 1977.*



James Thacher

**To connect with the DSA Disability Working Group, write to [dsadisability@gmail.com](mailto:dsadisability@gmail.com)**

# Hospital Closings Threaten Survival of Rural Areas

By Travis Donoho

**R**ural hospital closings are killing rural America. A strong push by DSA to combat the trend through building support for single-payer healthcare could give rural Americans hope.

According to a *Huffington Post* report on rural hospital closings in Georgia by Lauren Weber and Andy Miller, if you want to watch a rural community die, destroy its hospital.

After the Lower Oconee Community [Georgia] Hospital shut down in June 2014, other mainstays of the community followed. The bank and the pharmacy in the small town of Glenwood shuttered. Then the only grocery store in all of Wheeler County closed in the middle of August this year. Opportunity has been dying in Wheeler County for the last 20 years. Agriculture was once the primary employer, but the Wheeler Correctional Facility, a privately run prison, is now the biggest source of jobs. —“A Hospital Crisis Is Killing America. This State is ‘Ground Zero.’” *Huffington Post*, September 27, 2017.

Since 2010, nearby Tennessee has had the second highest number of hospital closures in the nation after Texas and the most hospital closings in the U.S. per capita. Help in the form of Medicaid expansion will not arrive anytime soon. The likely Democratic nominee for the U.S. Senate seat that Bob Corker is vacating, Phil Bredesen, a former healthcare company CEO, made his political reputation as governor in 2005 by throwing more than 200,000 Tennesseans off of TennCare, the state’s expanded version of Medicaid. By the end of his administration in 2011, enrollment cuts had eliminated a total of 350,000 Tennesseans from TennCare, including those with serious medical conditions who earned just enough to exclude them from coverage. Current governor Bill Haslam, a conservative Republican, sought to use federal Medicaid expansion funding in 2015 to fill the gap between traditional Medicaid and buying subsidized health insurance on the Affordable Care Act federal exchange. Two Senate committees killed Haslam’s plan, Insure Tennessee,

before it could be considered on the floor of either chamber of the General Assembly. Thirty more hospitals in Tennessee are at risk of closing.

As healthcare analyst and DSA member Tim Faust told a crowd in Knoxville on January 29, “By not expanding Medicaid, you force these rural hospitals to shut down.” The trend is not limited to the South. More than 120 rural hospitals have gone out of business nationwide since 2005, and the trend is accelerating. Large swaths of the Mid-

west lack rural hospitals, especially in those states that declined to expand Medicaid. According to the *Knoxville News Sentinel*, a recent study in the journal *Health Affairs* concluded that “hospitals in (Medicaid) expansion states were over six times. . . less likely to close than hospitals in non-expansion states.”

If DSA wants to organize in rural areas, it should agitate where possible for single-payer/Medicare for All as the long-term solution for rural hospital closings. Rallies against rumored hospital closings could focus on the combined role of legislative stinginess and predatory capitalism in closing off health justice for local communities. We could point to how the unnecessary duplication of services (for example, the proliferation of magnetic resonance imaging [MRI] machines in urban centers) feeds corporate cost cutting and results in the disappearance of services in rural areas. DSA could highlight the long distances that poor and disabled rural people must travel to neighboring counties or states to get care. We could combine this approach with loudly and visibly opposing the “Work for Medicaid” waivers being given to states around the nation. In predominantly rural states plagued by high unemployment rates, such requirements are a truly cruel joke and a literally sickening one for Medicaid recipients. ❖

*Travis Donoho is the chair of Knoxville-area DSA.*



“More than 120 rural hospitals have gone out of business nationwide since 2005, and the trend is accelerating.”

## Changing the Conversation

# Igniting a Poor People's Campaign

By Maurice Isserman

In 2018, we are awash in 50<sup>th</sup> anniversary commemorations of the events and legacy of 1968: the Tet Offensive, the My Lai massacre, the McCarthy and Kennedy campaigns, assassinations, campus occupations, police riots, and much more. One commemoration to which democratic socialists should pay particular attention, in part because their forebears had so much to do with it, may be slighted in the mainstream media: the Poor People's Campaign launched by the Rev. Dr. Martin Luther King, Jr. and the Southern Christian Leadership Conference (SCLC). The fate of that campaign is relevant to our own time, as a new Poor People's Campaign, endorsed by DSA, gets underway to bring attention to the persistence of poverty in the United States, as well as related issues such as income inequality, mass incarceration, and voting rights.

In January 1968, King announced SCLC's plans for a sustained campaign of mass protest and civil disobedience in Washington, DC, by an interracial coalition of poor people, to pressure the White House and Congress to launch an expanded War on Poverty. At King's request, socialist Michael Harrington (a long-time adviser), drafted a Poor People's Manifesto to set forth the goals of the campaign, including federal programs for full employment and low-cost housing. Part of SCLC's strategy was to construct an encampment of poor people, known as "Resurrection City," at the very heart of official Washington, on the National Mall between the Washington and Lincoln Monuments. But King never made it to Washington, slain on April 4 by a white supremacist sniper in Memphis, where he had gone to support a strike of the city's sanitation workers.

Although King never joined a socialist organization, he sympathized privately with socialist ideals, and sometimes, given the right audience, proclaimed those sympathies. As he declared in a 1965 speech to a group of African American labor activists, "Call it democracy, or call it democratic so-

cialism, but there must be a better distribution of wealth within this country for all God's children."

Resurrection City was built in May 1968, and about 3,000 poor people of all races and regions lived there for six weeks. At SCLC's call, 50,000 people came together in a mass march and rally on

June 19 in solidarity with the campaign. Six days after the Solidarity Day rally, most of the residents of Resurrection City were arrested during civil disobedience on the Capitol grounds, and those who remained in the encampment were dispersed by police.

By 1968, the national consensus that something needed to be done for the country's poor—sparked in part by Harrington's influential 1962 book *The Other America: Poverty in the United States*—had eroded. Poor people, especially poor people of color, were increasingly viewed as responsible for their own fate, and undeserving of help from the federal government. But the demands of the original Poor People's Campaign—for jobs, education, and housing—would have

benefited a broad swath of the U.S. population: poor, working class, and middle class, black, brown, and white alike. Similarly, today the Fight for Fifteen and Medicare for All are not just programs for the poor, but for everyone not in the 1%. That's a lesson worth learning from the ill-fated War on Poverty of the 1960s. As for the Poor People's Campaign of 1968, a brave if doomed effort overshadowed by King's death and the other turbulent events of the year, its memory deserves its own resurrection. ❖

*Maurice Isserman is professor of history at Hamilton College. Fifty years ago, he was arrested on the Capitol grounds, in the final act of the Poor People's Campaign. For more information about the current campaign, watch the [dsausa.org](http://dsausa.org) site and visit [poorpeoplescampaign.org](http://poorpeoplescampaign.org).*



"What worries me, senator, is that they're getting into step."  
(political cartoon from 50 years ago)

Moulton, 1968

# Books by DSA Members

Our members write a lot of books. Once a year we publish a list of them from the last year and some we missed. If we missed your recent book, write to [info@dsa.org](mailto:info@dsa.org).

**Agnitti, Allen H.**, *With a Thousand Antennas, A Dilettante's Story*, Dog Ear Press, 2016, promises “what culture past and present can offer in the way of ‘the Good, the True, and the Beautiful.’”

**Bronstein, Carolyn, and Strub, Whitney**, eds., *Porno Chic and the Sex Wars: American Sexual Representation in the 1970s*, University of Massachusetts Press, 2016. Before the Internet and after the “sexual revolution.”

**Claypool, Rick**, *Leech Girl Lives*, Spaceboy Books, 2017. Combines sci-fi and social commentary.

**Clemmons, Zinzi**, *What We Lose*, Viking, 2017. A coming of age story as a young African American woman deals with the death of her mother.

**Dorrien, Gary**, *Breaking White Supremacy: Martin Luther King Jr. and the Black Social Gospel*, Yale University Press, 2017; and the prize-winning *The New Abolition: W. E. B. Du Bois and the Black Social Gospel*, Yale University Press, 2015; paperback, 2018.

**Edmundson, William A.**, *John Rawls: Reticent Socialist*, Cambridge University Press, 2017. Explores Rawls's late work incompatible with capitalism.

**Heppen, John**, one of multiple editors, *Atlas of the 2016 Elections*, Rowman and Littlefield, 2018. Statistical and demographic analysis clarifies why Donald Trump won.

**Jackson, Miriam R.**, *We Shall Not Be Moved*, Trafford, 2017. Analysis of effort to keep the site of the student-Ohio National Guard confrontation on May 4, 1970 clear.

**Kazin, Michael**, *The Populist Persuasion: An American History*, re-issued with an updated last chapter and new conclusion, Cornell University Press, 2018; *War Against War: The American Fight for Peace 1914-1918*, Simon and Schuster, paperback, 2018.

**Krissof, Liana**, *Slow Cook Modern: 200 Recipes for the Way We Eat Today*, Abrams Books, 2017. Food for people who work all day.

**La Botz, Dan**, *What Went Wrong? The Nicaraguan Revolution: A Marxist Analysis*, Haymarket, 2018.

**Maggio, Mike**, *The Appointment*, Vine Leaves Press, 2017. Kafka meets *The Twilight Zone* in this tale of “alienation, bureaucracy, and merciless academia.”

**Mason, John Oliver**, *All Of The Above*, Philadelphia: Moonstone Publishing, 2017. A collection of the author's newsletter *The Mason Missile* and two poetry volumes.

**Meier, Deborah, and Gasoi, Emily**, *These Schools Belong to You and Me, Why We Can't Afford to Abandon our Public Schools*, Beacon Press, 2017.

**Meier, Deborah, and Knoester, Matthew**, *Beyond Testing, 7 Assessments of Students & Schools More Effective than Standardized Tests*, Teachers College Press, 2017.

**Meroz, Christianne**, *Jesus of Nazareth: Always on the Move*, translated by DSA member Dennis Wienk, Wipf and Stock, 2017. Looking at Jesus as a nomad, linked to today's immigrants and refugees.

**Robertson, Michael**, *The Last Utopians: Four Late Nineteenth-Century Visionaries and Their Legacy* Princeton University Press, 2018; Edward Bellamy, William Morris, Edward Carpenter, and Charlotte Perkins Gilman.

**San Juan, Jr., E.**, *Learning from the Filipino Diaspora*, University of Santo Tomas Press, 2016; *Filipinas Everywhere: Essays In Criticism And Cultural Studies From A Filipino Perspective*, Sussex Academic Press and De La Salle University Publishing House, 2017; *Carlos Bulosan—Revolutionary Filipino Writer in the United States: A Critical Appraisal*, Peter Lang IAP, 2017.

**Shafton, Anthony**, *The Nevada They Knew: Robert Caples and Walter Van Tilburg Clark*, Arcadia Press: America Through Time, 2017. Chronicle of the friendship between Robert Caples (1908–1979), Nevada's leading artist of the twentieth century, and Walter Van Tilburg Clark (1909–1971), its leading novelist.

night city council vote. A red rose sat on the desk in front of Casar in recognition of our movement and the DSA members who began singing *Solidarity Forever*. We know, of course, that the fight doesn't end in a city council. Republican-controlled state legislatures have repealed living-wage victories and will undoubtedly go after this victory. We must elect allies in state legislatures and at the national level. (The National Electoral Committee is hosting a series of webinars to explain the nuts and bolts of electoral organizing. Check them out at [dsausa.org](http://dsausa.org).)

As this Austin example demonstrates, Medicare for All is a demand that can tie together our work and speaks to a deeply felt human need. This issue of *Democratic Left* is devoted to our fight for single payer, which is ultimately a fight over power.

Benjamin Fong's piece looks at Medicare for All as a tactic for talking to thousands of people about the problems of capitalism and bringing them into DSA, where they can become part of a collective struggle for democratic socialism. Natalie Shure points out that because the systems of capitalism and patriarchy rely on women's unpaid care work, socialized healthcare would relieve us of that burden and thus expand our freedom and power vis-à-vis the patriarchy. Marian Jones provides a picture of the intersection of race and class in health outcomes and discusses the anti-black sentiment that the capitalist class uses to undermine universal programs such as Medicare for All.

Mark Dudzic explains how healthcare has become a key problem for union members fighting to improve their conditions through their collective bargaining agreement: first, because employers force them to choose between decent wages and paid healthcare (as was the case with the strike by West Virginia teachers) and second, because the capitalist class then sows division between union and non-union workers. Mark Alper states in the starkest terms why Medicare for All is a life or death matter for people with disabilities, but that it alone won't be enough to guarantee liberation. Finally, Travis Donoho explains the danger of Medicaid work requirements and Republican rejection of Medicaid expansion funds to rural communities and why these fights can be the prac-

tical hook to engage people around a much broader vision of Medicare for All.

Around these priorities, and other work, DSAers are on the move. Last month our campus wing, the Young Democratic Socialists of America, gathered some 350 strong in Washington, DC, to talk socialism and learn organizing.

DSA chapters in 25 states are building the Poor People's Campaign: A National Call for Moral Revival with the help of our Religion and Socialism Working Group (learn more about the original campaign of 50 years ago in Maurice Isserman's piece), and national leadership recently endorsed the Operation PUSH prison strike and the International Women's Strike.

As members of a national organization, our chapters provide the solid foundation that enables us to fight the capitalists on the scale we need to win. It is a truism that we cannot have socialism in one country. Neither can we have it in one city or state. We must never lose sight of the fact that we are in a global struggle and *we must build* the power to fight back.

**“We do not build power by getting so frustrated and hopeless that we turn inward or turn on each other....We are in a global struggle and we must build the power to fight back.”**

**"We can't fight capitalist trash without socialist cash."**

Renew your DSA membership today.  
[www.dsausa.org/join](http://www.dsausa.org/join)

### **A New Look and New and Upgraded Publications**

There are changes in the look of this special Medicare for All edition of *Democratic Left*, and there are more on the way. Some 160 of you volunteered to be part of the editorial teams of the print version of *Democratic Left*, the online blog, and the soon-to-be-launched longform online discussion bulletin. We have highly talented members with exciting ideas for new features and topics. Not everyone will be on the teams, but we will build a database of writers from that pool and from you. Look for a new logo and design soon and for more frequent postings on the blog and substantive discussions/debates in the bulletin.

**Moving?** Let us know: [info@dsausa.org](mailto:info@dsausa.org). The Post Office charges for every returned copy of Democratic Left. You save money and you don't miss an issue.

# Change the USA! Join the DSA!

Yes, I want to join the Democratic Socialists of America. Enclosed are my dues (includes a subscription to *Democratic Left*) of:

\$175 Sustainer  \$110 Family  \$45 Introductory Student  \$27 Low-Income

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