

financing of health care for all residents of a state or the country through private health care facilities and physicians," she says.

People tend to think of the U.S. as having a private health care system and countries such as England or Canada as having socialized medicine. Actually, the U.S. has a mixed health care system, with the elderly and veterans essentially getting something like socialized medicine via Medicare and the Veterans Administration.

"Privately delivered, publicly funded health care," says Maloney, a retired occupational therapist, who compares single payer to how Medicare worked "before the neocons took the money out of Medicare and Social Security and used it in wars and such."

The "single" in single payer refers to the idea that one entity would act as the administrator or "payer" of the system. A government-run organization would collect all the health care fees and pay out all the costs. If Oregon got single-payer health care, Oregonians would get health care based on their needs, not their ability to pay.

Testifying at a committee meeting on HB 3510, the Affordable Health Care for All Oregon Act, in March 2011, Wes Brain of Southern Oregon Jobs with Justice told the story of his daughter, Tanya Wray, who died of leukemia in 2009 at age 36. The bill, which died in committee, would have created a system that directed all public and private money spent on health care into a single fund that covers everyone.

"Insurance companies did not kill Tanya Wray, but they made her life miserable," said Brain, holding up his daughter's wedding photo. Wray, who worked as a grant writer in the Medford mayor's office, had insurance, but instead of focusing on getting well, "every step of the way she had to fight the insurance companies," her father said.

"We can do better than this," Brain said.

CONTAGION

In his 2009 remarks at the White House Forum on health reform, President Obama said, "The cost of health care now causes a bankruptcy in America every 30 seconds. By the end of the year, it could cause 1.5 million Americans to lose their homes."

Obama continued, "Even for folks who are weathering this economic storm, and have health care now, all it takes is one stroke — an accident or illness, a divorce or lost job — to become one of the nearly 46 million uninsured or the millions who have health care, but really can't afford what they've got."

The economic storm has continued, but Oregon could do what Vermont has done. That state is on course to become the first in the U.S. to have a universal health care system thanks to a bill it signed into law last May.

Single payer at the state level is possible, thanks to a section Sen. Ron Wyden inserted into the Patient Protection and Affordable Care Act (or as some like to call it, Obamacare). Wyden's amendment lets states waiver out of the national health care bill and come up with their own plan. Basically, states can devise their own models of reform rather than implementing the federal mandates. That's what Vermont has done, and Oregon can follow suit. States have to ensure coverage for the same number of citizens and offer the same quality of care as in the federal plan, and a waiver is needed because states must conform to federal laws.

Universal health care advocates say a single-payer system could spread across the nation from state to state rather than working from the top down from the federal government. Maloney and Duemler want to see it spread to Oregon, and that's why they are bringing organizers from the Vermont Workers' Center to explain how the Vermonters did it.

In Canada, Saskatchewan was the first province to move toward government health care when, in the 1940s, it passed the Saskatchewan Hospitalization Act giving residents free hospital care. The idea began to spread from province to province. In 1957, Canada's federal parliament agreed to fund 50 percent of the programs under the Hospital Insurance and Diagnostic Services Act if they met five conditions: public administration, comprehensiveness, universality, portability and accessibility. In 1966 the Medical Care Act extended funding to the provinces for universal health care plans and in 1984 the current Canada Health Act was passed.

Health care for all can apparently be contagious. And according to the Vermont Workers' Center and Oregon health reform advocates, it's a human right.

will cut health insurance costs for Oregonians. Rogers says the exchange is insurance company dependent, and "their job is to make money."

"The health exchange is really just another health insurance company program, unless they ask for a public option, and we're hoping that they will," says Duemler. She adds that only 3 percent of Medicare spending goes to overhead costs, in contrast to much higher costs for private companies.

Rogers says that in the U.S. more than 30 percent of health care spending goes to administrative costs, not actual health care. "There need to be improvements to Medicare, but we already have a single-payer system that works," she says, adding that "Medicare recipients are very happy with Medicare."

Eugenean Katie Dettman knows what it means to be uninsured. Dettman has asthma, rheumatoid arthritis

If Oregon got single-payer health care, Oregonians would get health care based on their needs, not their ability to pay.

FROM MAPLE SYRUP TO BEAVERS

The Vermont Workers' Center launched its grassroots "Healthcare Is A Human Right" campaign almost four years ago, focusing not on costs but on needs.

In an article laying out exactly how the campaign succeeded, "Lessons From The Single-Payer State," Vermont Workers' Center Executive Director James Haslam writes, "It's not just about having convincing arguments, it's about getting our communities organized to demand justice."

Haslam advocates for having people tell their own stories, arguing that the mainstream media and politicians "will go out of their way to overshadow the role of a people's movement in fighting for and securing positive social change."

The Vermont Workers' Center is a member of Jobs with Justice, a national network bringing together labor unions, community organizations and other activists to fight for working people. The Eugene-Springfield Solidarity Network is affiliated with the larger network, as is Portland Jobs with Justice. These groups have teamed up with others working for health care reform around the state in order to tour the organizers from Vermont around Oregon and talk about what worked for them.

According to Terry Rogers of Portland Jobs with Justice, 16 other states are currently looking at implementing single payer at the state level. She says Vermont organizers Kate Kanelstein and Sarah Weintraub will be going to the Coast, the valley and out to rural areas such as Eastern Oregon. Oregon has statewide groups including labor organizations such as Jobs with Justice and the physicians with Mad as Hell Doctors all working to establish universal health care. The goal for Jobs with Justice is to build a state effort that would pass legislation in 2013 creating single payer in Oregon, or Rogers says, "if necessary go to a ballot measure."

Oregon has begun work on a Health Insurance Exchange, which is basically a central marketplace where consumers and small businesses can shop for health insurance plans and access federal tax credits to help pay for coverage. It will be governed by a public corporation and is due to kick off in 2014.

But the Health Insurance Exchange is not single payer. It's not even close, and there's no guarantee it

and type 1, juvenile-onset diabetes. Her prescriptions, including the one for the insulin that keeps her alive, would easily cost her thousands of dollars each month without insurance. Dettman says type 1 diabetes randomly strikes 1 percent of the population, with no known cause. "It means that you are insulin dependent for the rest of your life," she says, and without it, "I would slowly die."

After graduating from the UO with a master's degree in journalism, Dettman didn't have a job lined up and was losing the insurance she had as student. She was lucky enough to be chosen by lottery to be covered by the Oregon Health Plan. But when she tried to get the insurance, she found out that in order to qualify she would have to be uninsured for six months.

Her choices were to go six months without insurance, get credit cards and try to put her prescriptions on the cards, "just to keep myself alive," or to try to eat foods without glucose to survive without insulin and risk a slow death.

"It's a shitty situation and a shitty choice I have to make, and I think it's wrong," she says.

"The difference between living and dying is basically single-payer health care," Dettman says. **EW**

Events:

Corvallis

6 pm Dec. 12, Grace Lutheran Church, 435 NW 21st

Florence

7:30 pm Dec. 13, Siuslaw Public Library

Eugene

7 pm Dec. 15, Harris Hall, 8th and Oak

Portland

1 to 4 pm Dec. 17, PCC-Cascade, Moriarty Arts & Humanities Auditorium, 705 N. Killingsworth.

For the full speaking tour go to www.singlepayeroregon.org