

Dear Medicare for All Advocate,

We need to consider the possibility that no matter how many people we educate about the virtues of Medicare for All and no matter how many people become convinced that Medicare for All is the cost-effective and humane solution, it may not become law. That is because our politics is broken. Our representatives are caught in a system where many of them and their party officials are dependent on and/or intimidated by the unlimited political spending by the industries that benefit from the current health care system. Therefore, we should resist thinking that, when the Democrats once again gain control of the Congress and the Presidency, they will pass a Medicare for All bill. Medicare for All advocates must act now to create a Congress that will.

Here is the problem as I see it: Congressional Democrats and the national Democratic Party don't actually want to pass Medicare for All because that would be the end the steady flow of campaign money the Party receives from the for-profit health care industries. This money powers the careers of Party insiders and the political campaigns of their candidates (see here and here). But, Democratic elected officials need to publicly appear to support HR 676 because it is extremely popular among Democratic voters. So, Democrats privately tell reformers that they support Medicare for All and, if anyone asks, "yes" they have co-sponsored HR 676. But, when push comes to shove, they will not vote to pass HR 676 in the Congress. And they have little fear that push ever will come to shove because party leadership will not allow such a vote (as they did not in 2009).

This year a record number of Representatives in the House have co-sponsored Rep. Conyers' bill. What does this mean? What is the depth and sincerity of their commitment? Are they out-front, educating the public, building support, representing their constituents' needs? I did a quick study of the web sites of current supporters of HR 676 (as of May 7):

There are 193 Democrats in the House of Representatives. 114 are the sponsor or a co-sponsor of HR 676. How many of these co-sponsors state their support for "HR 676" or "Single Payer Health Care" or "Medicare for All" on the "Issues" pages of their official web site or their campaign web site? 8. How many mention their support on both their official and campaign web sites? 2 (Conyers and Capuano).

That's a pretty weak showing considering that Medicare for All is extremely popular among registered Democrats (75-80%) and fairly popular among most Americans (see Economist/YouGov Poll, Tables 81 and 82). This poor showing reflects both the co-sponsors non-committal support for Medicare for All but also their acquiescence to Party leadership. Today, the leadership and their campaign money patrons want members to defend the ACA and, given the opportunity, try to fix it, but to go no further. That will also be the plan when the Democrats regain control of the House, Senate, and the Presidency, unless something changes.

Many members of Congress who are in non-competitive districts raise hundreds of thousands of dollars which they pass on the Democratic Party or give directly to other candidates.* Our "wedge" demand is to ask our representative to use their campaign money to advance the campaigns of Medicare for All advocates and to not give any funds to candidates or groups

unless the recipient is an advocate for HR 676. We, the citizens, can legitimately ask this of our representative. After all, they are able to raise that money by virtue of having the ability to vote in Congress, an ability that the voters have given to them.

This will mean that our representatives will have to refrain from giving money to the Democratic Party unless the Party itself takes a position in full support of HR 676 and the Party begins funding only candidates who co-sponsor and proclaim their support for HR 676 on their websites. It makes no sense for advocates for Medicare for All to use our votes to put in office a representative who uses that office to raise money in order to give that money to the opponents of Medicare for All (by way of the Democratic National Committee, the Democratic Congressional Campaign Committee, and the Democratic Senate Campaign Committee).

If the Party complies with such a demand and officially supports Medicare for All then, when Democrats regain power in the Congress, the pressure on them to follow through and pass HR 676 will be enormous.

If the Party refuses to support HR 676 and if our representative continues to fund the Party and to fund candidates who do not support HR 676, then we will need to recruit candidates to run against these incumbents.

We should try to recruit physicians or retired physicians to run in both parties and in multiple Congressional Districts. Asking physicians to stand for election produces several benefits. First, as doctors, the candidates will be presumed to be trustworthy, hard-working, honest, smart, accomplished, and motivated by an interest in the well-being of all. Second, physicians can speak with authority and from personal experience about failures of the current health care “system” and the value of Medicare for All. Third, if several physicians run, we will have created a “brand” that is easy for voters to remember and to associate with Medicare for All. Fourth, it will not be necessary for each candidate to raise and spend large amounts of money to raise their individual profile in the public mind because the brand will produce publicity for every candidate.

The unusual nature of the project will make it news. It will be a challenge to established self-interested politics by a collection of physicians focusing on one issue. This will be something that people will talk about - national news. It will be a project that can be replicated elsewhere.

If we get traction with the public, the Democratic Party establishment and its incumbents may recognize that they are on the wrong side of this issue and may respond by saying that they too stand for what the “Doctors Campaign” stands for: Medicare for All. Or they may stick to protecting the health care industries. In that case, the fight is on. If we can recruit enough physicians to stand for election, we should challenge incumbents, of both parties, in the primary and the general elections. We may not win many seats the first time out, but we will be putting the question to the voters and offering them something they don’t have now: a way to vote for what they really want on Election Day. It will be necessary to continue the campaign through several Congressional elections.

Obamacare cannot be “fixed”. Trumpcare is cruel and unpopular. Health care costs are going to continue to rise. More and more people will see the necessity of Medicare for All. But, our broken political system will still not be able to move us to the obvious solution. The political system must be disrupted in a major way. I don’t know who will do that, if not us.

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*By way of example, Rep. Michael Doyle (D-Pittsburgh) has two committees to receive money and spend money. One is the Doyle for Congress Committee and the other is a Leadership PAC, the Keystone Fund. During the 4 election cycles between 2009 and 2016, these two committees together raised an average of about \$923,000 per election. Doyle sent an average of \$230,000 in each election to the Democratic Congressional Campaign Committee or directly to other candidates for Congress. This is the money that should be directed to candidates supporting Medicare for All and not given to the DCCC.