

CONTINUING THE FIGHT FOR UNIVERSAL HEALTH CARE AND MEDICARE FOR ALL

Resolution #20.2 Submitted by PSARA and on behalf of AFT WA, IAM 751, Pride at Work, RPEC, SEIU Healthcare 1199NW, UAW 4121, UFCW 21, and WSNA

WHEREAS, health care is a human right and not a commodity that some individuals should be able to afford and others not; and

WHEREAS, the COVID-19 pandemic has caused tens of millions of workers to lose their jobs, expanding the ranks of the uninsured to over 35 million; and

WHEREAS, the pandemic has demonstrated and exacerbated severe racial inequities in health and access to health care:

- a. The COVID-19 pandemic has disproportionately hit Black, API, Latinx/a/o, and all Indigenous persons in regards to exposure and confirmed deaths in Washington and across the United States due to anti Black racism and racism against POC. b. As of September 2nd, approximately 70% of cases reported in Washington State listed race and ethnicity data. 42% of these cases are made up of Latina/o/x, while Latina/o/x persons make up only 13% of Washington's population. (<https://www.doh.wa.gov/Emergencies/Coronavirus>) c. As of August 18th, the CDC reported that Indigenous persons are acquiring COVID-19 at a rate 2.8 times higher than white persons. Black persons are acquiring at a rate 2.6 times higher and Latina/o/x persons are acquiring at a rate 2.8 times higher. (<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>)

WHEREAS, the pandemic has driven home that no one's health is secure while millions lack access to health care and that we must overcome the public health crisis in order to recover the economy, send our children safely to school, and address health inequities; and

WHEREAS, healthcare in the United States has the highest

costs in the world, leaving over 40 million people who are insured, including many recently unemployed workers, unable to get the care they need due to unaffordable deductibles and copays; and

WHEREAS, half a million people are pushed into bankruptcy each year due to medical bills, even though a majority of them were insured when they became sick or injured; and

WHEREAS, the high costs of health care have helped to sustain a climate of concessionary bargaining, pushing down wages, causing bitter strikes and lockouts, triggering attacks on all workers and retirees and shifting more and more of the costs onto the backs of workers, while employer-based health care plans put American employers at a competitive disadvantage against rival businesses in other countries that have national health care systems; and

WHEREAS, the Affordable Care Act (Obamacare), Medicaid, and Medicare continue to be under attack by President Trump and his Republican allies; and

WHEREAS, while we will continue to fight to defend and improve the ACA, Medicaid, and Medicare, the only commonsense approach to reform the U.S. healthcare system

and achieve health justice is to provide access to affordable, comprehensive health care to all US residents and to provide benefits that include physician, Advanced Registered Nurse Practitioners (ARNPs) and Physician Assistants (PAs) and hospital care, outpatient care, including Home Health, Hospice, and Federally Qualified Health Centers (FQHCs), dental, vision, and hearing services, rehabilitation, long-term care, behavioral health care, and prescription drugs to all individuals residing in the United

States;

and

WHEREAS, a single risk pool of 331 million Americans will spread risk effectively to accommodate the needs of the sickest patients, while saving enough money to assure universal care for everyone; and

WHEREAS, single payer Medicare for All healthcare can begin to address the racial disparities that undergird the industrialized world's most unequal healthcare system.

WHEREAS, the Improved Medicare for All Act of 2019 has been introduced in both

the House (H.R. 1384, Rep. Jayapal with 118 cosponsors) and Senate (S. 1129, Sen. Sanders with 14 cosponsors) and would provide universal and affordable access to the benefits listed above; and

WHEREAS, H.R. 1384 and S. 1129 will take health care off the bargaining table but will also allow multiemployer plans to continue to provide supplemental benefits not duplicative of Medicare for All, including expansion of union-negotiated programs such as disability, supplemental unemployment benefits, tuition and training, child- and elder care, with the potential to allow us to free up funds for our beleaguered pension plans; and

WHEREAS, the AFL-CIO, at its 2017 Convention, affirmed labor's long-standing goal to make quality healthcare a basic right in the United States by moving expeditiously toward a single-payer system like Medicare for All; and

WHEREAS, over 1,000 national, regional and local unions, state labor federations and central labor councils have endorsed previous "single-payer" bills; and

WHEREAS, the Washington State Labor Council, AFL-CIO, at its 2017 and 2019 Conventions, adopted resolutions to support Medicare for All, Single Payer Health Care; and

WHEREAS, the Health Care Emergency Guarantee Act (HR 6906/S. 3790) has been introduced to immediately provide affordable health care to all US residents until there is an FDA approved COVID-19 vaccine widely available to the public, empowering Medicare to cover all the uninsured and to cover all out-of-pocket expenses for those with existing private and public health plans; now, therefore be it

RESOLVED, that the Washington State Labor Council, AFL-CIO support and urge our federal legislators to co-sponsor and enact both the House and Senate Medicare for All bills and the Health Care Emergency Guarantee Act, as well as other legislative proposals that may be needed to move our country towards universal and affordable health care, and that we will urge our union and community allies to make such legislation a priority in all federal electoral efforts;

and be it finally

RESOLVED, that the Washington State Labor Council, AFL-CIO forward this Resolution to the AFL-CIO and to the Washington State Congressional delegation.

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