HEALTH CARE CONSUMER

Fall | Newsletter of the Champaign County Health Care Consumers | 1993

New Executive Director Imani Bazzell

(Story on page 2)

Clinton Plan Expected in September

With President Clinton expected to reveal his health care plan in late September, most people are wondering what it will mean for their health care. Although not all the final decisions have been made, this is a general review of what we can expect the plan to look like.

In general, the plan provides states with a great deal of flexibility to administer and operate their plans according to federal standards. While the preferred option in the Clinton Administration remains a form of managed competition (although they are no longer using that term), states would have equal ability to implement single-payer systems. Single-payer systems must still comply with federal requirements relating to eligibility, benefits, data collection, and quality controls.

Basic Concept: States would establish regional health alliances which would cover most, but not all, of the people within a region. In some states, there might be just one health alliance. In a state like Illinois, with a large population and distinct regions, there could be several.

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Fifth Annual Phone-A-Thon Starting

Health care reform is the focus of Health Care Consumers' fifth annual Phone-A-Thon, scheduled for September 27 through October 7. This event is our most important fundraising effort of the year, and also provides members an opportunity to take action on an important issue. With the help of over 100 volunteers, last year's Phone-A-Thon raised almost $18,000 in pledges. This year, volunteers will call on thousands of Health Care Consumer members to renew their support, with a goal of $20,000.

President Clinton plans to announce the details of his health care plan on or about September 21, but the fate of that plan will lie with the Congress. The American Medical Association, the insurance industries, and the pharmaceutical companies will flood Capitol Hill with lobbyists to defend their interests. Consumers must unite to make their voices heard, and the Phone-A-Thon will mobilize our members to contact our representatives and hold them accountable on this issue. When a volunteer calls you, please be generous in your support of Health Care Consumers for the coming year, and make a commitment to act to protect your interests in the upcoming health care debate.

HEALTH CARE CONSUMER

is published quarterly by the Champaign County Health Care Consumers, a grassroots not-for-profit organization dedicated to ensuring accessible, affordable health care for all.

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Outgoing Executive Director Mike Doyle is honored by new Director Imani Bazzell and Rep. John Conyers, Jr. at last March's Annual Awards Dinner.

New Executive Director for Health Care Consumers

After serving as Executive Director of Health Care Consumers for 14 of the organization's 16 years, Mike Doyle stepped down on June 30. Imani Bazzell, who has served as the Chairperson of the CCHCC Board of Directors for the past three years, has been hired to be the new Executive Director. Her most recent position was as the Program Director for the University YWCA.

Imani has been involved in social justice organizing for nearly 20 years, in projects concerning lead paint poisoning, public school accountability, South African divestiture, violence against women, reproductive freedom, and other social justice issues. She has lived in various regions of the country, and attended college in Nashville, where she was in the Honors Program at Fisk University, receiving her bachelors degree in Interdisciplinary Studies with a focus on Africa and the diaspora.

For the past five years, Imani has been active on the CCHCC Board of Directors, serving the past three years as Board Chair. As an active member of the Women's Health and Low-Income Access Task Forces, she has worked closely with staff on several programs, including Medicaid discrimination, and ensuring that services were retained during the sale of the city-owned hospital.

Although Mike has stepped down as Executive Director, he is not severing ties with the organization. Mike joined the Health Care Consumers' Board of Directors and was elected Treasurer at the July board meeting. And as the new Executive Director of the Illinois Center for Citizen Involvement (ICCI), Mike's responsibilities include coordinating the work of the Public Interest Fund of Illinois, which counts the Health Care Consumers among its members. He is also helping establish a new statewide organization, Justice for All, which is working to protect the rights of malpractice victims.

CCHCC Briefs

Bake Sale Big Success

The Senior Task Force Bake Sale was once again a big success. The sale, which was held Saturday, July 31 at Lincoln Square Mall, raised over $250 for the Senior Task Force. We would like to thank all the seniors who contributed baked goods to the event. We would also like to express a special thanks to volunteers Nettie Cook, Renee Gascoyne, Jack Green, and Dorothy Utley, and staff members Myrtle Chatman and Jason Gascoyne, who helped work the day of the sale.

New Staff Join CCHCC

Three new VISTA volunteers have joined the Health Care Consumer staff. Volunteers In Service To America is a program of the United States ACTION Agency, and functions as a domestic Peace Corps.

Zenita Belle and Jennifer Durst have joined the CCHCC staff to work on the Children's Health project, focusing on school breakfast and immunization programs to benefit low-income children. Myrtle Chatman, a member of our Senior Task Force, has joined our staff to serve as coordinator of the Medicare 100 and Medicare Plus programs. Prior to joining CCHCC, Myrtle worked in the Medicare 100/ Plus office at Covenant.

We would also like to acknowledge the contributions of Chris Stimer, who left our staff in August to pursue other interests. Chris served as our Women's Health organizer, and also contributed to the development of the Public Interest Fund during her year and a half here.

Board of Directors Elect Officers

With Imani Bazzell leaving the Board of Directors to assume the role of Executive Director (see story facing page), the CCHCC Board of Directors elected new officers at their July meeting. Dave Rein was elected Chair, and was joined by Grace Mitchell as Vice-Chair for Administration, Lilia Peters as Vice-Chair for Program, Mike Doyle as Treasurer, and Esther Patt as Secretary. We would like to thank out-going officers Janus Wehmer and Bill Creswell for their work during this transition period.

Dental Program Gains Momentum

The Health Care Consumers campaign to increase access to dental care for low-income residents through the development of a dental referral program is picking up speed.

The idea behind the Dental Referral Program is simple. Low-income consumers will be able to obtain dental services from a participating provider at a reduced cost. This lets the consumer get the treatment they need, before it becomes a more complicated, and more expensive, proposition. The providers will treat consumers on a rotating basis. This will prevent one provider from treating the majority of patients, enabling everyone to do their part in a win-win situation.

Currently, the Health Care Consumers has been out in the community talking to consumers to get their thoughts on how the program should work. Using this information as a guide, we will sit down with consumers who have expressed interest in designing the program, and draw up a plan. This plan will be presented to providers and community leaders for feedback before a final proposal is crafted. We plan on having the Referral Program up and running by the end of 1993.

If you are interested in being involved, or if you have any questions, please contact Jason Gascoyne or Carol Thompson at the CCHCC office (352-6533).

Bingo Bash a Success

Once again, the Health Care Consumers have built on previous successes to carry off one of our best Bingo Bashes ever. On June 12, over 240 players crowded into the Urbana Civic Center, raising over $4,000 for our Children's Health Task Force.

"I'm glad the Bingo went well," said Carol Thompson of the Health Care Consumers' dental program. "It was hard work organizing, but I loved every minute of it." Carol, along with Chris Stimer, coordinated the Bingo.

Most of the players confirmed Carol's sentiments. "I thought the Bingo was great," said Hildra Powell, "except I didn't win anything."

The major reason for the success of this year's Bingo was the support received from our volunteers. A special thanks goes out to Bennie Catchings, Bettina Chapman, Bromwyn Michaelis, Wynn Newberry, Donna O'Brien, Esther Patt, and Dave Rein, who all helped work at the Bingo.

We would also like to thank the local merchants who donated food items to be sold at the Bingo: County Market, Jerry's IGA, and Market Place Cinema. Thanks also to Dave Burlingham and Brian Reedy of the Urbana Civic Center for their help in making everything run so smoothly.

Finally, we would like to thank all of the people who made the Bingo a real bash: the players! We look forward to seeing you at our next Bingo Bash on January 8.

Public Interest Fund Campaign Starts

If you are a University of Illinois or state employee, a contribution through payroll deduction is doubly valuable to us this year. Health Care Consumers is now listed under the Public Interest Fund of Illinois, along with 27 other progressive organizations. We must generate 500 contributions through payroll deductions to remain eligible for the campaign in future years. We are asking our members who are state employees to consider a donation of $5 a month, but any amount given by payroll deduction counts toward the 500 we need. One-time contributions, however, do not. Please look for the Public Interest Fund of Illinois, and make Health Care Consumers a designated recipient.

Clinton Plan

from page 1

Medicare beneficiaries would not be enrolled in the health alliances, at least initially. The concern is that beneficiaries might not want to give up the security (as well as the fee-for-service options) of Medicare until seniors determine whether the new system is as good. Some options which have been considered include putting new beneficiaries into the health alliance, allowing current beneficiaries to opt in, and integrating the two systems over a specified time.

It is not yet decided how large employers would be treated. The most current option is to allow employers with 5,000 or more employees to create their own corporate health alliance, paying the regional health alliance an amount equal to 1% of payroll in order to avoid possible "gaming" through adverse selection. Options are being considered to deal with two-worker families where one worker is employed by a large employer and one is not, handling of dependent coverage, retirees of large employers, and employee choice.

Under the Clinton proposal, each regional health alliance would offer its members at least three options: a health maintenance organization (HMO), a preferred provider organization (PPO), and a traditional fee-for-service option. Businesses and individuals would pay into the health alliances, and individuals or families would be offered an annual choice of plans during an "open enrollment" season. Depending on the choice, the health alliance would pay either all or part of the cost of enrolling in the selected plan. One option is to have the health alliance pay only the cost of the least expensive plan in a service area, with the individual having to pay the additional cost of any plan with higher premiums. Another option, and the more likely one at this time, is to have the health alliance pay the weighted average cost of all plans in the service area, with individuals again required to pay the cost of any higher premiums. Low-income people could be subsidized and receive care through the same system.

Eligibility: All citizens and (possibly) legal residents would be covered, although it is not clear whether coverage will begin immediately or be phased in (and, if so, under what timeline). Because there are some estimates that including Medicaid beneficiaries could cost $30 billion, there are reports that the White House is considering a separate funding mechanism or different treatment for this population.

It has been decided that undocumented workers will not be provided with a health security card. Instead, they would receive care as they do now -- from community health centers and public hospitals. It is not decided whether states would have the discretion to include undocumented workers.

Benefits: The Task Force members have indicated that the benefits package will be "80-90%" of the best plan available today, although there are some reports that the benefits may be pared down because of budget impacts. The President has agreed to make the plan as comprehensive as possible. Included will be hospital and physician services, preventive services, prescription drugs, substance abuse, and mental health services (although likely with a cap on the number of inpatient days and outpatient visits). Reproductive services will be covered.

Some services may be phased in over time. For example, there are reports that dental care for children will be covered, but adult dental coverage will be delayed several years. Medicaid may remain as a "wrap-around" program to cover benefits not provided under the package, but which are now covered under Medicaid. Medicare benefits will be expanded, particularly for prescription drugs, but it is not clear what form those benefits will take.

Cost-Sharing: Cost-sharing requirements will differ among the three options provided: HMOs, PPOs, and fee-for-service. It is expected that HMOs would have virtually no cost-sharing (except, perhaps, for a set dollar copayment for some services). PPOs would have increased cost-sharing, perhaps in the form of deductibles and/or copayments. Under fee-for-service, enrollees would be liable for deductibles, copayments of 20-25%, and balance billing of up to 10%. These cost-sharing requirements would also apply to HMO and PPO enrollees who receive out-of-network treatment. Enrollees could not purchase insurance to cover this cost-sharing.

Taxation of Employee Benefits: Employers would be allowed to pay for some or all of their employee's cost-sharing requirements, and to provide additional benefits. Employer payments for the employee's share of the premium payment would not be treated as taxable income to the employee. Payments for additional benefits, however, would be. Other cost-sharing payments would be treated as taxable income after three years, or the life of the contract.

Freedom of Choice: Consumers will be able to choose among plans, although they will have to pay additional premiums for some selections. There is some discussion of limiting the differentials allowed among plans (i.e., no plan could charge premiums more than 20% higher than the least-cost plan). Consumers may be given the ability to choose their own physicians within managed care plans. It is not clear whether choice will apply to non-physician providers, as the decision has not been made to require that all providers authorized by law be included in the system.

Financing: This is the most difficult issue, and changes are likely which will also affect other areas, such as the comprehensiveness of the benefit package. At this time, the preference is to fund each health alliance mainly through payroll-based premiums raised from businesses and employees in each health alliance area. The latest discussion is a 7.5%

employer payment, coupled with a 1.9% employee payment, both on the first $40,000 of payroll. One option is to have this rate apply nationally, with a separate fund to subsidize regional health alliances where revenues are insufficient to cover costs. Another option is to have payroll rates vary regionally in order to collect the revenues needed. Separate funds may be established to provide subsidies to small businesses and low-income persons.

One option being discussed is to have companies now paying a higher percentage of payroll to reduce their payments gradually, allowing small businesses not currently providing health benefits to phase in their contributions. This could result in a 3.5% initial rate for small business, subsidized by higher payments from large companies.

Additional funding for the health alliances and other health programs, such as capital investments in underserved areas, could come from taxes on unearned income, cigarette and alcohol taxes, and provider taxes.

Cost Control: There will be a nationally set global budget, probably tied to inflation plus 1-2% a year. Federal contributions to states will be pegged to that budget. It will be left to states to meet the budget, whether through managed competition, capital budgets, fee schedules and facility budgets, or other means (except that they cannot reduce covered services). While there may be some federal price controls imposed initially, price constraints are likely to be voluntary, with a "trigger" backup mechanism.

Health Alliances: Health alliances are to be "consumer-driven," although the exact composition and form of selection is not yet determined. While the Administration does not want insurers or providers on the health alliances, it may be left to the states to determine governance issues. Multiple health alliances are allowed in a state, although there will be parameters on geographic and size requirements (i.e., populations of one million or more, one health alliance per SMSA). There is some discussion as to whether the health alliance should have regulatory power, or should merely serve as a revenue collector and negotiator with various health plans. In the latter case (which appears to be where the White House is heading), state agencies would be required to monitor insurance plans' performance and solvency.

Role of Insurance Companies: Insurance companies would run certified plans, and market those plans during an annual open enrollment season. They would be responsible for providing required services based on a capitated basis. There will likely be an external appeals process for claims denials.

Excerpted from Citizen Action, Washington, DC, July 1993

CCHCC Prepares Response to Clinton Plan

As President Clinton prepares to release his health care plan, the Health Care Consumers are preparing for the next phase in the battle over health care reform. "The release of the President's plan is really just the starting point for what promises to be the most intense and dramatic legislative battle in more than a generation," explained CCHCC Board Member Mike Doyle.

For the past two years, CCHCC and consumer groups around the nation have made tremendous headway in building support for the American Health Care Security Act. The legislation, which is sponsored by Congressmen Conyers and McDermott, would establish a single-payer health care program. At present, the Health Security Act has more co-sponsors in the House and Senate than any other health care proposal, and recently received a shot in the arm when the Congressional Budget Office cited it as the most effective proposal for holding down costs and expanding coverage. In fact, the **Chicago Tribune** and **Washington Post** have both reported that single-payer advocates have been the most successful in building support for their program. Despite the growing support for a single-payer program, President Clinton's plan is likely to be more along the lines of "managed competition." Recognizing that Clinton will not propose a single-payer plan, the Health Care Consumers have identified six basic principles that we will use to evaluate the Clinton plan. Those principles are:

Universal Coverage. A key variable of any reform plan will be determining who is covered. Will the plan break the link between employment and insurance? Will everyone have access to the same care? Will everyone be treated equally?

Comprehensive Benefits. It is critical that the benefits offered under the plan cover all medically necessary services, and emphasize preventive services.

Affordability. The plan must be affordable for the country, for families, and for individuals. Therefore, we will be pushing to limit out-of-pocket expenses, eliminate bureaucratic waste, and use progressive financing based on ability to pay.

Freedom of Choice. For consumers, being able to choose their own health care provider is essential. Requiring consumers to pay more for the option of choosing their own health care provider, or failing to provide care in underserved areas are major concerns.

Public Accountability. The plan must give consumers a say in shaping the system to reflect community needs, provide access to quality of care information, strengthen the consumer role in monitoring the care provided, and allow states the option to implement a single-payer health care.

Cost Containment. There must be an effective mechanism for controlling skyrocketing costs and eliminating waste.

Most experts expect a long protracted fight in Congress. The Health Care Consumers will use these principles to help guide us as we fight to pass a plan that is best for our community.

Volunteer Profile
Ellie Ruth Pritchard

"The amount of time and effort Ellie has put into updating our volunteer, membership, and Public Interest Fund databases is more than any other volunteer combined. I don't know what we would do without her."
-Ruth Michaelis, CCHCC
Volunteer Coordinator

Ellie was born and raised, along with her five brothers, in Galesburg, Illinois, and has lived in Champaign-Urbana for the past twelve years. After graduating from high school, Ellie worked for several years in various areas, from nursing to office work, but when she developed Tardive Dystonia, a disorder that affects the muscles, she was unable to continue regular employment. Not to be deterred, she began filling her days with volunteer work. She is presently a full time volunteer, sharing her time with a number of agencies, including: the Crisis Pregnancy Center; New Hope, a job placement agency; Empty Tomb, which provides various services to the needy; and the Health Care Consumers.

Where does she find the energy for such a full plate of activities? According to Ellie, it's no big secret: she enjoys volunteering because she likes being productive, so she can feel good at the end of the day. Being around people is the best part of her volunteer experience, but volunteering also provides her with training to fulfill her future goal of reentering the job market as a secretary/receptionist.

In what spare time she has left, Ellie's favorite hobbies are drawing, reading autobiographies, riding her bike, eating out, and going out for coffee with friends. She also attends Champaign-Urbana Christian Church, where she helps out with church mailings and goes to small group meetings, socials, and picnics. Her faith in God is an important part of her life. Ellie encourages people to volunteer, especially if they have free time on their hands.

Ellie is a valuable member of our volunteer staff, and we appreciate her time and commitment.

Thanks, Ellie!

Join the Call for Health Care Reform!
CCHCC is conducting its annual
Phone-A-Thon
Invest 4 hours to help CCHCC!

Free meals donated by CU's most popular restaurants
Transportation provided
Receive public recognition
Win great prizes!

Sept. 27-30; Oct. 4-7; 5-9 PM
44 E. Main, Suite 208
(downtown Champaign)
For more info: call Ruth at 352-6533

Volunteer Jobs

Photographer: Photograph special events and meetings to enhance the professionalism of the Health Care Consumer newsletter.
Newsletter Writer: Write articles for our quarterly newsletter.
Receptionist: Assist staff with clerical duties to ensure the smooth functioning of office work.
Data Entry: Assist with database management to maintain an accurate and up-to-date database.
Mailing Coordinator: Organize participants for bulk mailings used for consumer education, advocacy, and collective action.
Hotline Advocate: Assist local residents in resolving problems, questions, and complaints about health care services and fees. Group training session required.

Please call Ruth at 352-6533 if you would like to apply for any of these jobs.

Children's Health Committee Promoting School Breakfast Program

The Community Childhood Hunger Identification Project, in the most comprehensive study of childhood hunger to date, estimates that about five million American children under 12 go hungry each month, with millions more at risk.

At its first official meeting, on August 5, the Children's Health Ad Hoc Committee decided to take a step towards alleviating this enormous problem by focusing its efforts on implementing the School Breakfast Program in area schools.

The Breakfast Program, much like the National School Lunch Program, is a federal and state funded program that provides a nutritious morning meal to any child attending a school which participates. The price the child must pay for the meal depends on the family's income: either full price, reduced price, or free.

The clear benefit of the School Breakfast Program is the improvement in children's nutrition. Recent studies show the important connection between a child's ability to learn and the child's level of nutrition. Simply put, hungry children can't learn as well as properly nourished children. Poor nutrition and hunger cause fatigue, irritability, and an inability to concentrate -- symptoms which all work against the learning process.

While the permanent effects on the brain of poor nutrition and hunger are not fully understood, it is clear that children suffering from either miss critical development steps, putting them at a disadvantage later in their educational and professional careers.

A recent study in Massachusetts showed an almost nine percent improvement in test scores among children who participated in the Breakfast Program versus non-participants. The Program helps to ensure that a child who misses meals at home, or experiences a large lag time between a meal at home and at school, will still have the opportunity to receive the most from their education, and keep up with their peers.

In addition to helping to adequately prepare children for the future, improved child nutrition also has a marked effect on children's health. Hungry children are three times as likely to suffer weight loss, and twice as likely to have frequent headaches, ear infections, or colds.

Currently, only five of the sixteen schools in Champaign participate in the Program. This should be remedied, given the ease of running the Program, particularly if the school already participates in the National School Lunch Program. The district incurs no added cost because of the Program, and takes no resources away from teachers or other district priorities.

The Children's Health Committee is currently developing an outreach plan to get people involved in the issue: contacting concerned organizations and individuals, and researching how the Program works in schools where it is already in place.

If you would like to be involved in the campaign to implement the Breakfast Program in Champaign area schools, or would like more information, please contact Jennifer or Zenita at the Health Care Consumers (352-6533).

CCHCC MEMBERSHIP FORM

(Please clip out and return with your membership dues.)

[ ] Enclosed is my check for $_____.
[ ] Please bill my credit card.

Membership Levels:
$50 - Friends of CCHCC
$36 - Family Membership/Adopt-A-Senior
$25 - Individual Membership
$15 - Senior Citizens/Students/Fixed Income

Contributions to CCHCC are tax deductible.
Please return to: CCHCC, 44 E. Main, Suite 208, Champaign, IL 61820

JOB OPENING

CCHCC is currently conducting a job search to fill the position of Organizing Director. We are looking for an experienced community organizer who will have two major areas of responsibility: 1) supervision, support, and development of the CCHCC organizing staff; and 2) coordinating CCHCC's Universal Health Care issue campaign.

Salary Range: Low $20,000s
Excellent Benefits: Full health coverage; Union membership; Retirement plan.
Qualifications: Experience in staff supervision; Experience as a lead organizer; Experience working with community organizations; Proven ability to work without close supervision; Strong written and verbal communication skills; Ability to work with diverse populations; Commitment to the philosophy of community empowerment.

Send cover letter and resume to:
Imani Bazzell, Executive Director
CCHCC
44 E. Main Street, Suite 208
Champaign, IL 61820
Phone: (217) 352-6533
Fax: (217) 352-9745

Closing Date: 9/30/93

What Looks Like a Duck, Walks Like a Duck, Quacks Like...??

Be on the Lookout for Imposter Consumer Organizations

Recently, a meeting was held in C-U to kick off the formation of a local "consumer led" coalition, committed to influencing the debate over health care reform. This group, like similar ones around the country, is being organized and manipulated by representatives of the medical, insurance, and pharmaceutical industries, in order to sidetrack or even derail any efforts to create a health care delivery system which can serve the needs and interests of all consumers, and which places people before profit. Don't be fooled by imitations!

The following article highlights an example of this sort of subterfuge, and is reprinted by permission of the author, Patrick Woodall of Public Citizen, Washington, DC.

Beware of "Astro-Turf" Grassroots Lobbying!

The medical and insurance industries have begun their lobbying and advertising campaigns to influence or derail the national debate on health care reform. A few of these industry trade groups have been trying, and with some success, to lure consumer groups into their coalitions to make their patently self-interested attacks on reform proposals more palatable to the American people, the press, and elected representatives.

The Health Insurance Association of America (HIAA) has become the funder and primary advocate for the Coalition for Health Insurance Choices, which has already deceived consumers into endorsing an anti-reform campaign to protect the insurance industry. But HIAA is not the only industry voice advertising to sway political opinion about reform prospects. The Pharmaceutical Manufacturing Association has multiple ads running to defend their prices; the larger insurers -- Aetna, CIGNA, MetLife, Prudential, and Travelers -- have launched a pro-managed competition campaign; and the American Medical Association is pushing to overhaul the malpractice system.

The HIAA has organized the 800 number to generate support for their program. They have an infomercial, as well as television and radio spots which generate names for the mailing. The goal is to get callers to respond by endorsing HIAA's policies, and urge the recipients to also become members of the coalition. As the President of HIAA, former Congressperson Bill Gradison, says in the mailing, "If you agree these principles represent the framework for reform America wants, please join the Coalition of Health Insurance Choices today. We'll keep you informed and give you the opportunity to speak out on this vital issue."

The respondents' names are expected to be used by the HIAA to demonstrate grassroots support for insurers and their reform policies. By mid-May, HIAA had over 40,000 callers.

HIAA is no stranger to lobbying and advertising campaigns. Between 1979 and 1992, HIAA contributed $786,526 to Congressional candidates to exert its influence on Capitol Hill. It also worked in 15 states last year to push a set of modest insurance reform proposals. The state lobbying campaign was paired with a $4 million public relations campaign designed to build opposition to Canadian style single-payer proposals.

All of the industry advertisements have concealed their self-interests in the structure of health care reform with misleading and inaccurate statements. The HIAA-funded Coalition for Health Insurance Choices not only deceptively conceals their true agenda with broad rhetoric, but also has misled consumer groups into joining a coalition aimed at stopping health care reform.

Beware of messengers bearing principles. Some of these corporate-fronted coalitions have sought and are seeking to expand their support by deceptively luring consumer health groups into their fold. Every time single-payer groups are caught in this trap, the message of comprehensive reform is subverted, and the nation receives a false impression of what ordinary Americans are doing to achieve national health care.

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