

**'Absolutely ruthless':
The brutal privatization of
U.S. health care**

featuring
Peter Shapiro



This time on Code WACK!

How is private equity affecting our healthcare system? What's being done about it? ***How does our fragmented healthcare system affect patients, including people who have cancer?*** And what cues can healthcare reform activists take from **California's immigrant community?**

To find out, we spoke to **Peter Shapiro**, a retired letter carrier and author of [***Song of the Stubborn One Thousand: the Watsonville Canning Strike***](#) (Haymarket Books 2016). He represented his union at the founding conference of the [**Labor Campaign for Single Payer**](#) in 2009 and has been involved with the issue ever since. He currently represents the [**Alameda Labor Council**](#) on the board of [**Healthy California Now**](#), a single-payer advocacy coalition. *This is the first episode in a two-part series with Peter Shapiro.*

SHOW NOTES

WE DISCUSS

Welcome to the show! What brought you to join the single-payer movement?

"... It was right around the time the Affordable Care Act passed. I was an active working letter carrier at the time, and my union sent me back to the founding conference of the Labor Campaign for Single Payer. I was supposed to write a report and send it to the national office, which I did, but I also just became a convert on the spot. I mean, I felt strongly for a long time, you know, this is something that we needed.

"... my wife back in the '80s was in billing, medical billing for a medical oncology clinic in Berkeley. And, you know, she would come home with horror stories every night. I'd listen to her talking over the dinner table and I would just get, the blood would drain from my face. I would be so angry, you know, about people who were fighting for their lives and having to hassle with their insurance companies at the same time. *'Do you really need that fourth round of chemo? I mean, the first three rounds didn't do any good.'*

"... how do you stomach something like that?" – **Peter Shapiro**

What is the financial impact of U.S. market-driven health care on patients, families, business, and government?

"Well, God, where to begin? I mean, first of all, we spend \$4.5 trillion dollars a year on health care in this country. That's about twice as much as the rest of the world and yet our outcomes stink. You know, we have lower life expectancy, higher infant mortality, higher maternal mortality, more people

dying of diabetes who could be saved if they had proper and timely care, on and on. I mean, by most markers, we lag way behind most of the developed world and even some underdeveloped countries.

"... I think there are a hundred million people in this country carrying some kind of medical debt. And those are not just poor people. These are people, a lot of 'em are people who make over \$90,000 a year. Medical bills are still the leading cause of personal bankruptcy. It's been that way for a long time. It shows no signs of letting up. You have a whole industry that's grown up around basically helping people finance their medical debt.

"Frankly, I think most of us are probably one medical emergency away from being in that kind of a situation. And I think it probably contributes a lot to the homeless crisis, you know, in a lot of our cities..." - **Peter Shapiro**

Many people think we can't win single payer for the entire nation. Instead they say, we should try to win single payer in individual states like what California's trying to do. Why is that?

"... ideally we should have national legislation. Unfortunately, Congress is a mess. It's gridlocked. The Republican Party has taken to nominating people for Congress who have no interest in governing them, it's just a kind of performance art. They act like they're on Fox News 24 hours a day, you know, preening and strutting around and trying to impeach this or that person.

"So, you know, it's very difficult to get anything done at the national level ... I think it's a lot more difficult to mount a national campaign for something than to do it at a local level where conditions might be more favorable. And that's always been the big argument for state legislation.

On the other hand, the healthcare system is a national system, and a lot of it depends on getting... those federal dollars ... incorporated into [a state's] own healthcare system to make it work. And that involves, you know, dealing with

the federal bureaucrats who control the purse strings. It involves getting certain policies waived and stuff like that.

“So, you know, the state strategy is ... more viable in a lot of ways. – **Peter Shapiro**

Helpful Links

[Labor Campaign for Single Payer](#)

[Healthy California Now](#)

[Private Equity’s Role in Health Care, *The Commonwealth Fund*](#)

[California Senate Bill 1236, Medicare supplement coverage: open enrollment periods, *California State Senator Catherine Blakespear*](#)

[Private healthcare could become ‘a new normal’ as NHS grows weaker, *The Guardian*](#)

[California becomes first state to offer health insurance to all undocumented immigrants, *ABC News*](#)

[If Your Health Insurance Claim Is Denied, *American Cancer Society*](#)

If you can't resolve your problem directly with the health plan

If your claim is still denied after internal and external appeals, ask the health care provider if the cost of the bill can be reduced. Many providers are willing to reduce bills to get paid faster.

If none of these steps work, you might have to take your appeal to a government body.

It helps to know who regulates a health plan. You can talk to the government group that regulates the health plan to find out if they can offer more information or extra help.

- Private group plans (or fully insured plans) purchased by employers as a benefit for employees are usually overseen by the state's insurance commissioner or department of insurance. You can find your state's insurance department by contacting the [National Association of Insurance Commissioners](#).
- Self-funded plans (or self-insured plans) are health plans that employers or unions create just for their employees and families. They are overseen by the [US Department of Labor's Employee Benefits Security Administration](#). Ask your employer if you're not sure whether your employer is self-funded.
- Individual plans sold through the health insurance marketplaces are regulated by a [marketplace board in each state](#). This state board oversees the marketplace and the plans sold by it.
- Managed care plans are regulated by several state and federal agencies. Your [state insurance commissioner or department of insurance](#) can provide specific information about a plan.
- Medigap policies (Medicare Supplement Insurance policies) are overseen by federal agencies, as well as some state laws. Contact the [Centers for Medicare and Medicaid Services \(CMS\)](#) and/or your [state department of insurance](#) for information.
- Medicaid and CHIP are joint programs that are controlled by your [state health department](#) and the [federal Centers for Medicare and Medicaid Services](#).

- Medicare is run by the federal [Centers for Medicare and Medicaid Services](#).
- TRICARE is overseen by the [US Department of Defense](#).
- The Veteran's Health Administration is regulated by the [US Department of Veteran's Affairs](#).
- Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) is run by the [VA Chief Business Office Purchased Care](#).

Episode Transcript

Read the [episode transcript](#).

Guest Biography - Peter Shapiro

Peter Shapiro is a retired letter carrier and author of [Song of the Stubborn One Thousand: the Watsonville Canning Strike](#) (Haymarket Books 2016).

He represented his union at the founding conference of the [Labor Campaign for Single Payer](#) in 2009 and has been involved with the issue ever since. He currently represents the [Alameda Labor Council](#) on the board of [Healthy California Now](#).

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