

**The History of Health Care Justice – NC**  
By  
Dr. Jessica Schorr Saxe





Though August is notoriously hot and sunny, when I picture August 2009, I see a dark cloud hanging over the future of health reform. Congress had debated the Affordable Care Act (ACA) for some time, and prospects for its passage were dim. The consensus was that the medical profession opposed it.

Although over decades I had daily seen patients suffer from the failures of our healthcare system, I had never been active in health reform. I felt that the public needed to know that some doctors saw the need for it. Even though I believed it would likely fail, I would at least let my voice be heard.

I found many other similarly-minded medical professionals and we gathered to decide what to do. We called ourselves Charlotte Health Professionals for Health Care Reform. The unwieldiness of that name and impossibility of an acronym reflect that we considered ourselves an ad hoc group with a finite life span. We created a charter emphasizing our commitment to 1) health care coverage for all, 2) primary care and prevention, 3) delivery system and health care financing reform, 4) a robust public option, and 5) respect for the clinician-patient relationship and practice of medicine.

Over the next several months, we let it be known that many health professionals recognized the need for health care reform. We communicated with the media and had an OpEd in the Charlotte Observer. Though we knew it was an imperfect bill, we supported the ACA. We felt that, if it didn't pass, the opportunity to extend healthcare might be delayed for another generation.

With the organizational help of Community Health Services (now Care Ring) director Jen Algire and Client Empowerment Coordinator, Rebecca Kehrer, we met with Congressman Mel Watt, encouraged him to support the bill, and advocated for a public option, affordability, cost-controls, and incentives for prevention and primary care.

After the ACA passed in March 2010, we realized that our work had just begun. Dr. Jonathan Kotch, President of Health Care for All NC (HCFANC), the North Carolina chapter of Physicians for a National Health Program (PNHP), educated us about single-payer health care. We decided that our organization would endorse that system in the form of Medicare for All.

On October 13, 2010 we brought Dr. Margaret Flowers from PNHP who gave back-to-back talks all day, including an interview on Charlotte Talks. She gave a grand rounds at Carolinas Medical Center, met with the editorial board of the Observer, talked at UNCC, Queens, and at a public event at Myers Park Baptist Church attended by over 100. She followed her visit with an opinion piece in the Observer explaining why the ACA was inadequate and that we need a publicly financed and privately delivered national health insurance plan – i.e., improved Medicare for All. She was prescient in highlighting the issue of underinsurance, which has burgeoned under the ACA.

As an organization supporting Medicare for All, we decided to become a chapter of HCFANC and thus a part of PNHP. We shed our cumbersome name in favor of Health Care for All – Charlotte.

Thanks to an anonymous donation, we engaged the multi-talented Shelley Welton to develop an organizational structure. And organize us she did! We developed guidelines and formed committees with definite goals and activities. We set out to educate the community.

In February 2011, Dr. Margaret Flowers returned with Dr. Carol Paris and Kevin Zeese, JD to conduct a four-hour training program to educate participants about a Single-Payer Health Care Plan and offer ideas for community and legislative outreach. Nearly 50 people attended.

# A doctor considers reform

2009

BY JESSICA SAXE

Special to the Observer

I am a patriotic American. I believe in American ingenuity. My belief that we can accomplish anything we set our minds to is one reason I am so distressed about the health reform debate.

Even more distressing is the fear and despair of the people who lack insurance and needed care.

Not long ago, Ms. Carpenter came to my office for a routine visit. (I've changed patient names and some characteristics, to maintain confidentiality.)

Her blood pressure was through the roof, putting her at risk for stroke, heart failure or even death. Tall and stately, she sat quietly as I told her she needed to go to the hospital at once. Then her big brown eyes filled with tears. Not surprising, I thought, to cry about a life-threatening condition. But she wasn't crying about her illness. "I can't go to the hospital," she said. "I don't have insurance, and I can't afford a bill."

Mrs. Walker, a middle-aged African-American woman with several conditions that need monitoring, hadn't seen me in nine months. She can't get insurance because she has had cancer. She apologized but explained that she was doing her best to buy medicine and had not been able to afford doctor visits. Her diabetes and high cholesterol were uncontrolled. I adjusted her medications, which should have been done months earlier.

I am inundated with journal articles about the value of optimizing blood pressure, diabetes and cholesterol control. Nothing in my medical education has taught me how to treat people who refuse needed hospitalization or don't show up because they can't pay. These examples occur despite the fact that I work in the best American system I know of for caring for the underserved.

Both those patients live in households with a working adult. As I listen to health debates, I am baffled about why covering them and the other millions of uninsured is not an urgent priority.

Deep fear that something we hold dear would change appears to motivate the opposition. But let's examine some frequently raised objections.

One is that 80 percent of Americans are supposedly satisfied with their health insurance. One source for that figure was an ABC News-Washington Post poll in June 2009 that found that 81 percent of respondents were very (42 percent) or somewhat (39 percent) satisfied with their coverage. Yet the question was asked only of insured people. Surely, if such a question included the 18 percent of Americans who are uninsured, satisfaction would be lower. Nor did the question distinguish among forms of insurance. Since another study (reported in the respected journal Health Affairs) found Medicare patients more satisfied than those with private insurance, we might infer that satisfaction with private insurance is considerably lower.

Even if 80 percent were truly satisfied, what is the implication? If 80 percent of our citizens had a safe water supply and 20 percent did not, would we find that acceptable? If only 80 percent of high school graduates could read, would we say our education system just needed tinkering around the edges?

I frequently hear a fear of the loss of the "best medical system in the world." I'm always curious about the origin of that assumption. Do we feel it is the best because it is familiar? Because we think our technology is better? Because we keep hearing other people tell us it is?

As a physician, I'd like instant access to MRIs as much as the next doctor (or patient), but I have never seen a study linking availability of MRIs to health outcomes. I have seen multiple studies documenting what does correlate with better health: a strong base

of accessible, comprehensive primary care, focused on the patient's needs (not disease-focused) and coordinated with other care.

I hear fear of rationing and wait times. Yet severely limited access to basic care for millions is the worst form of rationing.

With regard to waiting times, Germans are more satisfied than Americans; British and Canadians are less satisfied. But wait times are driven not only by the way medical care is delivered but with the money put into the system. The British spend less than half as much per capita as we do. Presumably, if they doubled what they spent on medical care, wait times could shrink.

And if we included the infinite waiting times of those without access, our comparisons might not be so favorable.

My greatest fears about health care reform are that nothing will change, leading to unsustainable cost increases and more people falling into the abyss of no coverage – or that "reform" will not be substantive.

We should tell our legislators:

- We must have universal coverage so all Americans may enjoy "life, liberty and the pursuit of happiness" and to prevent thousands of unnecessary deaths, disabilities and bankruptcies.
- At the very least, health reform should include a public option.
- Access to primary care must be strengthened. This has been shown to improve health.
- If we really want the magic trio – access, quality and cost savings (better than budget-neutral) – we should look to examples in most of the developed world and design a particularly American single-payer plan in which the government is the sole payment source, replacing private insurance, but does not deliver the care. Patients would enjoy more choice and better outcomes, and doctors would enjoy less bureaucracy than we have now.

I believe the American sense of justice can prevail, that our resourcefulness can triumph, and that we can find the means to ensure needed health care for all.



Saxe



OBSERVER FILE PHOTO

**Isn't it "rationing" when millions can't afford care they need?**

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In early 2012 we participated in a workshop with Blueprint NC to develop messaging.

The 2012 Democratic National Convention was a major event for Charlotte, with visiting dignitaries, security-blocked streets and competition for venues and events. Amidst the excitement and traffic snarls, we sponsored an elegant reception for Rep. John Conyers, the original sponsor of H.R.676, the Expanded & Improved Medicare For All Act, and gave him an award. The event drew a large crowd including out-of-town public officials and we gained many new members.

That fall, we concluded that we would be more effective independent of HCFANC and in December, we voted to become a free-standing PNHP chapter, Health Care Justice – NC (HCJNC). This required expanding our leadership and membership and developing our own strategic plan, website, and fundraising plan. We created our Facebook group in 2013.

Our keynote speaker for the May 23, 2013 HCJNC launch event was Dr. Gerald Friedman, U Mass-Amherst economics professor and drafter of financing proposals for single-payer health systems. He spoke on “Sustainable Quality Health Care for North Carolina: Single Payer is Not an Answer – It Is the Answer.”

We decided that HCJNC membership would only require signing a resolution supporting Medicare for All with no dues. By July 2014 we had 239 members.

Over the next several years, we spoke to local groups, brought national speakers and PNHP leaders to Charlotte, wrote op-eds and letters to the editor, met with members of Congress and their staffs, and attended marches, festivals and health fairs. Going into 2023, we have 3857 members and 893 members of our Facebook group.

In addition to supporting Medicare for All, we have worked with other groups supporting NC Medicaid expansion, participating in Medicaid expansion rallies, a cemetery vigil, and lobbying legislators in Raleigh.

Of course, March 2020 struck us as it did the rest of the country. Board and other meetings moved to Zoom, we cancelled plans for a visit by PNHP President-elect Dr. Susan Rogers, and as festivals and parades were cancelled, we were unable to continue recruiting large numbers of members at events. Nevertheless, we persevered in the new environment with virtual meetings, social media, emails, and texts.

In 2020, recognizing the profound effect that racism has had throughout the history of our healthcare system, we endorsed anti-racism as part of our mission. Many of our subsequent talks focused on or addressed that problem. We became members of the Charlotte Coalition for Truth and Reconciliation.

In 2021, we joined PNHP in opposing the Direct Contracting/ ACO REACH program, a stealth move to further privatize Medicare.

In February 2023 we spoke with HHS Secretary Xavier Becerra, who personally supports Medicare for All, about our concerns during his visit to Charlotte to publicize the healthcare benefits of the Inflation Reduction Act.

As we emerge from the Covid pandemic, there are still dark clouds hanging over the future of health reform. While majorities of the general public and physicians support universal publicly-financed and privately-delivered healthcare, it seems clear that achieving that goal will require greater support from the business community and political leaders. We continue to advocate with optimism, confident that our goal is attainable, affordable, and indispensable.

## HCJNC Highlights

### Visiting speakers:

October 13, 2010: Dr. Margaret Flowers of PNHP for numerous presentations

February 2011: Drs. Flowers & Carol Paris and Kevin Zeese, JD for organizational program

May 23, 2013: HCJNC launch event: Dr. Gerald Friedman: *Single Payer is Not an Answer – It Is the Answer.*

July 31, 2014: Dr. Ed Weisbart, Chair of Missouri PNHP: *Medicare for All: Audacious Simplicity in HealthCare*

January 20, 2015: Dr. Oliver Fein, PNHP past-president: *Health Care Reform: ACA vs. Single Payer*

July 2015: Dr. Andy Coates, PNHP past-president: *The Right to Health Care: Celebrating the 50th Anniversary of Medicare*

March 2017: Dr. Robert Zarr, PNHP past-president: *Truth, Clarity, and Demand: A physician's proposal to bring equity and sanity to our healthcare nightmare*

April 2017: Dr. Carol Paris, PNHP President, led a leadership workshop

April 2018: Dr. Weisbart: *Medicare for All: Simple, Prudent, and Proudly American* (plus workshop & multiple events)

April 2019: Wendell Potter, insurance industry whistleblower and author, gave 6 presentations on *Medicare for All: the Fight, the Obstacles, and the Benefits*

### Other events:

September 2015: Rep. Alma Adams co-sponsored H.R.676, the Expanded & Improved Medicare For All Act, after meeting with us. She subsequently has been an original cosponsor of the Medicare for All bills in each session, most recently H.R.1976 - the Medicare for All Act of 2021.

April 2016: Organizing workshop with Emily Henkels of PNHP

April 2017 (with HCFANC): met with Dr. Mandy Cohen, Secretary of the North Carolina Department of Health and Human Services (DHHS)

Summer 2017: Participated in a protest against TrumpCare on a flotilla of sailboats at the lake home of US Senator Tom Tillis – with coverage on the Rachel Maddow show

November 2017: Jacki Marshall & JoAnn Sieburg-Baker formed Cornwell Center satellite group

2019: Students formed chapters at UNCC and Queens University, among the first undergraduate chapters of Students for a National Health Program (SNaHP)

2019: Printed T-shirts and yard signs to publicize MFA and HCJNC and raise funds

January 2020: Founding meeting of NC Medicare for All Coalition (NCM4A)

December 2020: Student chapters given voting seats on our Board

2022: Development of letter with information about Medicare for All and HCJNC for people to give to medical providers at time of visits

### Over the years:

Chair Jessica Schorr Saxe elected to multiple terms on the PNHP Board, received PNHP's Dr. Quentin Young Health Activist Award in 2016

Members participated in annual PNHP meetings, including leading workshops and discussion groups, sponsored 5 of our student leaders in 2022

Multiple membership and public meetings for visiting speakers, national healthcare updates, status reports on progress of Medicare for All movement

Multiple meetings with Charlotte Observer editorial Board, Charlotte Chamber of Commerce

Multiple meetings with Rep. Alma Adams and her staff

Meetings with many candidates and/or staff

Multiple op-eds and Letters to the Editor in various papers in multiple states

Board Director Zach Thomas composed & recorded 3 music videos:

- *Make American Health Care for All*
- *Hymn for Health Justice*
- *Roll, Justice, Roll* (played at 2022 PNHP meeting)

Numerous showings of the movie FixIt and The Power to Heal with panel discussions

Recorded numerous videos with Medicare for All tutorials and testimonials posted on Cornwell Group website with additional educational resources

Participated in numerous episodes of the “Coffee and Pan Dulce Show” on Facebook and YouTube

Regularly attended & participated in:

- Pride Festivals
- Martin Luther King birthday parades
- Charlotte Women’s Marches (Dr. Saxe spoke)
- July 4th parades
- HKonJ parade in Raleigh
- Various Health & Wellness fairs
- March for Science
- RAIN/AIDS
- Action NC rallies
- Poor People’s Campaign rallies including in Washington, DC
- Moral March in Raleigh

**Our members made presentations to:**

- Multiple faith communities
- Multiple Rotary, Kiwanis, and Lions Club chapters
- Tuesday Morning Breakfast Forum
- AFLAC insurance underwriters
- Democratic Party groups:
  - Senior Democrats of Mecklenburg, Gaston, & Union Counties
  - North Carolina Senior Democrats State Convention
  - Women Democrats of Mecklenburg & Union Counties
  - Ashe County, North Mecklenburg, NC Democratic Party
- Leadership Charlotte
- UNCC & Queens University classes
- CMC Department of Pediatrics
- Mecklenburg Ministries
- Southern Piedmont Central Labor Council
- Elizabeth Family Medicine
- Indivisible groups
- Cornwell Center
- NC NAACP state convention
- NC AIDS Action Network
- Charlotte NOW

- ACLU Charlotte chapter
- Aldersgate Senior Living
- Center for Global Justice (San Miguel de Allende, Mexico)
- Retired Federal Employees
- Cabarrus College Health Sciences
- Barry Marshall Lunch Bunch
- Charlotte Clergy Coalition for Justice
- Democratic Socialists of America
- Joint Congressional Hearing
- League of Women Voters
- Care Ring
- Universal Institute for Successful Aging of Carolinas
- Charlotte Asian Heritage Association
- Davidson Learns
- Duke medical students
- Levine Museum of the New South
- American College of Health Executives
- Francine Marie radio show
- East Tennessee State Univ. Quillen College of Medicine
- National Federation of Business and Professional Women's Clubs
- Reimagining American Project: Truth, Reconciliation, and Atonement Commission
- Charlotte Center for Legal Advocacy
- African-American Covid Task Force with Duke SNaHP Chapter
- Charlotte-Mecklenburg Community Relations Committee
- Texas Association of Neurosurgeons
- American Academy of Family Physicians
- Mecklenburg County Medical Society



## Our leadership

Initial 2009 steering committee members:

- Robbie (Akhere) Chandler
- Andrea DeSantis
- David Jacobs
- John Johnston
- Daniel Neuspiel
- Malyn Pratt

Later members included:

- Carla Cunningham
- DeWitt Crosby
- Holger Hansen
- David Hornak
- Edie Irons
- Rebecca (Kehrer) Palmer

As we evolved to Health Care for All North Carolina, we were joined by:

- Valarie Cary
- John Clark
- Karen Griffin
- David Molinaro
- Sandy Welton
- Cricket Weston

As we transitioned to HCJNC, we were joined by:

- Madison (Hardee) Allen
- Susan Webb

The 2014 Board included:

- Marian Silverman
- Karen Bean
- Shami Hariharan
- Julia Westendorf
- Ann Newman
- Jim Henderlite
- Carol Bates
- Jay Patel

The 2016 Board consisted of:

- Jessica Schorr Saxe
- Carol Bates
- Karen Bean
- Valarie Cary
- Andrea DeSantis
- Denise Finck-Rothman
- Linda Gallehugh
- Shami Hariharan
- Malyn Pratt
- Marian Silverman
- Jennifer Stamp
- Margie Storch (December)

2017:

- Kyle Roedersheimer
- Zach Thomas
- Dimple Shah
- George Bohmfalk

2018: Jacki Marshall

2019:

- John Clarkson
- Tera Long
- Susan Rucker
- JoAnn Sieburg-Baker

2020:

- Michael Merenstein
- Royce Wolfe
- Student Directors Chiamaka Okonkwo, Andrea Badillo-Perez, Irene Kuriakose & Jackie Kincaid

2021:

- Megan Dunn
- Zahra Bahrani-Mostafavi
- Student Directors Annie Sung, Kevin Tan, Maria Garcia-Castillo, Sydney Lash

2022:

- Pressly Gilbert
- Jonisha Brown
- Student Directors Hassan Nagda, Kayla Walker

2023:

- Doug Robinson
- Julie Noh-Smith
- Lori Tiberio