

NOTABLE & QUOTABLE

Every day, visitors to Vermilion Cliffs National Monument in Northern Arizona hike into an area named Coyote Buttes North to see one of the “most visually striking geologic sandstone formations in the world,” which is known as The Wave. On an ancient layer of sandstone, millions of years of water and wind erosion crafted 3,000-foot cliffs, weird red canyons that look like you are on the planet Mars, and giant formations that look like crashing waves made of rock. There are old carvings known as “petroglyphs” on cliff walls, and even “dinosaur tracks embedded in the sediment.”

The Wave is unlike anywhere else on Earth. It is also part of a U.S. national park, and thus technically, it’s open to anyone. Yet, to preserve its natural beauty, the Bureau of Land Management lets just 64 people daily visit the area. Snagging one of these slots is an accomplishment, a ticket into The Wave is known as “The Hardest Permit to Get in the USA” by *Outside* and *Backpacker* magazines.

To apply requires going to [Recreation.gov](https://www.recreation.gov), the site set up to manage national parks, public cultural landmarks, and public lands, and paying \$9 for a “Lottery Application Fee.” If you win, you get a permit, and pay a recreation fee of \$7. The success rate for the lottery is between 4-10%, and some people spend upwards of \$500 before securing an actual permit.

That \$7 goes to the giant D.C. consulting firm, Booz Allen and Company. In fact, since 2017, more and more of America’s public lands - over 4,200 facilities and 113,000 individual sites across the country at last count - have been added to the [Recreation.gov](https://www.recreation.gov) database and website run by Booz Allen, which in turn captures various fees that Americans pay to visit their national heritage. . . .

— *Why Is Booz Allen Renting Us Back Our Own National Parks?* By Matt Stoller, November 29, 2022. **CHC**

Medicare for All is the answer, but Bernie Sanders backs away

AFL-CIO AARP push Medicare Disadvantage

By Citizen Staff

The AFL-CIO and AARP were present at the creation of Medicare when President Lyndon Johnson signed the bill into law in 1965.

Both testified before Congress in its favor.

Fast forward and now the AARP, the AFL and other unions throughout the United States are complicit in the insurance industry push to corporatize the popular program.

Most troubling is the spreading practice of unions partnering with private insurance companies to pitch union sponsored Medicare Disadvantage – euphemistically called Medicare Advantage plans – to workers.

AARP and the unions are now partnering with the insurance companies to push Medicare Disadvantage on their own members.

This is Medicare Disadvantage in a nutshell. It’s an insurance plan that induces seniors by offering advantages that traditional Medicare doesn’t offer – like vision and dental coverage. That’s the upside. The downside is that when you actually get seriously ill, you might not get the coverage you were promised.

Now, about half of all seniors in the United States are in Medicare Disadvantage. The unions should be fighting against the move to privatize Medicare.

Instead of fighting, they are joining with the insurance companies to corporatize Medicare.

Prior to last year, New York City’s 250,000 municipal retirees had a good deal on health care. All were covered by traditional Medicare. And they had a gold plated Medicare coverage.

But then in a move that many retirees say lacked transparency, Mayor Bill De Blasio and the leadership of the city’s major labor unions, led by the Municipal Labor

Committee, cut a deal that would automatically shift all retirees off traditional Medicare and into a private Medicare Advantage program

The big daddy of unions, the AFL-CIO, is itself now partnering with the giant insurance company Anthem to push Medicare Disadvantage plans on its retired union members.

Last month, a retired union member mailed to us the first ad for the campaign:

“Introducing AFL-CIO Medicare Advantage group plans, provided by Anthem Comprehensive coverage available exclusively to retired union members.”

The ad featured a picture of a retired union member getting a hug from his wife.

Last year, the AFL-CIO reiterated its support for traditional Medicare.

“Medicare is a pillar of the healthcare system,” the AFL-CIO said.

Then why is it working to privatize it? Ed Grystar is a labor organizer and founder of the Western Pennsylvania Coalition for Single Payer Healthcare.

“Even as labor negotiations continue to be inhibited by rising healthcare costs, labor refuses to expose the corruption and waste within the on-going privatization of Medicare, harming its members, reducing union credibility, and contributing to the down-

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Why not? He didn’t say. But the answer was clear to all

ward spiral of health benefits for all,” Grystar told *Capitol Hill Citizen*.

Grystar points to a Biden administration program now called ACO REACH (Accountable Care Organizations, Reaching Equity, Access and Community Health). He says the program enrolls beneficiaries who have selected traditional Medicare into a privatized program without their consent.

“These programs can be eligible for profits of 25 to 40 percent,” Grystar said.

He says the aim of the program is to put all beneficiaries onto a privatized plan by 2030.

“Incredibly, it has no congressional oversight and little pushback by Congress,” Grystar said.

Grystar points out that the Alliance for Retired Americans, the AFL-CIO’s national retiree organization, has refused to issue any statement against the privatization of traditional Medicare.

“What we are facing in 2022 is the destruction of Medicare by corporate privatization, supported by many top labor unions and their compromised allies in Washington,” Grystar says.

Instead of a non-profit representing seniors, AARP can now accurately be described as an insurance company seeking to disembowel traditional Medicare.

As Matthew Cunningham Cook put it recently in a report from *The Lever*, “despite massive and systemic problems with for-profit Medicare plans denying care to seniors while costing the government more than \$7 billion annually in excess fees, the leading advocacy group tasked with protecting older Americans is welcoming the privatization of the national health insurance program – while earning as much as \$814 million annually from insurers advertising the plans.”

“On one hand, AARP, formerly known as the Ameri-



Sen. Bernie Sanders, I-Vt., is joined by Democratic Senators and supporters as he arrives for a news conference on Capitol Hill in Washington, Wednesday, Sept. 13, 2017, to unveil their Medicare for All legislation to reform health care

AP Photo/Andrew Harnik

can Association of Retired Persons, collects enormous amounts of revenue from Medicare Advantage insurers to supplement huge executive salaries (the nonprofit’s CEO made \$1.3 million in 2020),” *The Lever* reported. “On the other hand, the organization is expected to advocate for the best interests of their 38 million members – and the 28.4 million Americans now covered by Medicare Advantage plans, or nearly half of all Medicare beneficiaries.”

As Don Berwick, the former administrator of the Centers for Medicare and Medicaid Services (CMS) put it – “AARP makes money through its own Medicare Advantage plans. It would be understandable that it would try to protect one of its major income sources.”

In 2021, AARP earned \$814 million in “royalties” for its health care work.

That figure is more than double what the organization collects in dues and is 20 percent higher than 2018, *The Lever* reported.

AARP and the AFL have become twin pillars in the non profit industrial complex that dominates Washington’s so-called public interest sector. They have morphed from advocates for workers, the elderly, and citizens, into an arm of the insurance industry’s lobby.

Last year, at long last, Con-

gress started to poke around the Medicare Disadvantage scam.

In October, ahead of the Medicare Open Enrollment period, Congressmen Ro Khanna (D-California) and Mark Pocan (D-Wisconsin) introduced the “Save Medicare Act” to rename so-called “Medicare Advantage” plans, prohibit private insurers from using “Medicare” in plan titles or advertisements, and impose significant fines for any insurer that engages in this deceptive practice.

“Medicare Advantage’ is just private insurance that profits by denying coverage and the name is being used to trick seniors into enrolling. That’s not right,” Khanna said. “This bill will prevent these private insurers from labeling themselves as ‘Medicare’ and allow us to focus on strengthening and expanding real Medicare instead.”

“Only Medicare is Medicare,” Pocan said. “It is one of the most popular and important services the government provides. We should be working to

expand this service to include coverage for dental, vision, and hearing care, as well as looking at ways to strengthen it rather than allowing these ‘Medicare Advantage’ programs to provide pale alternatives to what Medicare does.”

“These non-Medicare plans run by private insurers undermine traditional Medicare. They often leave patients without the benefits they need while overcharging the federal government for corporate profit. This bill eliminates any confusion about what is – and

what is not – Medicare, and ensures this essential program will continue to serve seniors and other Americans for years to come.”

According to the federal Medicare Payment Advisory Commission’s 2022 report to Congress, at least \$12 billion in overpayments were made to Medicare Advantage plans in 2020 by the federal government.

What Khanna and Pocan are putting forth is a baby step

that is probably too late to save Medicare from the Medicare Disadvantage vultures.

It might instead be time to stick it to the entire non-profit industrial complex, and the insurance industry with which they stand, and move across the street and stand with the grassroots citizen movements, kick the private insurers out of Medicare altogether and bring the USA into the 21st century by adopting full public and far more efficient Medicare for All with free choice of doctor and hospital.

What about Bernie Sanders (I-Vermont), the champion of Medicare for All in Congress? In an e-mail blast to his list of supporters at the end of last month, Sanders says that he will be taking the gavel as Chair of the powerful Senate Committee on Health, Education, Labor and Pensions Committee (HELP).

Number one on his list? Health care.

“We must have the courage to stand up to the greed and recklessness of the insurance companies and the pharmaceutical companies,” Sanders writes. No mention of Medicare for All.

In fact, last month, Sanders was calling public interest leaders to get their ideas on what hearings he should hold in the committee.

“Of course, we can’t do Medicare for All,” Sanders told a number of the activists, including Susan Rogers, the outgoing chair of Physicians for a National Health Program.

Why not? He didn’t say. But the answer was clear to all.

The Democratic Party is incapable of standing up to the insurance and pharmaceutical corporations. And Bernie has become a player.

“Of course, we can’t do Medicare for All.” **CHC**

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Briahna Joy Gray: Why didn’t Democrats force the vote on Pelosi?

Force the vote meant – progressive Squad members could leverage their speakership vote to extract concessions from Nancy Pelosi. Unlike Republicans now, the left asks were to be substantive, not just procedural. One key asked was a vote on Medicare for All, which was intended to keep the fight alive and draw a contrast between Democrats’ claims that they wanted to improve health care for Americans and the fact that they repeatedly kill Medicare for All legislation as quickly as they receive money from the pharmaceutical industry. . . .

If you want to understand why the vote for Medicare for All was

such an important ask, just look at what’s happened over the last two years. Look at how California with a Democratic super majority legislature killed a statewide Medicare for All bill.

Or consider how silent all of the Squad members had been about Medicare for All since the end of the Bernie campaign.

Did 68,000 people a year stop dying from a lack of health insurance? Or did it just become uncool to talk about it now that we’re outside of the fundraising cycle? . . .

Nancy Pelosi was obviously an enemy to the left and should not have been voted for without gaining something significant in return.

After AOC’s first notable day in Congress, the longtime Speaker made

quick work of bullying the Squad members into submission. “An iron fist in a Gucci glove,” is how *Politico* described Pelosi. . . .

And over the course of their first two years in Congress, the Squad members largely submitted to said fist. But here here was an opportunity to draw attention to the corruption that paid for that proverbial Gucci glove. . . .

What this moment really shows is how fully controlled by the corporate Democratic Party progressive Democrats really are. What the Republicans are fighting for now is not what I would have asked for. But the point is that progressives in 2021 could have asked for anything. . . .

AOC tweeted that she wouldn’t be forcing the vote because she was negotiating on the inside for

committee appointments and was reserving leverage to fight for \$15 minimum wage.

But how did that go, AOC? . . .

Biden and the corporate Dems killed the \$15 minimum wage when Chuck Schumer stripped it from must pass COVID legislation that only needed a bare majority to pass, converting a 51 vote issue to a filibuster proof vote.

And it was reported that Pramila Jayapal whipped votes to make sure the progressives didn’t threaten to vote down the COVID relief bill in protest. I guess that sort of move is only allowed if you’re Joe Manchin or Kyrsten Sinema fighting for corporations, not progressives fighting for the people. . . .

— *Briahna Joy Gray on The Hill’s Rising show, January 4, 2023. CHC*