

## Politics and Economics

# Singlepayer healthcare plan still in play

By Suzan Erem

John Smith is a contract employee with the county who receives fair wages for the specialized services he provides, but no health benefits. Because of the sensitive nature of his situation, he has asked Voices not to use his real name.

Smith is 56 and has been self-employed for years, but now not having health insurance has taken on a new urgency. In fact, it could be a matter of life or death. His father died of prostate cancer. His twin brother has early signs of it. And now that he has lost his health coverage, Smith knows that as soon as he applies for individual health insurance as a self-employed person, the insurance company will require either a statement of his health history or a physical. If he has a high Prostate-specific antigen (PSA) count (an early sign of prostate cancer) in his medical records, insurance companies will either exclude coverage for prostate cancer or set sky-high premiums.

"I really have no options open," Smith, who holds dual citizenship here and in Europe, told Voices. "How this situation can exist in the richest Western economy is

beyond imagination."

Rep. Kerry Benninghoff, whose family has had extensive experience with the healthcare system, might be asking the same question. He has scheduled a March informational session for the House Rural Healthcare Caucus, which he chairs, about the single payer healthcare option. The meeting will be an opportunity for single payer healthcare advocates to present information to legislators and answer their questions.

"My goal is to try to provide different forums to get information," Benninghoff said in an interview. "If people have fear for lack of information, they're going to oppose it."

The number of Americans in Smith's situation is growing exponentially, up almost 8 million between 2000 and 2008 according to the U.S. Census Bureau. It is one reason why Barack Obama made healthcare a central platform of his presidential campaign.



Norman Soloman

But Obama supports "universal" coverage, meaning everyone will have access to healthcare coverage provided by an insurance company, but not "single payer," where the government pays for privately-provided health services, taking insurance companies out of the loop.

Single payer systems exist in every industrialized nation in the world, and a 2007 poll of Pennsylvanians indicated the strongest support for such "Canadian-style" healthcare (Voices Nov. 2007 online). Single payer also exists here in the form of Medicare, a program with 3 percent overhead costs compared to 12 to 20 percent for many major health insurance companies, (an estimated \$17 billion to \$22 billion per year for Pennsylvanians according to the Voices Feb. 2007 report based on a 2003 Harvard study)

Gov. Ed Rendell is alone among governors to promise that if single payer gets to his desk, he will sign it into law. When asked at a State College press conference in 2007 about why he did not support single payer, Rendell said he was working with a general assembly that would not support more taxes.

Leading up to last November's elections, the Rock Ethics Institute at Penn State hosted Chuck Pennacchio, executive director of Healthcare for All Pa, and the head of Physicians for a National Health Program David Himmelstein, a professor at Harvard Medical School.

Then in December, Centre County residents Smith, Joanne Tosti-Vasey and Joyce Luzier drove to Harrisburg to attend a statewide conference organized by Pennacchio to rev up the agenda on single payer. State College resident Chris Byrne, a Penn State professor, made a presentation at the conference as well.

The meeting's primary purpose was to develop a strategy for passing the "The Family and Business Healthcare Security Act." The conference keynote speaker was syndicated journalist Norman Solomon, national co-chair of the Progressive Democrats of America's "Healthcare NOT Warfare" initiative.

"What we don't need is more ways to subsidize the insurance industry," Solomon

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# Bellefonte military family concerned about future

By Sophie Kerszberg

The Miltenbergers of Bellefonte have collectively served in the Army for more than 29 years, but now find it difficult to extricate themselves from military life.

More than 30 years ago, to pay for college, Dan Miltenberger participated in Reserve Officers' Training Corps. His four years of payback time in the military turned into 23 years of service. He put his uniform back on to work for the ROTC program at Penn State.

"At the time, we liked it," Dan's wife Mary said, "This was the late seventies; the military then isn't what it is today."

"The whole system is different," Mary said, "Back then you did your tour in Vietnam and then you were done. Now, like they say, 'If the Army wanted you to have a family, they would issue you one.'"

Mary's grandfather served in Europe during World War II. She said he was proud to have served his country, and happy to come home on time.

Today soldiers stay at a single base for five years, Mary said. Their chances of getting deployed and redeployed increase when a soldier stays with the same unit for a set amount of years.

Mary Miltenberger's youngest son Mike is 27 years old and has completed two tours of duty in Iraq and one in Afghanistan. Now in Iraq for his third tour, he was scheduled to come home in February, but was told he would have to stay with his unit, which is not slated to leave until November of 2009. "His life is on hold," Mary said.

Mike Miltenberger has seen his seven-month-old daughter for a total of three weeks. When he sees her again, she will be a year and a half old.

"The war has been forgotten," Mary said, "It's not in the news anymore. But if the public only knew what was going on there..." She described a story told to her by her son Mike. Along with a few of his fel-



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Photo by Mary Vollero  
Mary and Dan Miltenberger of Bellefonte await the return of their son Mike from Iraq. Family members' military service totals more than 29 years, yet Mary says, "This isn't the Army we came into."

# Local women await Obama's support of U.N. convention

by Laura Newcomer

The United States of America has something in common with Iran, Qatar, Somalia, and Sudan. The United States is one of only seven countries that have not ratified the United Nations Convention on the Elimination of all Discrimination Against Women (CEDAW).

Adopted in 1979 by the U.N. General Assembly, the convention was signed in 1980 by President Jimmy Carter. But throughout the last three decades, the treaty has yet to receive Senate approval. Now, local women's rights activists are looking to the incoming Obama administration to push for national ratification of the treaty.

"It's an embarrassment that the United States is the only industrialized country in the world not to have signed CEDAW," Justine Andronici, Centre Hall resident, co-president of Nittany NOW and board member for the National Organization for Women (NOW) said. "It hampers our ability to lead the world in equality for women. We make claims about supporting women's rights, and we even used that rationale as partial justification for war when we claimed that we would free the women of Afghanistan. And yet here we are in 2009 and we haven't signed the most significant women's rights treaty ever passed," Andronici said.

The treaty is an "International bill of rights for women," according to the United Nations, and is designed to ensure that women have equal access to opportunities in political and public life. This includes the right to vote and stand for election, as well the right to education, employment, and health. CEDAW is the only international convention that ensures women's reproductive rights. (According to the U.S. State Department, the treaty remains "abortion

neutral.")

Countries that ratify the convention are required to submit a report to the U.N. at least every four years, discussing the measures taken to comply with the treaty. Currently, 185 of the U.N.'s 192 members—over 90 percent—are party to the convention. Only seven countries have not ratified CEDAW: Iran, Qatar, Nauru, Palau, Tonga, Somalia, Sudan, and the United States.

Andronici said that United States ratification is essential for actively pursuing gender equality.

"Women in the United States still have a long way to go," Andronici said, "We are more than 50 percent of the population, and still earning significantly less than our male counterparts at work. Disparities exist in our opportunities across many sectors of society, especially education and health care," she said.

Some communities are opting to take matters into their own hands rather than wait for the federal government. Citing San Francisco as a model, Andronici said that "We need to press local communities to commit to CEDAW. This is something we should be doing in State College."

One of the most serious issues affecting women in Centre County today is the prevalence of violence against women, Anne Ard, executive director of the Centre County Women's Resource Center (CCWRC) said.

"Sexual assault, domestic violence, and stalking are critical areas because they're life-threatening, and because they're exacerbated by other social factors," she said,



Justine Andronici

adding that violence against women is facilitated by other instances of national gender inequality, such as the differential in employment and economic opportunities.

This disparity also affects women's access to health care. "Health coverage is gendered," Jane Henreesy, Study Director at the Institute for Women's Policy Research in Washington, D.C. said. "Women bear more of the burden of care for children and for the disabled and elderly. That affects their ability to work," she said, explaining that women can only access health coverage through a spouse. The lack of support for child care and accessible public transportation further impede women's attempts to obtain employment, Henreesy said.

Women who do work still may not have access to health care, since the jobs typically filled by women are not guaranteed health coverage, Henreesy said, "These are very racial issues as well," she added.

But CEDAW is not the final solution to gender inequality in the United States.

"The convention has had limited effect," partially because "there is no effective enforcement," in countries that have already ratified, explained John King Gamble,

political science professor at Penn State Behrend. "Some countries do not bother to file reports. Others gloss over violations. If a treaty is blatantly incapable of fulfilling its mission, it may do more harm than good, because the mere existence of the treaty creates an illusion of progress that can reduce pressure for real progress. I don't think we are to that point with CEDAW, but it might be close," said Gamble.

But the ratification of CEDAW is still a step in the right direction, said Deb Fulham-Winston, formerly of Planned Parenthood of Northeast and Mid-Penn. "It's wonderful that it actually articulates all of the areas affecting women," she said. "It's not just employment, not just violence, but looking at women as whole people and full citizens who contribute to the health and well-being of society."

Furthermore, Andronici said national ratification would "broaden our understanding of the meaning of equality," and help the United States "reclaim our position as leader on women's rights." In the meantime, she said, it is up to local communities to make the United States a country worthy of that distinction.

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told the audience, explaining that when people are forced to purchase insurance they get low quality plans with high deductibles that dissuade them from getting care.

Luzier, a retired medical lab technician from Philipsburg, attended the conference to support those who don't have coverage.

"I think this is what we need not just in the state, but the whole country," she said. "I think it could save the state money because what they're planning on doing is having it set up like Medicare, and it would take the insurance companies out of it."

Luzier said she was impressed with the plan to cover all care while reducing administrative costs. "Even though I have insurance besides Medicare, prices keep going

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low soldiers, he was selected for an assignment that involved picking up body parts strewn about a field. He picked up a severed arm and noticed a wedding band on the finger. "They're serving their country," Mary said, "But how much can one person take?"

Mary Miltenberger said that her family would not trade the experiences the military afforded them for anything. The Army made it possible for her family to see Europe and live in Germany during her husband's tours.

"The Army was good to us," Miltenberger said, "But this isn't the Army we came into."

A registered independent, Miltenberger ardently supported Barack Obama during the presidential campaign, and she supports Obama's handling of the military so far. "Right now I think he's doing the right thing by treading lightly on what's happening out in the world," she said. "Our president has to make any changes slowly, and so

up," she said.

Other states are looking to Pennsylvania for ideas. Pennacchio testified to a Colorado legislative task force in December and addressed the Progressive Democrats of America in Virginia the same month. Led in large part by its Pittsburgh delegation, the national general assembly of the Presbyterian Church voted last June to support single payer.

Pennsylvania cities that have endorsed single payer include Philadelphia, Pittsburgh and Erie. Allegheny County Council, the Pennsylvania Council of Churches, 37 Pennsylvania representatives and six senators have also signed onto the legislation. Centre County's Rep. Scott Conklin, Sen. Jake Corman and Rep. Kerry Benninghoff have not signed on.

Benninghoff said there are parts of the

far, I think he's doing a good job."

Most importantly, Miltenberger said, is his willingness to hear all sides of an issue.

"I wish he would ring my doorbell right now because I feel like he's the type that would sit down at my kitchen table and we could talk and he would listen to me," she said.

For soldiers like Mary's nephew, who will be deployed to Afghanistan next year, Obama's plan to focus on Afghanistan will mean more extended tours of duty.

While Mary Miltenberger identifies her family as a "military family," her critical eye of military operations is ever watchful. "I've seen people who will support every mission no matter what. I'm not like that. I'll always support our troops, but I think for myself."

Miltenberger supports mandatory service for all 18-year-olds, male and female. She explained that such a system would ease the burden on current soldiers. Miltenberger said that her view of how the military should be structured will probably not be enacted under the Obama administration.

bill he could see passing piecemeal, such as the streamlining of the billing process. But removing health insurance companies altogether isn't likely this session, he said.

"We've gotten so used to third party pay, that's a pretty dramatic change," he said of single payer. "You're asking people to make a big mental leap they're not ready to make yet."

Meanwhile, Rendell has re-introduced his healthcare plan to a resistant General Assembly facing a budget crisis and a failing economy. His proposal includes health insurance companies and their underwriters who perform a function Smith has grown to detest. Underwriters review the medical history of prospective insurance clients and have the power to exclude particular coverage and set rates.

"This word signifies that the medical

According to Miltenberger, the military is asking too much of soldiers who have been away from their families long stretches of time—and too much of their families that struggle to adjust while the soldier is away.

"I'm seeing families being torn apart," she said, adding that while the family goes on with their lives, the soldier defers school and family time.

"Military families are not being taken care of properly," Miltenberger said. "These young men and women have made incredible sacrifices and we're not taking care of them. The families just cannot bear the burden."

"It takes a very special spouse to keep the home fires burning, so to speak," Miltenberger said. "They train the military, but they don't train the spouses."

Miltenberger said that military families need better counseling services at their disposal. A system that according to Miltenberger would allow for the families to deal with their loved ones' post deployment emotional, and societal adjustment problems

insurance industry can pretty much charge what it likes under zero restraint from any legislature, as it is solely a contract between an individual or family and the insurance company and not subject to any oversight," he said.

And while politicians debate over how heavily (or not) insurance companies should be regulated, uninsured Centre County residents like John Smith wonder how long they can hold out without medical care.

But at least Smith has one option his American friends and neighbors do not.

"It may be that I'll have to return to [Europe] and get treated there if I'm in the same situation as my brother," he said, a solution that leaves Centre County with one less skilled worker and no answer to its healthcare problems.

"When your spouse wakes up in the middle of the night screaming, how do you handle that?" Miltenberger asked. "The PTSD[Post Traumatic Stress Disorder], the need for space—families need to learn how to deal with it."

The military also needs a better way of maintaining medical care for soldiers, Miltenberger said. The waiting lists for Veterans Affairs hospitals are long, and the nearest facility can be far away, as is the case here in Centre County.

"I am disappointed that there will be cuts to veterans' benefits," Miltenberger said. "By the same token, with the way the economy is, I understand that cuts need to be made somewhere. I just don't feel like this is the right place to do it."

Veterans today have enough difficulty getting health care, she said. Her retired military husband Dan is listed on her insurance because of cuts to Tri-care, the military insurance plan he would qualify for.

"When the troops get back, we have parades for them," she said. "But when the parades are over, what then?"



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