



Getting to the Root of the Problem GRASSROOTS

The Newsletter of the Hunger Action Network of New York State

September 2009

Faces of Hunger Action Network

Dr. Andy Coates is secretary of the Capital District chapter of Physicians for a National Health Program, teaches at Albany Medical College and practices internal medicine in Albany, NY. He is a member of the Public Employees Federation, AFL-CIO and co chair of Single Payer New York. Hunger Action helps coordinate SPNY.



In addition to helping spread the word throughout New York about the need for single payer universal health care – everyone in, no one out - Dr. Coates is raising three children with his wife Lori. He is also active in the Bethlehem Neighbors for Peace, participating in

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Green Jobs Enacted

The State Senate in its September 10 special session passed the Green Jobs / Green NY Program. The bill already passed the Assembly and has the support of Gov. Paterson. It will help reduce energy use and greenhouse gases; save customers on their heating and utility bills; and provide much needed jobs in our community.

The bill authorizes NYSERDA to implement a demonstration program to provide funding for energy audits and energy-efficient retrofits for residential, small business, and not-for-profit property owners. This will reduce dependence on fossil fuels, lower housing costs, support community development and create green jobs to sustain and enhance our economy.

\$112 million of capital funding from the Regional Greenhouse Gas Initiative (RGGI) is allocated by the bill. Of this, \$70 million will be for a Green Jobs-Green New York revolving loan fund with no less than 50 percent of capital monies going to residential retrofits. It also provides \$2 to 4 million of RGGI

funds to be used to establish green job training throughout the state. Additional Green jobs program funding has already been provided for welfare participants.

Hunger Action Network was one of the first groups to call for the carbon permits under RGGI to be auctioned off rather than being given away for free. It was our hope that these funds would be used for initiatives such as weatherization and green job creation. There is a serious lack of jobs in many low-income communities, especially in upstate New York. Energy programs targeting low-income populations have a successful record of providing jobs and training to low-income workers.

Housing is a major culprit in energy waste and relatively minor interventions can make housing vastly more energy efficient. Equally important, the cost of home energy is making housing more unaffordable than ever. Reducing energy use and performing green upgrades on housing is vital for keeping a roof over one's head. CO2 traps heat and spurs climate change, which creates immediate problems for local communities (like worsening health outcomes) as well as a long-term threat to the planet. These

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Notes from the Executive Director

It is time for America to make health care a human right. Unfortunately, the Democratic Congressional proposals fall far short of doing that. Thirty million or more individuals would still have no health insurance coverage and far more would be forced to pay for expensive, inadequate insurance that would fail to cover them when they most need it. 78% of Americans who go bankrupt due to high medical bills actually have health insurance.

It is debatable whether a “robust” public option that would cover 130 million or more Americans would help us achieve universal health care. The experience in a dozen states that have tried similar experiments show that the answer is no. The programs fail because they do not control costs, mainly failing to address the huge wasteful expenditures involved with for-profit private health insurance.

However, media reports to the contrary, Congress is not considering a “robust” public option. There is no public option in the Senate bill. The House public option would cover, at most, 11 million, and wouldn’t even be implemented until 2013. The Cong. Budget Office concluded that the House public option was way too small to have any impact on costs or the number of uninsured.

Yet the national debate has turned into one about a public option, rather than about health care as a human right or eliminating for-profit insurance companies. It is odd that the “teabags” protestors have focused on non-existent issues like death panels or socialized medicine rather than the actual details. For instance, conservatives presumably would have problems with the main Democratic proposal: to mandate that every American buy expensive health insurance if they don’t get it from their employer or the government. Yet this central issue is largely ignored.

I would also expect conservatives to demand reducing the excessive cost of health care in America. We spend \$7,129 per capita, far more than any other country. Yes, some people are complaining – as they should – that the Democrats’ proposal would actually increase spending but there doesn’t seem to be much yelling to cut existing costs.

Now, the easiest way to save money – about \$350 billion a year – would be to eliminate our present system of for-profit private health insurance. This is what every other industrial country does – though some do allow for supplemental insurance for particular benefits. Is it possible that the insurance companies don’t want the teabaggers to protest insurance mandates or to support the elimination of insurance companies’ profits? It is also odd that conservatives aren’t protesting the Democrats’ decision to protect the profits of the drug companies by preventing the bulk purchasing of prescription drugs.

We need health care reform that cuts costs; covers everyone; and, gives consumers, rather than insurance companies, control over their medical decisions. Medicare is the American version of the single payer health care system used in the rest of the world. Why can’t we adopt this American solution for all Americans (e.g., HR 676, S. 703)?

Yours in Peace and Justice. Mark Dunlea



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NYC Misses \$271 Million in Food Stamps

The Supplemental Nutrition Assistance Program (SNAP/Food Stamps) is a critically important but underutilized resource in urban America. In *Urban America: A City-by-City Snapshot*, the Food Research and Action Center studied 24 large urban areas and found that only 67 percent of eligible people participated in the program in 2007; as a result, the 24 cities lost out on more than \$1.6 billion in federally-funded benefits.

As cities struggle with economic challenges, closing the participation gap can help both families in need and local economies. All of America's big cities stand to gain millions of federal dollars each year through comparatively modest efforts to increase participation in SNAP/Food Stamps.

"The biggest losers are low-income households when there is underparticipation in the program. But, local communities lose as well – they are missing out on millions of dollars that can benefit their economies," said Jim Weill, FRAC President. "SNAP/Food Stamps is the nation's most important direct defense against hunger and one of the most effective ways to stimulate the economy. It is also the nutrition program that can do the most to eliminate childhood hunger, a goal the President has set for achievement by 2015."

FRAC's report documents participation right before the start of the recession. Since 2007, national SNAP/Food Stamp participation has experienced record growth, with the most recent data from the U.S. Department of Agriculture showing that more than 35 million people received SNAP/Food Stamps in June

2009. Despite this growth, millions of potentially eligible people in these cities are not receiving SNAP/Food Stamps.

FRAC's report identifies several strategies that can connect eligible people with benefits. For example, SNAP/Food Stamp agencies can make it easier for households to obtain benefits by allowing them to apply over the telephone and on the Internet. SNAP/Food Stamp outreach projects can get application information to people where they work, go to school, seek health care, and shop.

Among the 24 big cities covered in this report, all but three had a poverty rate equal to or higher than the national rate of 13.3 percent in 2007. In a majority of the cities, at least one child in four lived below the poverty line in 2007.

In 2007, 13.5 percent of households in principal cities experienced food insecurity, as compared with 11.1 percent of households in the entire U.S. population.

In total, more than \$1.6 billion in federally-funded benefits was left unclaimed by the 24 cities and urban counties in 2007. Los Angeles left \$399 million in unclaimed benefits on the table; New York City missed out on \$271 million; and Harris County (Houston, Tex.) missed out on \$203 million.

The full report, SNAP is available at www.frac.org/pdf/urbanfoodstamps09.pdf

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Federal Child Nutrition Reauthorization

In 2009, Congress will review the Child Nutrition and WIC Reauthorization Act of 2004. This legislation, which is set to expire on September 30, 2009, includes all of the Federal child nutrition programs, including the School Breakfast and the National School Lunch Programs, the Summer Food Service Program (SFSP), the Child and Adult Care Food Program (CACFP), and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

These programs touch millions of children each day. They are shown to improve educational achievement, nutrition and overall health. Reauthorization provides the opportunity to improve and strengthen these programs so they better meet the needs of our nation's children. In addition, President Obama has set a goal of ending child hunger by 2015.



FRAC is helping to coordinate a nationwide coalition around reauthorization. Key points include: Expand the Afterschool Meal Program to all 50 states; Improve the area eligibility test so more communities can operate afterschool, summer, and child care food programs.; Provide funds for a grant

program to support the start-up and expansion of universal and in-classroom school breakfast programs; Invest in Summer Nutrition Programs by providing funding for start-up, outreach, and transportation grants; and, Allow child care centers and homes the option of serving a third meal.

Congress appears headed for a short-term extension beyond the Sept. 30 deadline to March 30, 2010. The federal government spends about \$15 billion a year on the programs operated under the law. One challenge facing Congress is finding budget offsets to provide the \$1 billion a year in additional money for child nutrition programs sought by President Obama. The money is subject to pay-as-you-go rules. Cong. Rangel of Harlem, as Chair of the House Ways and Means Committee, is a key target.

Jim Weill, president of the Food Research and Action Center, said simply renewing the current law is insufficient. He said the “recession has underscored both the many strengths and the still remaining weaknesses of the nation’s child nutrition programs in responding to child hunger and family food insecurity” and that lawmakers need to “move as quickly as possible — this year or early next year — to strengthen the programs.”

Groups in NYC, including City Harvest, NYC Coalition Against Hunger, and HANNYS, have joined into the NYC Alliance for Child Nutrition Authorization. The coalition is pushing for the reauthorization of the Child Nutrition Act to:

1) Make significant progress towards the goal of ending child hunger and food insecurity in America by 2015;



2) Ensure that all children have access to high quality, nutritious foods (local and regional whenever possible) in their schools and through other child nutrition programs;

3) Reduce obesity and diet-related diseases and ensure productive, healthy generations; and

4) Support and expand regional farm and food economies, increasing jobs, enhancing infrastructure, and reducing unsustainable environmental impact.

The three Key Strategies to Achieve Those Goals

1. Make federal child nutrition programs universal and more nutritious while reducing their administrative paperwork and bureaucracy.

2. Give programs more resources and technical assistance to serve all children with nutritious food, local and regional whenever possible, produced in an environmentally and economically sustainable manner.

3. Make nutrition education available to all children and caregivers through child nutrition programs.

NY Provides \$200 Back to School Grant to Low-Income Children

In early August, Governor David Paterson announced a collaboration with George Soros and the Open Society Institute to provide one-time, \$200 grants to more than 800,000 children in low-income families across NYS to help purchase school supplies as they prepare to return to class in September. Families who receive public assistance or food stamps received a one-time Back-To-School Supplement of \$200 per school-aged child (ages 3 through 17) in time for the start of school.

“The Hunger Action Network applauds Governor Paterson for his leadership in assisting low-income New Yorkers. Providing a \$200 “back to school” allowance to food stamp recipients is an innovative way to take advantage of the federal stimulus package, providing a much needed economic boost for local businesses while helping to alleviate poverty and hunger,” stated Mark Dunlea, Executive Director of the Hunger Action Network of New York State.

“It is a great complement to the first increase in 18 years in the basic welfare grant that the Governor provided earlier this year. Many studies have documented that putting money into the hands of low-income people is the most cost-effective way to help the local economy during this economic recession,” added Dunlea.

Much of the success of this initiative was due to the efforts of Legal Aid Attorney Ken Stephens, who convinced state officials to take advantage of a provision of the federal economic stimulus package to provide a 4 to 1 federal match of any state one time payment to TANF-eligible individuals. Stephens was also instrumental in re-

cruiting George Soros to contribute the state share.

OSI committed \$35 million from its Foundation to Promote Open Society to the State Office of Temporary and Disability Assistance (OTDA)

Governor Paterson said, “These \$200 grants will provide thousands of families with a much needed financial boost so that they can better meet the needs of their children as they prepare to go back to school. This partnership is a continuation of my commitment to aggressively identifying opportunities to use economic stimulus funds to help our neediest New Yorkers and to bolster our State’s economy.”

Mr. Soros said: “Even in the toughest of economic times, getting ready for school is important. When I was a student right after World War II, I had no money. I received cash from charities and I remember how important that was to my education. Since then, I have been very fortunate, so I am happy I’ve been given the opportunity today to help others. I hope these funds will relieve some of the financial burden on New York’s families so their children can start the school year off with a measure of optimism and hope for the future.”

The federal economic stimulus package provides federal funds for one time payments to low-income (e.g., TANF eligible) residents. The state’s 3,000 emergency food programs have reported a tremendous upsurge in the demand for emergency food over the last two years. Programs reported nearly a 30% increase in the number of low-income New Yorkers fed during 2008. An estimated 2.5

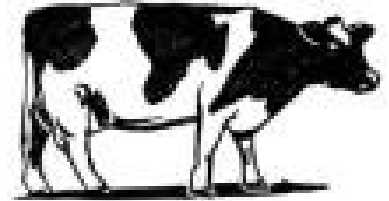


million New Yorkers turn to emergency food programs annually in New York State.

A study by industry research firm Moody’s Economy.com found that the fastest way to infuse money into the economy is through expanding the food stamp program. If someone who is literally living paycheck to paycheck gets an extra dollar, it’s very likely that they will spend that dollar immediately on whatever they need - groceries, to pay the telephone bill, to pay the electric bill.

Tracking that single dollar shows what economists call the ripple effect. It helps to pay the salaries of the grocery clerks, pays the truckers who haul the food and produce cross-country, and finally goes to the farmer who grows the crops.

Hunger Action Network Green Space



3 NYC CSAs Bringing Fresh Veggies to Low Income Communities

We have had a very successful summer with our 3 Community Supported Agriculture (CSA) programs in New York City.

The Community Supported Agriculture (CSA) model is a different way to get your vegetables. Members buy a “share” of what the farmers produce, and pick up their portion weekly at a central location. The season lasts about 22 weeks and members get an assortment of in-season, organic vegetables that were usually picked that day.

CSA is beneficial not just for the individual, but for the community, farmer, and our food system. CSAs increase the accessibility of fresh, local vegetables in a community, while helping small scale family farms stay in business by sharing the financial risk.

Historically, Community Supported Agriculture requires that members pay the whole amount of the share up front — because the farmers need investment early in the season! The side effect of this system, however, is that CSA has only been available to high earners who could afford to make a large initial investment.

That’s why three years ago, Just Food, NYC Coalition Against Hunger, United Way, and Hunger Action Network teamed up to create 3 CSA’s that focus



on increasing access to fresh vegetables in low income communities. We now have CSAs in West Harlem, Long Island City (Queens) and our newest addition, Flatbush (Brooklyn).

We are already halfway through this season and so far it has been a great success. Between the three programs, we have almost 350 members! Of these members, over 40 percent have low incomes, and many use food stamps and take advantage of affordable payment plans offered.

We recently conducted a survey of our Flatbush CSA members. Over 80% indicated that because of their CSA membership, they would continue to consume more vegetables throughout the whole

year. Most members said that being part of a mixed income CSA was very important to them.

One member noted: “Thank you so much for having a sliding-scale membership and for accepting food stamps! I wouldn’t have been able to join a CSA otherwise. Being a member has improved my eating habits, inspired a new appreciation of cooking, and renewed my interest in a food industry/hospitality career!”

Overall, members in all three CSAs indicated through surveys that they have been very satisfied with the produce and the CSA as a whole.

We are working to help the members of the CSA take over control of the programs. This in many ways is the most important part of the project. We want our CSAs to eventually be community run and supported, so they will be totally sustainable and continue to address the needs of the community.

For more information please contact Veda 212-741-8192 ex. 2#.

Hunger Action thanks Sen. Liz Krueger for providing funding to help continue and expand our CSA work in NYC next year.

Hunger Action Kitchen Opens in Schenectady

Hunger Action has now begun processing shelf stable foods through its Hamilton Hill Food Processors project at its Schenectady facility. The project, whose goals are to open markets for local NY farmers, provide job training to low income residents and youth, and to make food for local food pantries and low-income residents is now in full swing.

The project has opened its doors in the low-income neighborhood of Hamilton Hill and is located at the Schenectady County Community Business Center. Danny Brinson was hired as youth coordinator and Ramel Bradley, Latifah Muhammad and Amanda Caldwell were our summer youth employees.

Hamilton Hill Food Processors is now producing five products. The products are marketed under the brand name

“Healthy Community Harvest.” They are Tomato Bruschetta, Roasted Pepper Bruschetta, Raspberry Chardonnay Jam, Blackberry Merlot Jam, and Tomato Sauce. New products that will be available shortly are Marinara Sauce, Tomato Salsas, Tomatillo Salsa, Sugar Free Jelly, and Roasted Italian Vegetable Bruschetta.

In addition to producing the Healthy Community Harvest line, the Hamilton Hill Food Processors facility will be available as a shared use kitchen or co-packing facility. Shared use kitchens and co-packers are resources that allow individuals to bring their own products to market without the huge upfront costs associated with starting a food processing business.

A shared use kitchen is a licensed, professionally equipped facility that pro-

vides small scale food entrepreneurs the space to prepare and process value-added food for consumer marketing. Entrepreneurs rent “time” in the kitchen to produce their products. In addition to providing time in the kitchen, Hunger Action Network has developed a resource kit to assist these individuals in becoming successful food entrepreneurs.

Hamilton Hill Food Processors will also operate a co-packing operation. Hamilton Hill Food Processors will produce private label products for distribution under another brand name. This will allow individuals to market their own products with even less upfront costs than renting time in a shared use kitchen.

For more information on Hamilton Hill Food Processors and Healthy Community Harvest, please visit www.HealthyCommunityHarvest.com

Hike Minimum Wage to \$10 - Let Justice Roll

Federal minimum wage raises have been so little, so late that even with the increase to \$7.25 on July 24, workers will still make less than the \$7.93 minimum wage of 1956, adjusting for inflation. It would take \$9.92 to match the buying power of the minimum wage of 1968. That’s why the Let Justice Roll Living Wage Campaign says the minimum wage raise on July 24 is good, but not good enough.

“It can get very difficult when you have to decide which bill to pay each month,” says Anjail Hafeeza of New Jersey. “I’m constantly scrambling to keep from getting evicted or have the lights cut off. I’m a mother of 2 young boys, working two jobs, but one paycheck from being homeless.”

The owner of The Progress Bakery in Springdale, Ark., Jose Herrera, says, “The minimum wage increase is a good investment. From a business owner’s point of view, I think it’s great because it would help my workers and customers earn more — bringing in more business in the long run.”

Let Justice Roll is calling for a minimum wage of \$10 in 2010 to make up the ground lost in minimum wage buying power since 1968 and bring us closer to the “minimum standard of living necessary for health, efficiency and general well-being of workers” promised in the 1938 Fair Labor Standards Act.

“The minimum wage was enacted during the Great Depression to put a floor under workers’ wages and stimulate the

economy,” said Holly Sklar, Let Justice Roll Senior Policy Adviser and author of *Raising the Minimum Wage in Hard Times* and *Raise the Minimum Wage to \$10 in 2010*. “The fall in worker buying power is a big reason we’re in the worst economic meltdown since the Depression. You can’t build a strong economy on poverty wages.”

Rev. Paul Sherry, Executive Director of Let Justice Roll, says, “It is immoral that the minimum wage does not cover the cost of basic human needs. We need a wage ethic to go with our work ethic. We can start by raising the minimum wage again to \$10 in 2010.”

More than 600 faith leaders have endorsed Let Justice Roll’s letter calling for a \$10 in 2010 minimum wage.

Poverty and Lack of Health Insurance Grows

The national Census Bureau recently reported that the number of Americans living in poverty increased by nearly 2.6 million to 13.2 percent in 2008. The report is a stark reminder of the toll the recession was already taking on families even before the economic picture worsened this year.

Continuing a long-term trend, the number of people without health insurance grew to 46.3 million, according to the Census data. From 2000 to 2008, the proportion without insurance rose from 13.7 to 15.4 percent. The numbers of uninsured working age adults (18-64 years old) increased from 19.6 percent to 20.3 percent between 2007 and 2008, an increase of more than 1.5 million people.

Bucking the trend, the total number of uninsured children dropped from 11 percent to 9.9 percent, because many children are eligible for public insurance programs such as SCHIP and Medicaid that are unavailable to most adults.

“This data shows the enormous importance of public health insurance programs in filling the gaps as more people continue to lose private health insurance,” said Deborah Weinstein, executive director of the Coalition on Human Needs, adding that President Obama’s call to action on health care reform could not be timelier.

Last year’s 39.8 million poor people comprise the highest number of Americans living in poverty since 1960. As bad as that number is, Weinstein pointed out that the overall poverty rate is almost certainly worse today than it was in 2008 when the recession was first getting underway — the period reflected by the Census data. Unemployment averaged 5.8 percent last year compared



with the August rate of 9.7 percent. The Economic Policy Institute estimates that assuming an average unemployment rate of 9.3 percent for 2009, poverty would increase to 14.7 percent. Higher unemployment will hit children disproportionately hard. Child poverty is expected to rise from 19 percent in 2008 to 25 percent this year, which translates into one in four children living in poverty.

For a family of three that means trying to provide children with a roof over their heads, adequate health care and a nutritious diet on an annual income of \$17,163. Even worse, the proportion of children living below *half* the poverty line (\$8,600 for a family of three) is rising steeply, from 6.4 percent in 2000 to 8.5 percent in 2008. “If poor children were not hidden from most of us — if they could look us in the eye — we would not allow their hardships to continue,” said Weinstein.

The huge increase in poverty clearly points out the need for continuing aid to help the unemployed and states struggling to maintain vital services in the face of growing need.

Without this aid we risk stamping out a fledgling economic recovery before its full impact has been felt by millions of Americans.

”If we invest in health care, education, and rebuilding communities, we will create jobs and renew our economy. Failure to act is a moral wrong, since it causes preventable harm to vulnerable people. Inaction is a practical wrong as well, because consigning tens of millions to poverty, with no protections against sickness and debt, drags our economy down and further delays our recovery.”

For key points about the grim poverty and health insurance trends:
<http://chn.org/pdf/2009/2008poverty-insurancetalkingpts.pdf>

You can find [national and state poverty, health insurance, and household income](http://www.chn.org/issues/statistics/povertyday2009.html) data and analyses on the Coalition on Human Needs website, at <http://www.chn.org/issues/statistics/povertyday2009.html>

Westchester Housing Desegregation Victory

On August 10, 2009, Westchester County entered into a landmark desegregation agreement which aims to create hundreds of homes for moderate-income nonwhites in overwhelmingly white communities. Hunger Action Network and the Westchester ES2 Campaign have been strong supporters of the antidiscrimination effort and applaud the agreement.

The agreement, still subject to approval by the county's Board of Legislators, calls for the construction or acquisition of 750 homes or apartments that meet specific cost and ethnic criteria. The majority of the homes must be provided in areas where black and Hispanic residents constitute less than 3 and 7 percent of the population, respectively.

While no community has yet been named as a recipient of the homes, over 120,000 acres in the county are eligible including towns and villages such as Bronxville, Larchmont, Mamaroneck, Rye and Scarsdale. Existing homes can qualify if they are made permanently affordable but it is expected that the majority will be new construction. The county will have seven years to complete the construction and acquisition of these homes and a federal monitor has been appointed to ensure that the county follows the terms of the settlement.

The settlement was brokered by the Department of Housing and Urban Development, along with the Justice Department, and stemmed from a lawsuit filed by the Anti-Discrimination Center under the federal False Claims Act. The lawsuit argued that Westchester County knowingly misled the federal government when applying for federal Community Development Block Grants. In February, Federal District Court Judge Denise L. Cote ruled that Westchester

County had indeed misrepresented its desegregation efforts between 2000 and 2006 when it applied for federal funds. Cote further concluded that there was inadequate effort by the county to monitor the placement of affordable housing. County Executive Andrew J. Spano signed the agreement in an effort to prevent further litigation and penalties but maintains that the county did not engage in any wrongdoing.

Westchester, one of the nation's wealthiest counties, has the largest income gap in New York State and a real estate market that leaves many priced out. Many residents are forced to spend well over half of their income on housing, leaving them with very little or nothing at all to spend on necessities such as food. Much of the hunger in the county is indeed due to exorbitant shelter costs.

Affordable housing is generally defined as housing costs that do not exceed one-third of household income and there is a disproportionate need among black and Hispanic residents. The agreement does not guarantee that the homes constructed or acquired will go to minorities nor does it aim to facilitate housing for those most in need. Rather, the objective is to help working families keep their shelter costs within one-third of their gross income and to ensure that predominantly white neighborhoods are no longer off-limits to affordable housing. There is no minimum income level to qualify

Despite the disproportionate need for affordable housing among black and Hispanic residents, income levels have



not been found to have much impact on residential segregation. Nearly every racial disparity, from education to jobs to health care, is significantly and negatively impacted by residential segregation.

If the settlement is approved by the county's Board of Legislators and the effort successful, it could serve as a template for other counties who have failed to act on residential segregation for decades. If it is not approved, the litigation would resume and the county would have to try and prove at trial that it did not deliberately file false claims.

Green Jobs.. from p. 1

problems, deeply linked, undermine our economic and environmental sustainability, hitting vulnerable communities the hardest.

A lack of affordable and accessible financing for many owners of residential properties, small businesses and non-profit organizations has hindered progress in fully realizing the promise of renewable energy and energy conservation technologies. The legislation authorizes the performance of energy-efficient retrofits at no initial cost to residential property owners, with an ultimate goal of improving at least one million residential units over the next five years.

The bill also allows for pilot programs to demonstrate the effectiveness of innovative financing mechanisms. Groups want to enact a Pay as You Save Program, financing capital investments in energy improvements through utility companies. The payments to energy contractors would be repaid out of savings from reductions in energy use and costs.

Faith Groups: Health Care is a Human Right

The Faith and Hunger Network has been working to make health care a human right.

In August, fifty faith leaders from throughout NY – including Bishop Susan Hassinger of the United Methodist Church, Bishop Howard Hubbard of the Albany Roman Catholic Diocese and Albany Presbyterian Cass Shaw - sent a letter to the members of the NYS Congressional Delegation urging them to make health care a human right. They said that a single payer Medicare for All program such as HR 676 was the most effective way to accomplish this task.

The Faith and Hunger Network also issued a release in conjunction with Pres. Obama's address to the joint session of Congress, urging lawmakers to recognize health care as a human right. The group urged creating a universal health care system that guarantees all Americans the right to quality health care regardless of their employment status, age, gender, race, wealth, marital status or national origin.

The proposals being considered by the various Congressional committees all fall significantly short of the goal, leaving tens of millions without health insurance and many more with expensive and inadequate health insurance. The groups pointed out that mandating that everyone buys health insurance – the main Democratic proposal - is not the same as guaranteeing access to health care. For instance, the vast majority of Americans who go bankrupt due to high medical bills had health insurance when they became sick.

“Adequate health care for everyone in the US is achievable,” said Robb Smith, Executive Director of Interfaith Impact of NYS. “Now we need to join together and make it happen. Health care is a

human right that gets at the very foundation of what it means to be human and live in community. Let's stop allowing human pain and suffering to be treated as a commodity. This is a fundamental moral issue, and our faith traditions call out for us to resolve this impasse.”

“The belief that health care is a human right is supported by many faiths. Health care is a right, not a privilege or a commodity. It is long past time for the US to join the other industrial nations in ensuring that everyone has the right to quality health care. Denying this basic right literally kills tens of thousands of Americans annually,” noted Barbara Zaron of the Steering Committee of the Reform Jewish Voice of NYS

“The basic test must be to make health care a right. Everyone in, no one out, without pre-conditions. This goes far beyond the debate over a public option or the so-called ‘death panels’. The moral imperative of providing quality health care to everyone seems to have gotten lost in the political debate,” added Rev. Deb Jameson of FOCUS Churches in Albany.

“How provision is made for children in the dawn of life, the elderly in the twilight of life, and the sick, needy and those with disabling conditions in the shadow of life are clear indices of the moral character and commitment of a nation. Our call for health care for all is rooted in our faith traditions' mutual call to heal the sick and to serve ‘the least of these,’ the priorities of justice and principle of common good,” added Zaron.

The US Catholic Bishops have recognized that “every person has the right to adequate health care. This right flows from the sanctity of human life and the dignity that belongs to all persons.” The

American Baptist Church “believe(s) that health care should be viewed as a right, not a privilege, and the basic goal for health care reform should be universal access to comprehensive benefits.” The United Methodist Church regards healthcare as a basic human right, as well as a responsibility both public and private.

The Presbyterian Church USA states “Good health—physical, mental, and spiritual—is both a God-given gift and a social good of special moral importance.” The Union for Reform Judaism (URJ) has consistently supported universal health care coverage. A 1975 URJ Resolution on “Health Care and Healthy Insurance” called for a “national comprehensive prepaid single benefit standard health insurance with no deductible, to cover prevention, treatment and rehabilitation in all fields of health care.”

The group said that single payer proposals such as HR 676 achieve the goal of making health care a right. The group noted however that while some countries have been able to achieve universal health care under a multipayer system, all have eliminated the role of for-profit health insurance.

“Treating health care as a human right is inconsistent with allowing companies to profit from treating care as a commodity. It is immoral to allow people to suffer or even die in order to increase the profits of others. Figuring out how to provide quality health care to all Americans while controlling costs is not a difficult task. What appears to be difficult is convincing elected officials and special interests to put human needs ahead of human greed,” observed Mark Dunlea, Executive Director of the Hunger Action Network of New York State.

Single Payer Health Rally in DC

The 44th Birthday of Medicare, July 30, 2009, was celebrated with a renewed spirit of activism as Hunger Action joined over one-thousand Single-Payer advocates on Capitol Hill to lobby Congress and rally in support of HR 676, Medicare-for-All.

Activists lobbied throughout the morning and afternoon. Some delivered cupcakes and birthday cards to members of Congress in honor of Medicare. A mid-day rally at Upper Senate Park was the only break for activists who traveled from different states across the nation and were undeterred by the scorching heat in Washington. The message of all who attended was unified and clear: health care is a human right and the time to support Medicare-for-All is now.

Medicare is indeed an American-made solution for our uniquely American system. The program has successfully provided health care to seniors and people with disabilities for nearly half a century with a fraction of the overhead costs that exist in for-profit health insurance. The enactment of Medicare has led to an overwhelming decrease in poverty among, and due to its efficiency, other nations have modeled their health care systems after it. President Obama has repeatedly stated that we should build on what works and get rid of what does not. Participants at the rally echoed this point, urging the President and Congress to adopt Medicare-for-All and eliminate wasteful, for-profit health insurance.

The rally featured many incredible speakers including Rep. John Conyers (D-MI), Senator Bernie Sanders (I-VT) and President Obama's former personal physician of 22 years, Dr. David Scheiner, who is a member of Physicians for a National Health Program.



Representatives from various unions and organizations, including the National Organization of Women, Progressive Democrats of America, Code Pink, Healthcare-NOW! and the California Nurses Association also spoke to the crowd. Code Pink and PDA led boisterous “healthcare not warfare” chants and The Raging Grannies performed.

A poignant moment came when a precocious 11-year old girl from Chicago took

to the stage and spoke about her recent arrest for protesting outside of the offices of Blue Cross Blue Shield.

At the conclusion of the rally, hundreds of activists marched across the street to the Capitol where the Progressive Caucus was holding a press conference stating a refusal to support any bill that did not include a ‘robust’ public option. Activists respectfully surrounded the press conference, holding up signs in support of HR 676.

The following day brought the exciting and unexpected announcement from Rep. Anthony Weiner of New York that Single-Payer would be introduced on the floor of the House for a full debate and vote. That is set to take place this month.

\$50 Million in Transitional Jobs for Welfare

This year's state budget included \$14 million for wage subsidies for welfare participants; \$7 million for both transitional jobs and green jobs; and \$5 million for health care jobs. Another \$10 million was given to the Career Pathways programs. These programs were eligible for a 4 to 1 match under the federal economic stimulus package.

In July, Hunger Action helped organized a statewide call-in campaign to get the state to take advantage of the 4 to 1 match. The call in also supported taking advantage of the provision for a one-time allowance or payment to TANF recipients (see story on \$200 per child through food stamps.)

A few weeks later OTDA announced that it had decided to ask for an additional \$20 million for the transitional jobs programs. OTDA decided to wait on asking for a federal match for green and health care jobs to see what the demand for the programs are. All counties and NYC will receive funds for the transitional jobs. Local districts can apply for green jobs funding to OTDA. The largest 8 districts receive health care jobs funding.

Advocates should meet with HRA and the local districts to discuss how they plan to spend these job dollars. Copies of the memos to the districts are at <http://www.otda.state.ny.us/main/directives/2009/#1cm>.

Health Experts Call for Soda Tax

Numerous studies show that sugar-sweetened beverages (SSB) has been linked to problems such as heart disease, diabetes and most notably weight gain due to increased caloric intake.

Seven leading public health experts are urging passage of taxes on SSB. Their report, which suggests how such taxes could improve nutrition as well as recoup some of the country's enormous healthcare costs related to these diseases, appeared in *New England Journal of Medicine* (www.nejm.org).

With medical costs for overweight and obesity alone estimated to be \$147 billion (9.1% of U.S. healthcare expenditures), the authors suggest a tax on SSBs as a viable means to recoup some of these costs, and to generate revenue that

could be used for child nutrition and obesity prevention programs.

Earlier this year Governor Paterson had proposed a soda tax, a proposal he later withdrew. Paterson however failed to commit that any of the \$400 million in revenues would be dedicated for anti-obesity initiatives.

The authors propose a federal penny-per-ounce excise tax on sugar-sweetened beverages, which would generate \$937 million in New York.

Dr. Knickman of NYS Health Foundation wrote an op-ed in which he noted that "A chief argument against the soda tax is that due to its regressive nature, it will disproportionately hurt the poor and minority-group members who spend a greater proportion of their income on

food. However, they will also benefit the most by reducing their soda consumption, thereby improving their health outcomes. To counteract the soda tax's regressive nature, tax revenue generated should go to health-related programs that benefit the poor. The revenue could be used for subsidies for federal health reform, of fresh fruits and vegetables in low-income community grocery stores, and for food stamp increases for the purchase of fresh fruit and vegetables."

"Even better, the money could be directed to schoolchildren, 18% of whom are obese or overweight. Public school lunch programs often rely heavily on commodity foods, which lack fresh fruit and vegetables. Revenue from the soda tax could also go toward farm-to-school grants and subsidizing healthy breakfast programs," he added.

Faces ...from p. 1

weekly vigils against war in his suburban community.

"Ever since I was a medical student, I have been shocked by the injustice in our health system. We ought to start from the premise that everyone will have a right to comprehensive care. Any discussion of social policy should start from the facts. Unfortunately the mainstream discourse in the US is dominated by ideological solutions. The reality is that the US had a rather mediocre health care system from which millions of Americans are excluded. The US spends 1.5 to 2 more than other countries on health care and have very little to show for it," noted Coates.

"Single payer would deliver all necessary care for all individuals, lifelong, with no co-pays and no deductibles, through a system in which health care would be

publicly financed but privately delivered. By eliminating private insurance, single payer would save an estimated \$400 billion annually in health spending," Coates stated.

Dr. Coates has been disappointed by the status of health care reform in Congress.

"If the goals are health care for all and reduced costs of care, the measures being prepared in Congress will not reform the health system. Instead they amount to a massive taxpayer subsidy for the private health insurance industry," noted Coates.

Coates is skeptical that the so-called public option is a way to health care for all.

"The 'public option' refers to an idea that people and employers should be allowed to purchase insurance from a public program along the lines of Medi-

care," he said. Proponents believe this would pressure the entire insurance market to reform itself. "But the public option amounts to a moral posture, not a workable reform," Coates added. "Single payer would eliminate the insurance industry from health care; a 'public option' cannot. A 'public option' won't liberate the resources squandered by the private insurance companies. Instead, it adds duplicative waste in administrative overhead to the system," said Coates.

Coates saluted the work of Hunger Action. "We all benefit when anyone has the courage to confront the human dimensions, the real issues of how public policy impacts poverty and hunger. For an organization to do so, year after year, for over a quarter century, with great consistency and courage, is significant achievement, a lasting contribution to the effort to make our world a better place to live."

BFW Pushes Foreign Aid Reform

The world has changed dramatically in the last 50 years. But the way our country delivers assistance to the world's poorest nations is still being driven by the 1961 Foreign Assistance Act. In 2009, Bread for the World is urging Congress to rework U.S. foreign assistance to make it more effective in reducing poverty.

By refocusing and streamlining our aid, and eliminating long-standing inefficiencies, we could increase U.S. assistance to poor and hungry people around the world, even in a time of fiscal constraints. The reform will improve U.S. support for progress against global poverty for years to come

In 2009, a new president and a new Congress present a rare opportunity to make U.S. foreign assistance more effective and in the process improve America's standing with other countries. U.S. assistance has helped to reduce child deaths, increase school enrollment, and curtail the incidence of AIDS. But more lives can be saved if foreign aid is fixed. Fewer children will die of hunger. Parents will be able to feed their families in the years to come. Better foreign assistance also means less waste and more impact for our tax dollars.

Currently our government's global development policies and programs are scattered across 12 departments, 25 different agencies, and nearly 60 government offices. A more efficient foreign assistance system—with better coordination, better accountability, better clarity—means that people get help faster and more effectively.

We want the United States to be a leader in creating a better, safer world. To do that, U.S. foreign policy must elevate global development so that it plays a

more prominent role alongside defense and diplomacy in our foreign policy.

We are asking Congress to pass legislation that strengthens the ability of the United States to promote global development, foster economic growth in low-income countries, and support the efforts of poor people to lift themselves out of hunger and poverty and become self-sufficient.

Bread for the World supports a new course for U.S. foreign assistance based on the following principles:

- Make poverty reduction a primary goal of U.S. foreign assistance.
- Provide reliable, flexible assistance in partnership with recipient countries to meet their long-term development goals.
- Provide opportunities for these partner countries and communities to participate in the development of priorities and programs of assistance.
- Focus assistance on outcomes, with measurable goals and objectives;
- Align U.S. aid, trade, migration, energy, and environmental policies so they work together to promote sustainable global development that reduces poverty.
- More closely coordinate with other international donors to reduce program duplication and the burdens on recipient governments.

H.R. 2139 was introduced on April 28, 2009, by Reps. Howard Berman (D-CA) and Mark Kirk (R-IL). This bill, The Initiating Foreign Assistance Reform Act of 2009, begins the process of reform by calling for a national strategy for global development—one of the major principles supported by Bread for the World. The bill currently lists 100 bipartisan cosponsors.

S. 1524 was introduced on July 28,

2009, by Sens. John Kerry (D-MA,) Richard Lugar (R-IN,) Robert Menendez (D-NJ), Bob Corker (R-TN,) Benjamin Cardin (D-MD), and Jim Risch (R-ID). The Foreign Assistance Revitalization and Accountability Act of 2009 would strengthen the capacity, transparency, and accountability of U.S. assistance, particularly USAID.

H.R. 2140 was passed by the House Foreign Affairs Committee and the full House. This bill, The State Department Reauthorization Act, contained components of reform supported by Bread for the World including: a quadrennial review, capacity building at USAID, monitoring and evaluation requirements, and transparency requirements. Passage of legislation that charts a new course for global development and U.S. foreign assistance.

What is your membership status?

Hunger Action Network's strength is its membership. It is through our membership that we develop our priority issue areas and elect board members. We ask all newsletter recipients who are not active members to take a moment and complete the membership form located on the back page. If you're not sure what your current status is you may call or email Deb Catozzi. 518 434-7371 3# dcatozzi@hungeractionnys.org.

Membership fees can be waived for low income individuals who commit to volunteering with us at least 5 hours each year.

State Finds that Single Payer

The long delayed state-funded study on universal health care found that a single payer Medicare for All type program is the most cost-effective way to provide health care to all New Yorkers. (A copy of the report is at <http://www.partnership4coverage.ny.gov/>)

“While this report understates the savings from single payer and overstates the benefits from the public-private hybrid models, we are pleased that it finds that single payer is the most cost-effective approach. We hope the Governor will widely publicize its findings to influence the national debate. Unlike the recent studies by the Congressional Budget Office, this report examined the impact of health care proposals on all segments, namely, taxpayers, consumers and employers,” said Mark Dunlea, Executive Director of Hunger Action and Co-Chair of Single Payer New York.

The report found that savings from single payer substantially increase over time. By 2019, the Urban Institute concludes that single payer would save \$20 billion annually. Single payer would cost \$28 billion less annually than the public-private hybrid (e.g., expand public programs like Medicaid, a small public option, and a mandate to obtain insurance). The hybrid model had been a favorite of Governor Spitzer and his health care advisors.

Single payer would also cost \$19 billion less annually by 2019 than the NY Health Plus proposal by Assembly Health Committee Chair Richard Gottfried. NY Health Plus would automatically enroll all New Yorkers in Family Health Plus; however, employers could decide to opt out to purchase private insurances and a tax subsidy would be provided.

A similar report by the Lewin Group for the State of California concluded that a

state single payer system would reduce spending below projected levels by an average of \$34 billion annually over a ten-year period. Studies done in five other states also found that single payer was the most cost-effective approach to universal health care.

“The Urban Institute report clearly shows that adequate health care for every New Yorker is achievable. Now we need the will to make it happen,” said Robb Smith, Executive Director of Interfaith Impact of New York State. “Health care for everyone is a fundamental moral issue. It is a human right that gets at the very foundation of what it means to be human and live in community.”

“The effort to guarantee quality health care to all Americans is a daunting challenge that has defeated Presidents and Congress a half-dozen times over the last sixty years,” noted Dr. Richard Propp, Chair of the Capital District Alliance for Universal Health Care. “Trying to re-organize and improve one-sixth of the national economy is a complicated task. It is important that health care reform be a transparent and participatory process, where New Yorkers can find out what is going on and have their voices heard. We call upon the Governor, Assemblymember Gottfried, Senators Breslin and Duane, to hold hearings in the next few months across this state on this important report,” he added.

Unfortunately, top health care officials in the Governor’s office, who have long promoted incremental approaches to universal health care, decided to bury the report since it failed to support their positions. The report was released late on a Friday afternoon, the day after the Senate concluded its two night marathon to end the regular session of the State Legislature.



The Urban Institute estimated a single payer / public health insurance for all (excluding senior citizens) would cost an additional \$2.4 billion in its first year, while the other expansion models would cost around \$6 billion extra. Total cost in the first year for single payer would be \$86.3 billion. While government spending would increase, employers and individuals would save an equal amount while covering everyone.

Even though single payer was found to be the most cost effective, advocates contend that the study underestimated savings. The study estimated that the administrative savings from single payer would only be 10% over 10 years- the same percentage it estimated for the much smaller public option model under the hybrid model. No basis is given for this and other assumptions. Single payer advocates say savings should be much higher, especially if the program includes all residents including Medicare and elderly Medicaid participants. The Lewin group study for California estimated administrative savings of \$20 billion annually. The study appears to ignore the tremendous savings and cost reductions that would be available to doctors and hospitals under a single payer plan since they would no longer have to deal with scores of insurance companies and their conflicting policies and paperwork. Even though the study did not include Medicaid under single payer, it decided to

would Save \$20 Billion Annually

charge both single payer and NY Health Plus 18% higher premiums for Medicaid participants; while somewhat higher payments would be expected, no such cost allocation appears to have been charged to the hybrid proposals.

The Lewin group study in California also found more savings from the bulk purchasing of prescription drugs under a single payer system.

The study also appears not to factor in the reduction of health care costs that would result from having a health care system that covers everyone. Especially combined with preventive care, other countries have shown that it is much cheaper to operate a health care system that focuses on keeping healthy rather than on the American approach of spending more money to cure the sick. In addition, having a health care system that automatically covers everyone would reduce the cost of other programs that deal with health care costs, such as



automobile insurance (e.g., for bodily injury), workers compensation and medical malpractice.

The report admitted that most of the public-private hybrid models that focuses on incremental changes would not achieve universal health care. However, the Urban Institute did claim 100% coverage when expansion of eligibility and subsidies for existing programs were combined with an insurance mandate and public option. Other studies by the CBO and the Lewin group of such models

have all found uninsurance rates of at least 3 to 4%, with the real numbers of uninsured significantly higher (which impacts on emergency room care) due to excluded populations such as legal immigrants and undocumented workers.

Pres. Obama admitted at his health care national press conference that single payer was the only system that would provide 100% health care coverage. The truth is that unless you have a what's called a single-payer system, in which everybody's automatically covered, then you're probably not going to reach every single individual," said Obama.

The report estimates that 10.5 million people (61.1% of the population) have health insurance coverage through employer-sponsored insurance. Medicare / CHIP / FHP covers 3.7 million people or 21.4%. About 250,000 (1.4%) are covered by the non-group market (including Healthy NY). An estimated 2.7 million are uninsured.

Welcome New and Renewing Members

CAPITAL DISTRICT: Dawn Bechard; Marilyn Berrigan, SICM Food Taskforce; Mark & Megan Brown; Marcy Coalter, Eat for a Cause; Andy Coates, Physician's for a National Health Plan ; James Cochran; Susan DuBois; Joyce Gould, First Presbyterian Church; Bea & Bob Herman; Maureen Joyce, Catholic Charities; Michael Keenan; Beatrice Kovaszny; Mary LaPoint, St Mary's Outreach; Harold Larkin, Prince of Peace Lutheran Church; Joan Maney; Mimi Mounter; Joseph Norton; Bob and Pat Obrecht, Schenectady; Richard Propp, CDAUH; Alice Reed; David Rowell, St Vincent DePaul; The Church of Saint Patrick, Ravena; Diane Stahlman; Mary Ellen Stewart; Carl & Theresa Swidorski; **CENTRAL NEW YORK:** Virginia Seely; Lydia Sexton, Catholic Charities, Herkimer; Lily Swanson **GENESSEE VALLEY:** Sue Hallings, St Patrick's Social Ministry; Bob Ingram, EMPOWER; John Keevert, Interfaith Impact; Velma Smith, Path Stone **HUDSON VALLEY:** Gail Ganter-Toback, Rural Migrant Ministries; Diane Serratore, People to People; Brian Riddell, Dutchess Outreach **NORTH COUNTRY:** Phil Harnden, Garden Share; Madeline Robinson, Keesville United Methodist Church **NYC:** Veronica Bayetti, Latina Institute for Reproductive Health; Nadine Felton; Luke Finn, St Vincent DePaul Society; Sr. Tesa Fitzgerald, Hour Children; Henry Freedman, National Center for Law and Economic Justice; Liz Maxwell, Holy Apostle Soup Kitchen; Thomas Neve, Reaching Out Community Services; Sherri Partridge, Cathedral Community Cares; Lynn Rosen, PS 135; Rob Schwartz, Interfaith Voices Against Hunger; Ken Small, Citizen's Advice Bureau; Sidney & Sandy Socolar; Yvonne Stennett, Community League of West 159th St **SOUTHERN TIER:** Rebecca Elgie, Tompkins County Healthcare Task Force; Chris Pothier, Loaves and Fishes; Terry Woodnorth **WESTCHESTER:** Lisa Buck, The Bridge Fund of Westchester; Inez Sieben **WESTERN NEW YORK:** Sister Helen, Sisters of St Francis; Kelly Ann Kowalski, Network of Religious Communities; Lynette McConnell; Tom Potts

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- Please send me information about volunteer opportunities

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Please make checks payable to and return to Hunger Action Network of NYS, 275 State St., Albany NY 12210

Hunger Action Starts EFP Caucus

In an effort to increase communication and collaboration amongst the state's emergency feeding programs, Hunger Action Network is organizing a statewide EFP caucus.

The caucus will offer EFPs the opportunity to share problems, strategize po-

tential solutions, and it will help us all get a clearer idea of the ongoing concerns that EFPs face. This will include strengthening the EFP voice in how best to spend the \$30 million plus we get from the state for emergency food (HPNAP).

We plan to form a listserv and to organize regional and statewide meetings (via conference call and in person).

If you are interested in participating in the caucus please contact Deb Catozzi (518)434-7371 ext 3 or dcatozzi@hungeractionnys.org.