

**Mr. Owen R. Broadhurst
Green-Rainbow Party Candidate For
Third Hampden District State Representative**

**The Broadhurst Committee
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I thank Local 1199 of the SEIU United Healthcare Workers East for forwarding to me the candidate questionnaire provided. As the form itself has very little available space for me to discuss my positions on issues raised in the questionnaire, my replies are here:

Q: How will you ensure that every health insurance product offered under this plan will be high quality, comprehensive, and affordable?

The fact is that I can't! I can't; and no one can. What the legislature passed is far less the "historic" achievement that it has been heralded as than it is yet another historic fraud perpetrated against the Commonwealth. There is but one solution, only one tried and true solution, and that is a single payer health care plan. Enclosed with the questionnaire that I have been provided, and this explicatory letter, shall be found both an Op/Ed penned by myself, Mr. Nat Fortune and Dr. Jill Stein, and a statement issued by the Green-Rainbow Party, noting how this historic fraud against the Commonwealth can't achieve its aims.

I certainly do support high quality, comprehensive and affordable health care. SEIU can expect that I would, if elected, prioritize passage of a single-payer health care plan – as modeled by the Massachusetts Health Care Trust – and that I shall continue to work for passage of an Affordable Health Care Constitutional Amendment. I have on my website enunciated my health care views, the text of which I now cut and paste below:

Healthcare For All

Families are being devastated

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More than 50,000 lost coverage when MassHealth Basic was eviscerated. Those most in need, and least able to pay for services, were quite viciously denied (in a fashion that, by this Democratic Party legislature, could only be described as morally depraved) eyeglasses, prosthetics, orthotics, dentures and chiropractic therapy. Many private employers are slashing health care coverage and gouging employees with health care costs. Aid for state rape crisis centers and sexual assault services is being wiped out. Medicaid will not allow for cleanings, bridge work, fillings or root canals - thereby virtually mandating- and making inevitable - tooth extraction for the people so covered. Public health agencies, meanwhile, are scheduled to be hamstrung by requirements for cost/ benefit analyses.

Cutbacks in inpatient care for the Department of Mental Health leave some of our most vulnerable with no place to turn, inviting self-harm and suicide. Hospitals, nursing homes and health centers are going bankrupt. Over 640,000 people are without health insurance, despite our state having the highest health care spending in the nation. 40% of what we spend on health care gets spent on overhead rather than care. Hospitals and nursing homes have a staffing crisis facilitating increased risk of infection by C. difficile and MRSA, greater risk for falls, medication errors and increased instances of malnourishment. Loss of dignity from inability to pay for dentures has prompted many nursing home residents on MassHealth to willfully starve to death. For people insured, premiums are skyrocketing while coverage now has more holes than swiss cheese. Medicare now provides so little coverage, we can honestly say the Great Society has died. Many people are now being forced to choose between medications, and their meals and homes. A caring Commonwealth simply cannot allow this sad and sorry state of affairs to continue.

I Support a Single-payer Plan

By making health insurance independent of employment, the state can lower health care costs (and lower the costs of doing business for most local enterprise) while providing for universal coverage. I support a Massachusetts Health Care Trust such as that which favorable passage of S. 755, reintroduced December 1, 2004, would provide. This bill would ensure that monies now wastefully spent on administrative costs such as paperwork, marketing and profits would be spent on providing care.

Businesses and individuals would no longer need exhaust so much on liability coverage duplicative of the coverage that many filing claims already have.

The single-payer plan benefits not only consumers, but also most employers. Manufacturers especially face a mighty competitive disadvantage in the global marketplace, as their health care costs are one third higher than those in the service sector. Proposals to mandate employee coverage from employers are both unrealistic and unsustainable. A single-payer plan would provide an economic plus for the

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Commonwealth, permitting employer capital investment, and permitting employees a healthier cash reserve. It would reign in costs for hospitals and nursing homes, and put an end to class-based disparities in wellness and health care.

I Support Higher Staffing Ratios

Throughout my nine years employed as a certified nursing assistant, I learned first hand the true costs of paltry staffing. I watched as infection control procedures were routinely violated in efforts to preserve an appearance of efficiency. Staffing constraints often compelled observance of a mere thirty minute window for the feeding of people with profound disabilities. Nursing home residents reported out for hospitalization more often than not returned with anti-biotic resistant infections. Serious injuries to staff could easily be predicted on days when the few co-workers staffed were compelled to call in sick on days scheduled. Resident falls would rise. Staffing ratios for nurses, orderlies and nursing assistants are not now nearly high enough for staff and patients both to have even a snowball's chance in Hades of avoiding sickness and injury. For this reason, I support the passage of H. 2663, backed also by the Massachusetts Nurses Association - but also note that this bill is **not nearly good enough** but quite inadequate to the needs of both patients and other staff. I would work hard for the passage of not only this bill, but also companion legislation mandating higher CNA to patient ratios in nursing homes along a similar basis to that which would be mandated by the passage of H. 2663.

I Won't Hamstring Public Health Agencies

Too many Democratic Party state legislators enjoy pretending that hampering health regulators somehow provides "economic stimulus". In fact, it helps pave the way for continued and far more terrible economic consequences to come. Members of the state House of Representatives have made a habit out of attempting to mandate ever more cost/ benefit analyses of public health agencies that would advance new rules and/ or regulations. This would effectively divert their dwindling resources from actual public health protection into more red tape and paperwork. I would oppose impact

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study requirements for such agencies.

I Support an Affordable Health Care Constitutional Amendment

Quality health care for all is an inalienable human right, and it is high time it became a Constitutional right in the Commonwealth. The newly proposed Health Care Constitutional Amendment would enshrine these rights into law - permitting every Massachusetts resident comprehensive, affordable and equitably financed quality health care.

Q: As we begin the transition process to a fully insured system of care how will you ensure that safety net hospitals and disproportionate share hospitals are properly supported and their systems of care are not compromised?

We could begin with realistic Medicaid and Medicare reimbursement rates; and we could begin with mandatory minimum staffing legislation. I furthermore support a Fair Taxes Plan, as enunciated by both Mr. Nat Fortune and Dr. Jill Stein together with the Massachusetts Coalition for Healthy Communities, to better fund vital services in this Commonwealth. The present fiscal crisis is a purely manufactured one, and our best means of ensuring proper support for hospitals in need is reassignment of the tax burden.

Q: If the premiums and out of pocket expenses for health coverage prove unaffordable for low-income families, would you support increasing the \$295 per employee assessment for businesses that do not provide health insurance to their employees to supplement these costs?

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Absolutely, Yes! Premiums and out of pocket expenses, in fact, shall indeed prove unaffordable for working people. I support a single-payer health care plan that would make health insurance independent of employment, but until that dream is achieved I would certainly support an increase in said assessment.

Q: How would you improve the quality of our health care system and work to eliminate racial and ethnic disparities?

Again, a single payer health care plan would do more to put an end to such disparities than all other plans. Other key means of eliminating such disparities are to directly challenge all facets of institutional racism, and restructure the reigning tax structure so that the burden is no longer shouldered by those least able to pay. Needed information should be made available in as many languages as in fact are spoken within this Commonwealth; we must raise the minimum wage and index this to the rate of inflation; and we must mandate card check neutrality for union organizing drives.

Outreach and education are particularly key to this area. Health care delivery can only be hastened and enhanced by the funding of community based education and information delivery systems, community based needle exchange programs, and community based advocacy networks staffed by trained professionals active within communities.

Q: Do you support increasing the number of appointments of union and consumer voices to these entities [HEFA, etc.] to diversify and increase representation for health care workers?
I most certainly do, Yes!

Q: Would you support the creation of a Quality Workforce Homecare Council to help support and expand long-term care services and provide this workforce with the opportunity to form a union?
I most certainly would, Yes!

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Q: Do you support of home health aides, personal care attendants, and home care workers to have a voice on the job through collective bargaining?

Absolutely, Yes! The National Workrights Institute described this as an inalienable human right, noting that “[t]he right to organize is among the most fundamental of workplace human rights. It is the workplace expression of the right to freedom of association.” It is also the workplace expression of the right to survive. I will join unions in advocating for federal EFCA passage, and I will support the stiffest possible penalties in captive audience statutes. I’m firmly supportive of the Collective Bargaining Convention adopted by the General Conference of the International Labour Organisation, as I am of the Universal Declaration of Human Rights. I support the passage of Majority Authorization legislation, and I support mandatory card check recognition and employer neutrality. This most essential and basic of human rights must be respected.

Q: It’s essential that policy and funding changes evolve with the long-term care delivery system to ensure that elderly individuals and people with disabilities receive quality health care services in the least restrictive and optimal setting. How will you lead the legislature in rebalancing long-term care so that those nursing homes that remain open receive necessary incentives to develop enhanced models of care?

Mandatory minimum staffing and realistic reimbursement rates seem obvious places to begin. Most importantly, we must restructure the tax base in order to better fund incentives. The partnership that SEIU had engineered with some 40 New York nursing homes for promotion of resident-centered care seems an initiative that could be duplicated here with appropriate staffing, reimbursement rates and dedicated funding sources enabled through tax reform. Care plans must be personalized, with resident wishes respected, as a continued Fordist highly regimented “assembly line” model for caregiving in nursing homes dehumanizes the resident. It is my belief that Olmstead obligates the Commonwealth to fully fund such efforts, and that the Commonwealth is in violation of Olmstead to this very day. Grants should be made available for continued implementation of resident-centered systems, along with tax incentives.

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Q: Would you support extending the authority of the Department of Health and Human Services to further regulate the closing of nursing homes and evaluate the impact on the immediate community? **Yes, I would.**

Q: Do you support the creation of new funds for educating and training health care workers to address critical shortages in within the health care industry?

Yes, I certainly do! I support also full funding of H.2930 and S.1154 permitting, with \$12 million in new line item 1599-1603, better staff retention and development within community services purchased by DMR. I back passage of H.2885, an Act Relative to Rates for Human and Social Service Programs, in order to reform the human services price setting system; S.784, loan forgiveness for direct care human service workers; and S.2380 to promote higher education among employees of human services providers.

Q: Would you work to create funding mechanisms for capital improvement to hospitals and health centers that have difficulties accessing loans? **Yes.**

Q: Would you support the creation of Joint Union and Employer Training Funds that would designate new state funding for training and education and would create a partnership between government, unions and employers? **Yes.**

Q: If hospital and health care workers make the decision to unionize, would you be willing to public support their right to join the union? **Absolutely, yes!**

Q: Would you work to see similar legislation [in-state tuition for resident aliens] passed by our legislature if you are elected? **Absolutely, yes!**

Q: Would you support increasing the state's minimum wage from \$6.75, where it is currently, to \$8.25?

\$8.25 is woefully inadequate. I support a larger increase and indexing of the wage.

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Q: Would you support indexing future increases of the minimum wage to inflation?

Absolutely, yes! I furthermore support use of the most advantageous formula determining the rate of inflation, as I believe the CPI to be quite understated.

Q: How would you create more affordable housing for working families throughout the Commonwealth?

Below, please find the text of my housing platform as published on my website:

Proposal for Housing Needs

The Third Least Affordable State in the Nation

The persistent and growing concern of homelessness is by no means limited to such cities as Springfield, Boston or Worcester, but is an ever growing issue throughout our state as middle income and low income families find housing and rental costs continually skyrocketing along with healthcare costs in an age of wage stagnation and draconian budget cuts.

The Massachusetts Coalition for the Homeless has observed that Massachusetts is the third least affordable state in the country. Despite our having rental and housing costs now beyond the means of growing numbers of families, only 1,300 affordable rental units are created each year through DHCD subsidy programs. 118,000 households are paying over 50% of income towards rent and utilities. Families already homeless and living in shelters are being told they must wait three years or more to find housing. A head of household earning \$15,000 per year working full time cannot afford rent in this area.

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Remedies Remain Available

Clearly, we need to raise the minimum wage and index this to the rate of inflation. Clearly, we need a single-payer health plan so that heads of families need no longer be forced to choose between housing and health care. We furthermore must absolutely restore funding to vital agencies, and implement a fair tax plan to better fund such services. Massachusetts has the means, and must find the will.

I Have a Plan

I support and endorse the Massachusetts Association of Community Development Corporations recommendation for the Massachusetts Rental Voucher Program (MRVP) budget to be raised an additional \$10 million; I am urging an additional \$5 million for the Affordable Housing Trust Fund; and I seek to double the low income housing tax credit.

We must raise Rental Assistance for Families in Transition (RAFT) an additional \$2 million and cover moving costs and rent arrears; I would oppose the cuts proposed in Governor Mitt Romney's budget, and oppose his proposed RAFT payment restrictions; and I propose that RAFT income eligibility standards in economically depressed areas to be set at 50% of state-wide median income rather than area median income

I support raising Individual Self-Sufficiency Initiative Program funding an additional \$5million; urge state-wide implementation of a pilot program of the First Stop Early Warning Prevention Initiative as recommended by the Massachusetts Coalition for the Homeless; support full funding for the Emergency Aid to the Elderly, Disabled and Children Program to meet current eligibility standards and provide a 10% cost of living adjustment; urge expansion of the Toolbox program, earmarking up to \$5 million to be used for homelessness prevention and helping families move from shelters to safe and affordable permanent housing; seek passage of An Act Removing Barriers to Emergency Shelter for Families with Children; support additional 10% funding of shelter providers' operating contracts; urge an increase of \$1 million for shelter cash assistance and stabilization services; and support a \$6.5 million increase in Emergency Assistance for homelessness prevention.

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We Must Create More Units

To facilitate further creation of affordable units, I support Chapter 40B reform and urge passage of Act Relative to Reforming Chapter 40B as filed in November last year by state senator Richard T. Moore. We need a stronger Community Preservation Act independent of any property tax surcharge, and I support a package of incentives to facilitate adoption of the Community Preservation Act in more communities. I firmly oppose allowing Chapter 40B units to revert back to market rates.

Housing is a Basic and Essential Human Right

Housing is a basic human right recognized by international law. Article 24 of the Universal Declaration of Human Rights makes clear: "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control." We're clearly not doing nearly enough to house people in need in this state. This candidate would do more.

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Jill Stein, Owen Broadhurst, Nat Fortune Blast Massachusetts Health Plan

Green-Rainbow Party candidates Dr. Jill Stein (Sec. of State) and Owen R. Broadhurst (State Rep.), together with 2004 state representative candidate Nat Fortune write Op/ Ed blasting the latest "historic" fraud perpetrated against the Commonwealth by the state legislature.

Thu 04/06/06

The Broadhurst Committee

Op/ Ed Dr. Jill Stein, Owen R. Broadhurst, and Nat Fortune ===== Why can't our legislature deliver true universal health insurance?

Our legislative leaders have announced yet another breakthrough on their increasingly pared down bill to reduce the number of uninsured in Massachusetts. The real news is that the plan shall in no way curtail skyrocketing health care costs, and that most insurance provided shall have more holes than Swiss cheese.

It would be easy to blame our governor for this travesty. After all, he threatened to veto any bill that costs money, thinks the solution to high cost coverage is to cut benefits, and thinks the best way to reduce the number who can't afford insurance is to require everyone to buy it. This is like declaring an end to homelessness by requiring everyone to rent an apartment.

The real blame, however, lies with our legislature. With an 85% veto-proof majority in both the House and Senate, our Democratic legislators can pass any bill they like. So why has the sun been so slow to rise for universal coverage? And why is that, when you scrape away the hype and promises, the beneficiary of the meager bill emerging from committee seems increasingly to be health insurance companies and the health care industry more than the people needing health care?

The first reason is that the only proven solution isn't even on the table. Countries from Germany to Japan already have a publicly-financed, privately-provided health care system that cuts the cost of paperwork and negotiates lower prices for medicines and services. You get to choose your doctor, your doctor runs her own practice, and the two of you decide on the best course of care and how to provide it in an affordable, responsible manner. Shouldn't more of \$1 billion currently spent by the medical industry in Massachusetts each week actually go to health care for all instead of paperwork, lobbyists, and donations to campaigns?

Unfortunately, most legislators oppose such a "single-payer, choice-of-provider" health plan. Even those incumbents who claimed to support it quickly declared it had no support once the election was over. And when the only proven solution to a difficult problem is excluded, agreement is hard to reach!

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The second reason is the reason that single payer isn't up for discussion: too many Beacon Hill careers depend on campaign donations from the health care industry. Legislators fearful of competitive elections repealed the Clean Elections bill overwhelmingly passed by voters. As a consequence, in part, only one incumbent was defeated in the last general election. Never mind that the entire public financing system would have cost less than \$5 per voter. Now our legislative leaders must answer to big campaign contributors first and voters second, and on this issue, their contributors disagree on who should pay and what to pay for.

Drug companies want public dollars for medications but don't want to negotiate prices. Insurance companies want public dollars to pay for private policies but don't want to meet minimum coverage standards. Hospitals and HMO's want public dollars to cover costs but don't want regulation. Big businesses want public dollars for workers compensation and insurance but don't want to be required to contribute. Two things they do agree on is that publicly financed elections and single payer health insurance aren't for us. The result is a bill that reduces what insurance covers, and doesn't control the rising cost of care. It gives businesses an incentive not to provide insurance, but requires us to buy inadequate policies when our employer doesn't deliver.

In a way, the public is still paying for elections. The difference is this: Instead of paying the tiny cost of clean elections, we pay exorbitantly for the lack of them.

Dr. Jill Stein was the Green-Rainbow Party's 2002 gubernatorial candidate and present Green-Rainbow Party candidate for Secretary of the Commonwealth. Mr. Owen R. Broadhurst is the Green-Rainbow Party candidate for state representative in the Third Hampden District. Mr. Nat Fortune was the Green-Rainbow Party's 2004 candidate for state representative in the First Franklin District.

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FOR IMMEDIATE RELEASE:

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Green-Rainbow Party Statement on the Promise of Universal Single-Payer Healthcare

Hundreds of thousands of people in Massachusetts are without healthcare coverage. We, the Green-Rainbow Party, find this unconscionable, considering that every other industrialized nation in the world is now providing publicly financed health coverage for all of its residents provided at a per-person cost that is about half as much as the price of care in Massachusetts. This deplorable situation has been created by a system driven by profit margins of insurance companies. The greed of corporate powers and their friends

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on Beacon Hill has inflated the cost of care due to excessive bureaucracy, paper work, advertising, CEO salaries, and other needless overhead.

If redirected towards healthcare, these wasteful, bureaucratic expenses would be sufficient to fund healthcare coverage for everyone - without requiring an increase in total healthcare costs!

The Green-Rainbow Party maintains that the ONLY just solution to the healthcare crisis is universal healthcare provided under a single-payer system of insurance - a publicly financed healthcare system that is comprehensive in both coverage and in care. The details of such a plan should be worked out in a democratic and open process including healthcare consumers, providers, and elected officials. The legislation signed by Gov. Romney on April 12th, 2006, which was hailed as the "great compromise," "revolutionary," and a "model" for the rest of the country, in contrast, was devised behind closed doors by politicians, health insurers, and large hospitals, which spent 7.5 million dollars on lobbying to influence the process and outcome in their own favor. It is no surprise this new law is a big win for these special interests, but a major setback for the people of Massachusetts.

Before advancing any more so-called healthcare reform, our Commonwealth must adopt a fundamental concept: that access to healthcare is not a requirement- it is a human right.

If this new law is implemented, health coverage in Massachusetts will become a requirement for every resident. The law will allow residents below the poverty line to receive subsidized stripped-down private insurance coverage, but for those who make too much money to qualify for free coverage, but make too little to buy coverage for themselves, tough times are ahead. Anyone who cannot or does not purchase health insurance will be issued a fine to be deducted from the resident's prospective state tax refund. Even if the low-to-moderate income or working class families and residents are able to purchase a plan, the plan is likely to be too stripped-down to offer adequate

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coverage, and will only reinforce disparities in healthcare between the haves and have-nots. The plan also provides a huge windfall for insurance companies by creating a new group of buyers that are legally required to purchase insurance.

A universal healthcare plan must guarantee equal coverage to all, regardless of any status, economic or otherwise. This newly passed system of "play or pay" is extortion, and the only parties that are held unaccountable in the process are insurance companies-guaranteed to profit whatever happens.

This law also disingenuously attempts to force businesses to provide health insurance for their employees. Any business that does not provide health insurance will be faced with a \$295 fine per employee per year. This penalty is laughable, as it is a drop in the pond for big business when compared to the cost of providing the most basic health insurance plan to their workers. Big businesses will now have an incentive to drop health coverage in favor of paying a miniscule fine. We are now forced to ask, how many workers will lose quality health insurance benefits upon the implementation of this new law?

While this law will provide free coverage to many among us who need it, it is grossly inadequate, unjust, limitlessly expensive, and a diversion from what will meet the needs of all of us, all the residents of Massachusetts. We call for an end to healthcare coverage based on profit margins, probabilities, and cynical formulae of insurance companies and the government decision-makers they fund, and instead favor the prompt implementation of a single-payer, universal system. As a first step, we therefore urge for the passage and ratification of the healthcare Amendment to our Constitution as it will ensure the right for every Massachusetts resident to have comprehensive, affordable, and equitably financed health insurance coverage. For when we achieve these ends, Massachusetts will be one step closer to living up to its namesake, a compassionate and healthy Commonwealth.

(END)

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