



Moving Forward from *Healthy Chicago 2.0*: Defeat Rahm’s Policies, Enact Single-Payer

Behind the empty promises of *Healthy Chicago 2.0* are real-world actions that undermine public health. That’s why we must fight back against the policies of Rahm Emanuel and the wealthy elite he serves, while working toward improved, expanded Medicare for all.

<i>Healthy Chicago 2.0</i> says...	Rahm’s policies make the problem worse.
In some neighborhoods, up to 10% of children have elevated lead levels.	Emanuel cut funding for anti-lead programs by almost half.
Travel distance, and social, cultural, and linguistic appropriateness are important for access to care.	Emanuel closed half of Chicago’s public mental health clinics, including both clinics with full bilingual staffing; fired all black male therapists; increased travel times and complexity for many clients.
Objective: increase school-based vision and dental exams and sexually transmitted infection screening.	Under Emanuel, the student:nurse ratio in public schools increased to 1400:1, 9x the recommended ratio. He outsourced school nursing to a corporation that supplies unreliable and unqualified nurses.
48% of Chicago children live in low-child-opportunity areas.	Emanuel cut hours in all neighborhood libraries and closed 50 public schools.
The built environment influences health, incl. opportunities for physical activity and social connectedness.	Emanuel cut the budget for making schools wheelchair accessible by more than two-thirds.
In 2012, only 68% of men and 57% of women in Chicago earned \$15/hour.	Emanuel attempted to derail the Fight for \$15 by raising the minimum to only \$13 and only by 2019.
Economic development and community improvement must not drive out the very people they are supposed to benefit.	Emanuel has diverted millions of dollars of Tax Increment Financing (TIF) money to luxury developments that displace people with low incomes
African-Americans are 2.6 times more likely to be unemployed than whites.	43% of the teachers laid off in Emanuel’s 2012 school closings were black, although they made up only 29.6% of teachers



Single-Payer Health Care: A Better Solution to Chicago's Public Health Needs

Many of the problems identified in the report *Healthy Chicago 2.0* would be addressed more thoroughly, efficiently, and cost-effectively under a single-payer health care system, Medicare for All.

Problem identified by Healthy Chicago 2.0	With single-payer health care...
10.4% of whites, 18.6% of African-Americans, 19% of Asians, and 28.1% of Hispanics are uninsured.	Every resident of the country has comprehensive health insurance (expanded and improved Medicare for all).
Confusion about health plans, variation among health plans, lack of coverage for dental, mental health, and other needed care.	Everyone has the same plan, which covers 100% of all necessary care, including dental, hearing, vision, mental health, and all other medically necessary care, while allowing people to choose their own health care providers.
How to increase client satisfaction with health care.	Increased client satisfaction due to such features as no out-of-pocket costs, complete choice of providers, and no insurance company interference in treatment decisions.
Workforce shortages, especially for mental health care.	Improved reimbursement makes primary care and mental health fields more attractive. Clinicians spend time on care, not bureaucracy.
Lack of access to expensive but effective treatment for hepatitis C.	Prevention and treatment for this and other chronic conditions are part of the national health plan. The national plan negotiates reasonable prices for goods and services, including prescription drugs, thus reducing total health care costs.

**To learn more about single-payer health care, and to join us in working for it,
please visit our website, ilsinglepayer.org.**