



Senate District 54 DFL Newsletter

July 2007
Vol. 16, No. 1

Gem Lake . Lauderdale . Little Canada . Roseville . Shoreview . St. Anthony . Vadnais Heights

What's News in SD54

Michele Courneya, SD54 Chair

Summer is here and it is time to get outside and play. SD54 is joining in this spirit and providing many opportunities for you to meet some candidates and your neighbors, enjoy some eats and treats, get some exercise, and soak up some sun. Mark these on your calendar and come join in the fun.

• **SD54 Annual Pot-Luck Picnic** — Thursday, July 19, at 6 p.m., at Lion's Pavillion in Roseville's Central Park. We will provide the brats, hotdogs, buns, beverages, plates, cups and tableware. You bring your family and friends and a dish to share. Mindy Greiling and Bev Scalze will be there. Many other DFL candidates for state offices will be attending to meet and greet and hear the views you share. Check the website www.sd54df.org for any changes or further details.

• **Donut Booth** — We will be working at the donut booth at the state fair again this year on Saturday August 25, Wednesday August 29, and Monday September 3. If you would like to volunteer please contact Andi Moffat at andiandtom@comcast.net or 651-917-3579. As the fair opening gets closer, check the website for dates and times and directions to our booth.

I hope you got a chance to enjoy the SD54 float and greet Rep. Mindy Greiling and Bev Scalze in the Roseville parade on Monday, June 25. (Sen. John Marty was unable to attend, because of a Minnesota Department of Health hearing. John chairs the Health, Housing & Family Security Committee.) All the fun, stickers, bubbles and music would not have been possible without the efforts of Charlie Quick, Andi and Tom Moffat, Todd Anderson, Jane Lanctot, April Alfuth, Norm Hanson, Bob Swanson and Julianne Johnston.

Check out our new and improved SD54 website at www.sd54df.org. Many thanks to Robin Raynor, Todd Anderson, Jane Lanctot and Andi Moffat for all their hard work in getting this accomplished. Keep checking and watch how the site evolves.

Come join in the summer fun and mark your calendars with one important fall event, the Bruce Vento Spaghetti Dinner on October 7. Garrison Keillor will be the speaker. More details will be available on the website.

The state DFL will kick off the 2008 election cycle this summer with an intensive series of training-and-listening sessions to get input to the 2008 Coordinated Campaign Plan. Staff and officers will hold a series of day-long mini-retreats from June through September, one in each congressional district, for party leaders and others. There will be no registration fee. Sessions are for Democrats only. You will be asked to sign a statement like that at precinct caucuses, affirming that you are a member of the DFL Party and are attending in order to help get DFL-endorsed candidates elected.

—Letter to the editor—

June 21, 2007

Dear Norm:

Congratulations and many, many thanks to you and your Newsletter Committee on your absolutely outstanding Senate District 54 Newsletter.

We want you to know that we deeply appreciate all the hard work and hours and hours of time that you put into creating our Newsletter. You give us essential information that we would never find anywhere else. It's an invaluable source for all of us DFLers. I certainly hope that no one takes our Newsletter for granted!

I can't help thinking about the little newsletter that four of us started putting together in 1968. It wasn't much, just four pages of articles mostly copied from newspapers and magazines, with little information about Senate District meetings. I think it lasted only three or four years.

Remember? That was when we were having our Senate District meetings on the second floor of the Falcon Heights Firehouse, and a young man named Norm Hanson started coming to our meetings, right after he got home from Vietnam!

Margaret Smith, Roseville

Asking the tough questions—about Medicare/Medicaid

Karen Schaffer

When I volunteered to ask some tough questions about Medicare and Medicaid, I was not truly aware of the complexity of the subject matter. Working in government, I felt that I knew more than the average person about how these programs work or don't work. Maybe I did and maybe I didn't. It turns out that Medicare and Medicaid aren't problems in and of themselves, "it's the health care *system*, stupid."

U.S. Comptroller General David Walker has been traveling the country on a fiscal "wake-up tour," urging taxpayers to wake up to the long-term unsustainability of current federal fiscal policy. He talks about the ever-larger deficits from a large and persistent gap between expected federal revenues and projected federal expenditures, deficits so large that our economic security and standard of living are at risk. If nothing is done, according to Walker, eventually the federal government will be able to pay only interest on the mounting debt (held largely by foreigners) and some entitlement benefits. Many leading conservative, liberal and non-partisan think-tanks agree with him. Check out the numbers at <www.gao.gov>.

Medicare and Medicaid, the nation's two largest public health care programs, are part of this problem. The federal State Childrens Health Insurance Program (SCHIP) is another piece of the puzzle.

Medicare is a federal health insurance program mainly for persons age 65+. Coverage is automatic and not just for

the impoverished. It is funded by earmarked payroll taxes, federal income tax revenues, and beneficiary premiums. Medicare Part A (paid by payroll taxes) covers hospital and skilled nursing care (not long term care). Medicare Part B (paid by federal tax revenues and premiums) covers doctor and outpatient care and some therapists and home health care. Medicare Part D (paid by federal tax revenues plus beneficiary co-pays and deductibles) covers prescription drugs. Many believe the Medicare trust fund for Part A will be insolvent in 2019 (The Social Security trust fund runs out in 2041).

Medicaid (in Minnesota, Medical Assistance or MA) is a federal-led, state-administered health insurance program for certain groups of impoverished persons. With federal grants, states design and administer the program under federal rules. States pay half the cost, determine eligibility and may provide services beyond federal minimums. Qualified people receive health care and nursing home care without charge. There is no Medicaid trust fund. Medicaid is not as serious a fiscal problem as Medicare, but it does account for 16% of national health expenditures.

SCHIP extends health coverage to children in families not poor enough for Medicaid but too poor to buy private health insurance. There is no SCHIP trust fund, the federal government and states share the cost. States have more flexibility in plan design. Federal funds are not open-ended, that is, this is not an entitlement program. It was enacted in 1997 and expires September 2007, unless reenacted by Congress. Five million children in the U.S. have received health care under SCHIP.

Medicare is a five times greater threat to the nation's insolvency than is Social Security. At the stroke of a pen, Medicare Part D, which governs prescription drugs, increased Medicare obligations nearly 40% over the next 75 years, a currently unfunded promise. The 78 million baby boomers who once coursed through the school systems and job markets are poised to swamp Medicare.

But public health insurance programs are not the true culprit. Their financial issues are only the symptoms of the disease of escalating health care costs. The exploding federal deficit can be cured only by curing the health care system itself. The ailments are legion. Here are some.

Uninsured/underinsured. There are 44.8 million uninsured and underinsured persons in the U.S., nine million of them children. Others are the self-employed, small businesses, working poor, people with pre-existing medical conditions, and children eligible for government health insurance

The Senate District 54 *Newsletter* is published six times a year to inform and educate interested parties of the happenings within SD54 DFL. The *Newsletter* provides opportunities for readers to submit articles for publication on various subjects of interest to this audience. The Newsletter Committee reserves the right to edit articles as appropriate to meet these goals and space restrictions.

Newsletter Committee

Norm Hanson, chair	(651)484-8926
Julianne Johnston, vice-chair	(651)486-7120
Joan Cooper	Grace Dyrud
Keith Dyrud	Karen Hanson
Sandy Hanson	Beth Lareau
Tim Krinke	Mary JoRourke
Charlie Quick	Karen Schaffer
Georgiana Sobola	John Treadwell

Copy editor: Anne Frenchick
Layout editor: Antona Richardson

who fail to apply and fall through the cracks. This group foregoes medical care because of cost so doesn't get routine preventive care. When sick, they head to emergency rooms (ERs), which are increasingly unprofitable to the institutions providing care. Roughly 500 ERs have closed in the last 10 years, leading to longer waits at admission and more ambulance "diversions," re-routings to another ER.

Job-based health insurance and its insecurities. Job-based health insurance is declining. Premium increases after a large claim for one sick employee can drive a small employer out of the insurance market. Large companies cannot compete globally when foreign companies do not have to factor in employee health insurance costs when pricing products. Working people remain in jobs they hate or work constantly without time off, simply to avoid losing their health insurance. As availability of job-based health insurance declines, the ranks of the uninsured increase.

High cost/poor outcomes. The U.S. spends more on health care than any other industrialized nation, 16% of its gross domestic product (\$1059 per capita, Canada \$309 per capita), but we do not have world class health care. The U.S. is 29th in the world in life expectancy (worse than Cuba). The U.S. has an infant death rate of 6.9/1000 live births, and relatively high maternal mortality. Americans are less likely to have a regular doctor. Systematic reduction in the incidence of hospital-induced infections and medical mistakes is absent. It may be cheaper to fly to Thailand for elective surgery than have it in the U.S.

Overuse. Many people with insurance (Medicare, Medicaid, employer-based coverage, private health insurance) over use the health care system. This includes needless office visits, unnecessary/excessive tests, over-diagnosis, over-treatment and unwarranted prescription drugs. Market-driven medicine makes people think they're sick and insurance masks the costs of treatment. The uninsured over use the emergency room: overuse pushes costs up. Is consumer-driven health insurance an answer? Are patients just "shoppers"? The original 1965 design encouraged overuse of the Medicare and Medicaid programs, since the federal government hired (and continues to hire) private insurance companies to administer them on its behalf. Insurers had no financial incentive to reject any claims. Regulations to rein in the overuse have only come relatively recently.

Waste/bureaucracy. A massive private bureaucracy administers an intricate matrix of health plans. Insurance companies maximize profits by delaying, reducing and denying claims; shortening hospital stays; recalibrating diagnosis coding; and shifting costs to patients. Doctors and hospitals maximize profits by battling insurers to be reimbursed. The paperwork is pushed by people who must be paid—you see them in your doctor's and dentist's

clinics. Between 15-30% of health care system costs go for administration. Overhead also includes executive compensation and stock options, as well as advertising and marketing costs. Medicare Parts A and B are different: they have only a two percent overhead cost.

Medicare Part D. Critics renamed the Medicare Modernization Act of 2003 (Medicare Part D) the Pharmaceutical Company and Health Care Industry Welfare Act. Part D is a government benefit delivered and administered by private insurance companies. In traditional Medicare, the government pays people's medical bills. In Part D, the government pays insurance companies to

“. . . the single largest corporate welfare bill in congressional history”

provide private prescription drug coverage to premium-paying seniors. It will cost the government \$50 billion over five years. Medicare is famously prohibited from negotiating lower drug prices for this program, and insurers' premiums are not regulated.

Medicare Part D—more bad news. The act also increased federal subsidies to private insurers offering Medicare Advantage plans. A senior who belongs to one of these gets Medicare Parts A, B and D all in one policy. The federal government pays the insurer 12% more than the same services would cost in traditional fee-for-service Medicare. Insurers may or may not charge the seniors a premium, depending on its plan. Insurers use the extra federal dollars to reduce premiums and increase benefits as well as to cover their high administrative costs and add to their profits. This worsens Medicare's financial outlook and also requires those persons under standard Medicare Part B to pay \$2/month to the government to help cover these subsidies. These lavish subsidies make the act the single largest corporate welfare bill in congressional history. Scandals in the marketing of these Advantage plans abound.

Conflicts and cronyism. FDA safety officers are silenced by political appointees. Drug companies fund medical education and continuing medical education (education frequently doubling as advertising). Pharmaceutical companies pay doctors for prescribing their products. Hospitals gouge uninsured individual patients while HMOs, private insurers, Medicare and Medicaid pay less. Doctors who own MRI or similar imaging clinics refer their patients to them. Taxpayer subsidies for pharmaceutical research no longer need to be repaid, while Americans pay the highest drug prices in the world. The health care industry spends more money lobbying the government than do energy, banking or tobacco industries. Drug trials are outsourced to private organizations. AARP has entered the national health

(Continued on page 5)

—2007 Session Highlights—

SD54A Representative Mindy Greiling

The governor has tempered the excitement from my last newsletter article, when I had just finished my first omnibus education bill. I recall former Governor Arne Carlson once saying towards the end of session, “Now’s when you find out you have a governor.” That was certainly true this year.

The final E-12 education bill contained just over half of the funding from the original house bill and, while significant, was not even enough to restore education funding to the pre-2003 level. I am proud that the money that did go out to schools was well spent. It was geographically fair and need-based. It focused on early childhood—including some advancement of all-day kindergarten, special education, and the per-pupil formula. Other important areas include: gifted and talented funding, libraries, school support staff (nurses, social workers, counselors, psychologists and chemical dependency staff), adult basic education, technology and building maintenance funds, and world languages.

It was the best year—by far—for mental health in the history of our state, and I am extremely proud to have played a vital role. We actually funded about one-third of the visionary comprehensive mental health bill introduced by John Marty and me.

Senate District 54

www.sdf154.org

Chair: Michele Courneya

651-484-3717 courneya05@comcast.net

Associate Chair: CharlieQuick

651-483-3623 charlierquick@comcast.net

4th Congressional District DFL

Chair: J.P. Barone, 651-426-1836, var630@aol.com

Minnesota State DFL Party

www.dfl.org

Directory of SD54 Legislators

State Senator John Marty

328 State Capitol, St Paul, MN 55155

jmarty@senate.mn

(651)296-5645

www.senate.mn/senatormarty

State Representative Mindy Greiling

381 State Office Building, St. Paul, MN 55155

(651)296-5387

rep.mindy.greiling@house.mn

State Representative Bev Scalze

357 State Office Building, St. Paul, MN 55155

(651)296-7153.

rep.bev.scalze@house.mn

There were other successes. Environmental gains, worked on by Bev Scalze and John Marty and certainly supported by me, were tremendous. I was also glad that progress was made in higher education, with tuition increases cut to single digits. The Freedom to Breathe Act was important and hard-fought.

We have a long ways to go in other areas, e.g., property tax relief, transportation, and nursing homes. My 88-year-old mother constantly asks if we have gotten rid of Pawlenty’s surcharge on nursing home residents that goes to the general fund instead of nursing homes. I hate to have to tell her that there was not enough money to do that this year.

It was impossible to make up for all the wrongs inflicted on Minnesotans from 2003 when “the budget was balanced with no new taxes.” The governor did not count property taxes or fees, like the nursing home surcharges. He continued that doctrine this year, despite high-sounding overtures in January, so our work as Democrats is cut out for us. Thanks for the work to date and that to come!

SD54B Representative Bev Scalze

For the first time in eight years, the legislature has finished its budget work on time, passing all of the major finance bills by the deadline.

Environment/Energy: This was the “greenest” session ever, with passage of the Renewable Energy Standard of 25% by 2025 (Xcel—25% by 2016). We also provided funding for energy projects (wind, hydrogen, plasma torch, and biomass). We passed a Global Warming Mitigation Act, a Greenhouse Gas Study, a Mercury Reduction bill for household products, and an Electronic Waste bill for recycling of residential computers, monitors, and TVs. Some funding for the Clean Water Legacy was provided and a dedicated funding amendment bill prepared for passage early in 2008 to provide into-the-future funding for habitat, culture, state parks, and clean water. The Wetland Conservation Act was revised with stronger replacement requirements. Programs to address invasive species, aquatic and terrestrial, were funded. It was an exciting year to be part of the process of conservation planning for the future on the Environment & Natural Resources Committees (Policy and Finance).

Veterans Services/Military Affairs: Significant investments were made in programs to aid returning military personnel and their families, such as State Soldier’s Assistance Program, Vets’ Hotline, Depleted Uranium identification, campus assistance, survivors’ educational benefits, Minnesota GI Bill, and assistance to vets to attend the dedication of the Minnesota WWII memorial. Funding for honor guards at veterans funerals was provided, and free

hunting and fishing licenses, one year free MinnesotaCare, appropriations for disabled veterans rest camp, and hardship tax deferral. The Military Service Combat Zone Credit was doubled.

Predatory Lending Crackdown: Significant legislation was enacted to control predatory mortgage lending practices by mortgage brokers that have led to home foreclosures. We restricted “churning,” and “negative amortization,” required verification of borrowers ability to repay, and required clear disclosure of total payments, including taxes and insurance.

E-12 Education: The legislature passed \$329 million to provide federally-mandated special education funding, which frees up money for general education needs. The basic funding formula will increase two percent in 2008, one percent in 2009. Budget cuts from previous years were restored for ECFE, Head Start, and School Readiness programs. Rep. Greiling, chair of the E-12 Education Finance Committee, worked very hard for our schools this session in the midst of great opposition from the minority party, and we should all thank her.

Higher Education: The legislature worked very hard to stop the years of double-digit tuition increases, and provided more financial aid and increased the funding to the U of M and MN State Colleges and Universities. The new Achieve Scholarship Program was passed for students who receive at least a grade of C in college preparatory classes where family income is below \$75,000.

Health & Human Services: A two percent rate increase for workers in nursing homes in each of the next two fiscal years was passed, and expanded health care access for an

additional 37,000 children and 20,000 adults. Finally passed was legislation to expand the benefit set for MA, GAMC, and MinnesotaCare to include more comprehensive mental health services. This was due to the hard work of Rep. Greiling and Sen. Marty and their Mental Health Caucus. The Freedom to Breathe Act will be effective October 1, 2007, banning smoking in indoor places of employment including bars, restaurants, and public transportation. Emergency contraception provisions in hospitals for victims of sexual assault was approved.

Public Safety: New legislation will provide grants to hire peace officers, upgrade squad car camera technology, and increase resources for gang and drug task forces. Internet soliciting of children was established as felony-level crime, and 15 forensic scientist positions added to analyze evidence. Provided was funding for 10 new judges due to increasing caseloads, domestic abuse provisions, victims’ services, and prevention initiatives for “children at risk” under the age of ten. We also created regulations for scrap metal dealers designed to curb thefts of copper from construction sites, utility companies, and abandoned homes. These thefts create a hazard of natural gas explosions when “gassed” copper pipes are cut and stolen.

The bonding bill was vetoed, as was the tax bill and the proposed property tax reform legislation. These vetoes will prove difficult to people in our area, and unless there is a special session called, there is no help for residents of District 54B.

It has been an honor to serve you in this 2007 session. For further information, please contact me (See Directory on page 4)

Tough Questions

(Continued from page 3)

insurance market with an HMO for persons aged 50-64, and also offers Medigap and Part D insurance. How can it lobby in the interest of older Americans at the same time? Doctors and hospitals perform more medical procedures that reimburse well than those that don’t. Free mammograms by hospitals are loss leaders for their very profitable cancer treatment centers.

Choice and rationing. People want to choose their doctor, their clinic and their hospital. They do not want to wait for elective surgery. They want to receive the medications that are advertised on TV. They want all the health care that they think is available. They want it right now. Ironically, the current system restricts choice: if you have health insurance, you can go only where your insurer permits. When asked, people also say that they do not want health care rationed.

But health care is already rationed on the basis of insurance status, employment status, income, freedom from pre-existing medical conditions, and age. It is not rationed on the basis of medical need. A different system would ration based on medical need. People with pre-existing conditions and impoverished children might be at the head of that line rather than completely excluded.

Free market health care. Free market systems are thought to be successful the more and more services or products are sold. The goal of a health care system should be to sell fewer services—by promoting health and preventing disease. The free market system that we have is great for executives and investors who profit from disease and death. Since little money is to be earned in prevention, little is provided. The free market system is the most expensive non-world-class health care system in the world.

(Continued on page 7)

Instant Runoff Voting (IRV) – A better way to vote

Georgiana Sobola

Jeanne Massey, executive director of FairVote Minnesota, was the featured speaker at the SD54 Central Committee meeting on May 17. Every effort is being made to introduce voters to instant runoff voting (IRV) and to convert our current winner-take-all system to a fairer and more equitable way of electing our public officials.

What's wrong with our current voting system?

- Creates low turnout in primary elections.
- Elects a winner by a plurality vote except in two-person races. The past three Minnesota governors were elected with less than a majority vote.
- Leads to negative campaigning.
- Is costly to run two elections.

Why should we change to instant runoff voting?

- Increases voter participation.
- Assures a majority vote for the winner.
- Is part of democracy reform movement.

Why is IRV better?

- Eliminates primary elections and saves money for candidates and jurisdictions.
- Assures candidates who could win in a high-turnout election they won't be defeated in a low-turnout election. Helps third party candidates and their voters.
- Creates better representation: winner has at least 50 percent plus one vote and can declare a "mandate."
- Decreases spoiler issues and split-vote dilemmas.
- Encourages more positive, issue-based campaigns.
- Cuts down on negative campaigning.
- Increases voter participation.

What are some perceived and real concerns with IRV?

- It's too complicated.
- Voting equipment can't handle it.
- Voters won't like it.
- It doesn't sound constitutional.

What will the ballots look like?

- They will list the candidates' names as usual.
- There will be a number of columns following the names; e.g. four candidates, four columns.
- Columns will be labeled at the top: e.g. Choice 1, Choice 2, 3, etc.
- Voters will mark their choices in the columns; e.g. if Candidate C is the voter's fourth choice, he will mark "x" in the fourth column.

How are the ballots counted?

- Step 1. Count all choices.
- Step 2. Determine if any candidate received a majority of first choices. If one did, he or she is the winner. If not, go on to Step 3.
- Step 3. The candidate with the least number of first choice voters is eliminated.
- Step 4. Votes from the losing candidate's other choices are redistributed among the other candidates. If there is still no winner, go on to Step 5.
- Step 5. The next losing candidate is eliminated and his other choice votes are distributed among the remaining candidates. Continue until a candidate receives a majority vote. This system is transparent because the number of votes at each step is counted. Minor parties can gauge their strength and see where their strength goes.

Can our voting machines handle IRV?

That depends. Current equipment is limited but can be modified to accept IRV ballots. The next generation of IRV-compatible equipment will be available in 2008.

Is IRV constitutional? Is IRV a new idea?

You betcha! After a legal challenge to the use of IRV in Ann Arbor, Michigan, in 1925, the court ruled that IRV fully complies with the constitutional principle of "one person, one vote." It was used in 23 cities in the 30s and 40s and apparently abandoned (perhaps because of the difficulty of counting votes, since there were no computers). Cambridge, Massachusetts has used it since 1941.

Who's leading the charge for IRV in Minnesota?

Because charter cities are the only cities in Minnesota that can implement IRV by amending their charters, Senator Marty has introduced Senate File 39, which would allow statutory cities like Roseville to use IRV in federal, state, and local elections. It would not be mandatory; decisions will be made by local units of government. Senator Marty's interest is in providing a clear majority vote for the winners and addressing the issues of the spoiler votes and the advantages to third parties. No constitutional amendment is needed to implement IRV.

There will be considerable debate in the next legislative session. Senator Marty expects that the governor will veto the bill if it comes to his desk. However, he is hoping for a veto-proof majority to override it.

SD54 Calendar of Events — July to October 2007

Mark your calendars now!!

July 16	Monday	4CD Central Committee meeting, Rice Street Library, 1011 N. Rice Street 7 p.m.
July 19	Thursday	SD54 Annual Picnic-Central Committee meeting, Lion's Club Pavillion, Roseville Central Park 6 p.m.
July 28	Saturday	Shoreview Parade, St. Odilia Church parking lot (Victoria/Co. Road E) to Island Lake Park, Victoria St. Parade Line-up starts at 9 a.m. Parade starts 10 a.m.
August 5	Sunday	Little Canada Parade, Saxon Bowling Lanes (Rice St. and Little Canada Rd.) to Spooner Park, on Eli Rd. Parade Line-up starts at 11:30 a.m. Parade starts at 12:30 p.m.
August 16	Thursday	SD54 Executive Committee meeting, Fairview Community Center
August 19	Sunday	Vadnais Heights Parade, McMenemy Street & Oak Grove Parkway (south of Hwy. 96), to Co. Rd. F & Clover. Parade Line-up starts at 11:00 a.m. Parade starts at noon
August 25	Saturday)	
August 29	Wednesday)	SD54 days at the State Fair Donut Booth
September 3	Monday)	
		<i>Volunteers:</i> Contact: Andi Moffitt (651) 917-3579, Karen Schaffer (651)-636-7359, or Ron Manshack (651)-482-1977
September 20	Thursday	SD54 Central Committee meeting, Fairview Community Center
October 7	Sunday	2007 Bruce Vento Dinner, Prom Center, 484 Inwood Avenue, Oakdale Confirmed speaker: Garrison Keiller

For additional information and events yet to be announced, check the SD54 DFL website at www.sd54df.org

The Secretary of State, Mark Ritchie, has assembled a task force on IRV made up of interested persons to begin discussions on how to implement IRV in Minnesota.

There is considerable support for this method of voting among liberal individuals and groups, though not among Republicans, and from certain single-issue groups. IRV seems to be on its way to an election booth near you. Steve Hill of the New American Foundation states that "Instant runoff voting is now the hot reform to watch as Americans grapple with how to improve our democracy."

Tough Questions

(Continued from page 5)

Socialized medicine. People say they don't want the government involved in health care. It is too late. We already have government in health care: Medicare; Medicaid; SCHIP; Tricare for military personnel/families; VA for

veterans. Though not perfect, these programs are popular and relatively efficient.

What to do? This column is about questions, not answers. Should we look for comprehensive or incremental change? What is the appropriate role for employers? (Medicare and Medicaid broke the job link.) What is the role for private insurers? Should they or the government administer a universal program? Expand public programs or subsidize private policies?

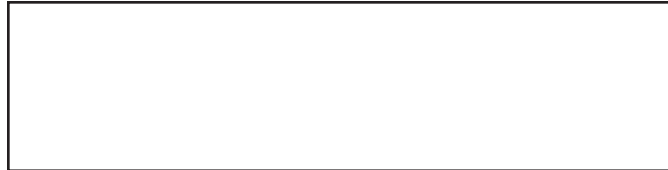
We need action from our leaders. Everyone will have to sacrifice: consumers, employers, hospitals, insurers, investors, pharmaceutical companies, medical device manufacturers, among others. The country's financial health and physical health and standard of living are at stake.

**DEMOCRATIC
FARMER LABOR
PARTY**

SENATE DISTRICT 54
1947 EUSTIS
LAUDERDALE, MN 55113



Presorted
Standard
US Postage
PAID
Minneapolis, MN
Permit No 30757



Dated Material—Please Rush

**Prepared and Distributed by the Minnesota DFL
State Central Committee**

Annual Potluck Picnic — July 19, 2007
Come One Come All

Roseville Central Park — Lion's Pavillion off Victoria Street
(East side of Bennett Lake)

6:00 p.m. to ???

It's time for our annual picnic! Welcome to friends and families of SD54. It's our time to meet old friends and DFLers. We will celebrate **in advance** our future efforts to ensure our SD54 will continue to live up to its reputation as one of the best in the state. Our SD54 will provide a sufficient supply of brats and hotdogs and all the trimmings for everyone. If you can, **bring a dish to share**. We will invite elected officials and our legislative representatives to the event so you will have a chance to meet with them and share your concerns and ideas.

We look forward to seeing You there!

