

Voter

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VOL 39 • No 3 ★ ★ ★ ★ ★ LEAGUE OF WOMEN VOTERS OF THE SAN ANTONIO AREA



Spotlight

The League of Women Voters, a nonpartisan political organization, encourages the informed and active participation of citizens in government, works to increase understanding of major public policy issues, and influences public policy through education and advocacy.

Primary Election by Arlis Olson (Interim Voter Service)

The last day for candidates to file for the primary election is January 4th. This means that we will be finalizing questions for our Voters Guide at the next board meeting on December 8. If you, or your organization, have any questions you would like to pose to the candidates, **please contact me (arlisolson@att.net) 210-661-0841 or Arlis Olson, 3709 Candlecreek Ct, 78244.** You can determine most of the candidates by looking at your *Guide to Elected Officials*. Any candidate whose term ends in 2011 will be on the ballot as well as those from Edwards Aquifer Authority whose term ends Dec 2010. Judges are not included in the Guide but there will be judges of every variety running.

Which questions we actually use will be determined by the LWV Board. Any we don't use will be considered for KLRN candidate forum. A date for that has not been determined as yet but even if we get them in early January, they will be considered. Other dates you may want to be aware of: **Last day to register to vote is Feb 1st. First Day to apply for a mail in ballot is Jan 1st. Early voting runs from Feb 16th to Feb 26th.**

Issues for Your Action

Now that you have a brand new *Guide to Elected Officials*, you can make use of it by writing your Senator or Representative on the following two issues (see pages 2-4.)



League Meetings



December Meeting

Our Annual Planning meeting. More information to follow via email.

January Meeting

Undecided

February Meeting

The LWV will participate in the **Water Symposium** at Trinity University. We will sponsor a panel on, "Who Controls Your Water" made up of representatives from elected boards, San Antonio River Authority, Edwards Aquifer Authority, Bexar Met Water District, Trinity Glenrose Ground Water District, and any others that are pertinent.

IN THIS ISSUE

Monthly	
Spotlight	1
Upcoming	
Meetings	1
LWVSA Board	
Officers	2
Campaign	
Finance	2
Health Care	3
Calendar	4

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Campaign Finance Reform

I'm not going to bore you with the reasons we need campaign finance reform. Most of you are well aware of the reasons and I am including the National LWV position on the issue.

I was fortunate to be able to attend a meeting in Congressman Charles Gonzalez's office initiated by Americans for Campaign Reform (Rob Werner, National Field Director). Representatives from Public Citizen (Andy Wilson and an intern) also attended. We met with Stephanie Smith in the congressman's office.

I came away from the meeting both enthused and excited. It was great to see real professionals at work. More to the point for me was they seem to think there is a good chance of getting public financing of congressional elections approved. The bill is called Fair Elections Now Act. The bill number in the US House is H.R. 1826 and in the US Senate is SB 752. Primary emphasis seems to be on the House (from what I gleaned listening). The House bill has both a Democrat (House Democratic Caucus Chair John Larson of Connecticut) and a Republican (Walter Jones of North Carolina) sponsor. According to Mr. Werner, the bill has twice as many sponsors as any other public finance bill that has been introduced in the past and some real heavy hitters have signed on.

There are several states that use public financing for elections, including Maine, Arizona, Connecticut, North Carolina and New Mexico. Connecticut, the newest, has an 85% candidates participation rate, Maine 90% and Arizona 70%.

The bill being proposed would ask candidates to qualify by collecting a large number of small donations in the range of \$1,500 to 2,000, of \$5-\$100 each. Qualified candidates receive competitive level of multiple matching funds on small in-state donations. Nominated candidates receive competitive grants and match on small in-state donations in place of larger private donations. The House bill calls for funding from 10% of the proceeds of broadcast spectrum auctions. (From google I get a definition of licenses to companies wishing to provide wireless communication services. This may not be all inclusive.) The Senate bill calls for funding from a .05% surcharge on government contracts in excess of \$10 million.

The National LWV position is: The League of Women Voters of the United States believes that the methods of financing political campaigns should ensure the public's right to know, combat corruption and undue influence, enable candidates to compete more equitably for public office and allow maximum citizen participation in the political process.

I urge all of you to write your U.S. Representative and ask them to get on board with this important piece of legislation.



The following is the League's position on Health Care. While the house has passed health reform legislation, it must still be passed in the Senate. I hope you can use this information to write your senator or take other action you deem appropriate. Official correspondence and action must be approved by the LWV board but you may use quotes, if properly

cited, just like any other correspondence This is an excerpt from *League of Women Voters of the United States, Impact on Issues, 2008-2010, A Guide to Public Policy Positions*. The complete pamphlet can be ordered from the National League, www.lwv.org, 202-429-1965, and I think it is well worth while for everyone to have.

The League's Position (Statement of Position on Health Care, as Announced by National Board, April 1993):

GOALS

The League of Women Voters of the United States believes that a basic level of quality health care at an affordable cost should be available to all U.S. residents. Other U.S. health care policy goals should include the equitable distribution of services, efficient and economical delivery of care, advancement of medical research and technology, and a reasonable total national expenditure level for health care.

BASIC LEVEL OF QUALITY CARE

Every U.S. resident should have access to a basic level of care that includes the prevention of disease, health promotion and education, primary care (including prenatal and reproductive health), acute care, long-term care and mental health care. Dental, vision and hearing care also are important but lower in priority. The League believes that under any system of health care reform, consumers/ patients should be permitted to purchase services or insurance coverage beyond the basic level.

FINANCING AND ADMINISTRATION

The League favors a national health insurance plan financed through general taxes in place of individual insurance premiums. As the United States moves toward a national health insurance plan, an employer-based system of health care reform that provides universal access is acceptable to the League. The League supports administration of the U.S. health care system either by a combination of the private and public sectors or by a combination of federal, state and/or regional government agencies.

The League is opposed to a strictly private market based model of financing the health care system. The League also is opposed to the administration of the health care system solely by the private sector or the states.

TAXES

The League supports increased taxes to finance a basic level of health care for all U.S. residents, provided health care reforms contain effective cost control strategies.

COST CONTROL

The League believes that efficient and economical delivery of care can be enhanced by such cost control methods as:

- the reduction of administrative costs,
- regional planning for the allocation of personnel, facilities and equipment,
- the establishment of maximum levels of public reimbursement to providers,
- Malpractice reform,
- The use of managed care,
- Utilization review of treatment,
- Mandatory second opinions before surgery or extensive treatment,
- Consumer accountability through deductibles and copayments.
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EQUITY ISSUES

The league believes that health care services could be more equitably distributed by: Allocating medical

Health Care - Continued page 4

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Health Care - Continued

resources to underserved areas, Providing for training health care professionals in needed fields of care, Standardizing basic levels of service for publicly funded health care programs, Requiring insurance plans to use community rating instead of experience rating, Establishing insurance pools for small businesses and organizations.

ALLOCATION OF RESOURCES TO INDIVIDUALS

The league believes that the ability of a patient to pay for services should not be a consideration in the allocation of health care resources. limited resources should be allocated based on the following criteria considered together: the urgency of the medical condition, the life expectancy of the patient, the expected outcome of the treatment, the cost of the procedure, the duration of care, the quality of life of the patient after treatment, and the wishes of the patient and the family.



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