

Coalition for Democracy Healthcare Work Group

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My name is Michael Kaufman and I am here to represent the views of the all-volunteer Coalition for Democracy of Central New York Healthcare Work Group. I am taking one of my personal days from work to address what for me is an urgent personal and public problem: our dysfunctional healthcare system.

During the past year, our Healthcare Work Group has been busy. We have written and talked to our federal and state representatives. At a county fair and street fair in Otsego County we easily collected 298 signatures supporting U.S. H.R. 676 to set up a national health insurance system. In our rural area that is a lot of people. In New York City you might see that many people in a single subway ride. But in the fields, woods, and hamlets of our area we may not see that many people in a year. Nevertheless, last week we lost, by a party-line 7 to 7 vote of the Otsego County Board, a resolution we had proposed calling for single-payer national health insurance.

We are fed up with waiting and pleading for a quality comprehensive healthcare system that is free, simple, portable, publicly-funded, and which covers everyone.

We've run a very long experiment since World War II-era tax breaks were given to employers to offer health insurance. We've patched on some regulations and a cornucopia of parallel public health systems from Family Health Plus to CHIPS to Medicare, Medicaid, Indian Health Service, Veterans Health Service, Workers Comp, etc. While some of these publicly funded efforts have done wonderful things, we have created a patchwork monster. We need one single public system that covers everyone.

Even those who are supposed to be getting publicly funded health coverage aren't getting it. A new study published in the American Journal of Public Health found that 1.8 million veterans and 3.8 million members of their households have no access to care at veterans' hospitals and clinics and have no health insurance to pay for care elsewhere.

I'm sure that you know that Americans pay two to three times what people in other industrialized nations pay for health care. We don't live as long and more of our infants die. A study in the New England Journal of Medicine found that our healthcare system was spending 31% of our monies on bureaucracy and profit. Two years ago in separate studies the Organization for Economic Cooperation and Development and the World Health Organization studied the effect of allowing private health insurance parallel to public health insurance systems. Both studies found that allowing private insurance in the mix drove up costs, limited access to the more privileged, and didn't improve health outcomes. If our group of volunteers studying this in our evenings after work know this, we're sure that you do to.

So we don't want to hear about "a building-block approach" or fears of reform forcing "an undue burden on families, businesses and government." We know that there is a cancer in our system, and it is the private health insurance companies, whose duplicative bureaucracies take our money and our employers' money—and then find excuses not to pay for our care. Kill this cancer--quickly.

We don't want to hear how New York isn't big enough or bold enough to simply insure all its residents. We have four times more people than Norway and twice as many as Sweden and they provide health care much more effectively and cheaply for all their citizens than we do. We have almost two thirds as many people as all of Canada -- and they cover everybody. But I'm sure you know that.

So instead let me tell you about my experiences, those of our group, and the neighbors and coworkers we talk to.

Exactly one week ago my boss told me and 165 coworkers that we were having a four percent rise in our health insurance premiums. This is on top of the deductible, which, depending on the service I use, either doubled or quintupled only six months ago. And it's on top of copays that went up 62.5 percent. I was told that I had an "open enrollment period" until yesterday to decide what I was going to do. Given the now unbelievable pricetag of my health insurance, I considered moving to my wife's insurance. But her employer has told her that her premiums are going up but they don't know how much yet. Hers is a better plan as far as I can tell, but I would have to have a primary care physician who practiced in New York City -- a four to five-hour trip over icy mountain roads one-way from my job. That's a distance I don't want to travel when I have a fever or some other ailment that wouldn't be considered enough of an emergency to be covered in a local emergency room.

So I signed up to continue the crap insurance that my now Alabama-based employer offers. I've been postponing some treatments because of the costs.

I am partially but permanently disabled by repetitive strain injuries I got at my last job. The company I currently work for tried to "unhire" me when they found out about this a few hours after I started work. I desperately wanted the job because it was the only one I could find that offered health insurance and a pension. I managed to fight to keep my job, but before long, the company was sold and the new owners took away the pension and cut back the insurance benefits.

After I became injured, it took two years of hearings and "verification" from a private insurer's doctor for me to finally win my workers comp case. I did win, but Workers Comp still covered only some of my medical bills. I considered the insurance company doctor to be a quack. He didn't even examine me but said I looked like an honest fellow and that I had a very prestigious doctor. During our two-hour meeting, I listened to him repeatedly berate black and Latino patients on speakerphone. I gathered from what he said and from the patients I heard on the speakerphone that I was one of the few white native-born "patients" he had talked to recently. I still think about those disabled people

whose claims were judged at least in part based on their immigrant status or the color of their skin. I don't see why private insurers should even be involved in the system.

But I have many more recent horror stories to tell. Under our health care system, the bad news just keeps coming. A few weeks ago one of my low-paid but full-time coworkers decided she couldn't afford the \$40 co-pay to see the doctor. She came to work and inadvertently spread the infection to other coworkers. She ended up in the emergency room with a bill for \$400.

One of the people in our Coalition is the president of the Otsego Senior Council. He spends much of his volunteer time helping his members sort through, I think he said, 66 drug-plans each year after the recent ridiculous patchwork Medicare Part D reform. How is someone—especially someone who may be old and frail--supposed to know what drugs they're going to need for an ailment they don't yet have so that they can use "market mechanisms" to most efficiently choose the best private health plan? Even if one could get straight answers easily, who can sort this crap out?

And then there is our Coalition volunteer from Chenango County whose brother didn't have health insurance. She is fighting to stall her own divorce so that she can hold onto his health insurance. Her uninsured brother went to Binghamton for treatment. He was told that since he didn't have health insurance he would have to wait, so he took up residence at the local YMCA. He died waiting.

It doesn't have to be this way in New York.

A former local doctor who has since moved her practice to British Columbia came back to talk with our Coalition last year. She told us about her 15 years of practicing medicine in the Delaware County seat of Delhi and her last couple years practicing in rural Canada. In Delhi she was always on call and had three people working for her to handle the paperwork. In Canada she has one assistant and another doctor to rotate hours off with. Here in New York she had to deal with hundreds of different insurers, as well as uninsured patients. In Canada everyone fills out a simple form once and then just has to show her their card to get treatment. She told us that Canada has a shortage of doctors in rural areas just like we have. Here in the U.S., the private system rewards doctors for practicing in over-served urban areas like downstate New York. But because Canada has a public system, they were able to decide to teach more doctors and to offer financial incentives for practicing in under-served areas. With the incentives, the doctor said she earns roughly twice in Canada what she earned for working more hours in Delaware County.

It's astounding to learn how superior other countries' healthcare systems can be. Fifteen years ago my dad was hit by a car when he looked the wrong way crossing a street in England. They did their best to resuscitate him at the local rural hospital where doctors were in attendance. (At my nearest hospital, in Delhi, NY, 13 miles away, doctors are not permanently in attendance.) In England the head nurse rode in the ambulance with my dad and me from the rural hospital where he was first taken, to a London hospital

with fancier equipment. They put me up for free in both hospitals. After a week my dad was conclusively proved to be brain dead and was disconnected. I dreaded the bill. But there was no bill because they said that health care was a human right and it didn't matter that neither my dad nor I had never been to England before. And this was during the Thatcher years when they had drastically cut back the National Health Service.

We don't want another patchwork reform here. We can't pay more and shouldn't have to - because we already pay more than anyone else in the world. The OECD and WHO studies showed that even with regulations, private insurers will cherry pick patients and by their very existence drive up the costs for the rest of us. Please don't pass a messy and burdensome "reform" that would require New Yorkers to pay for their own health insurance. Please don't pass a "reform" that would channel even more of our tax dollars to private insurers.

It's an embarrassment that the most powerful nation in the world has the most expensive yet least effective healthcare system in the industrialized world. New York can be decisive in cutting out the cancer of private insurers and the complicated melange of charity programs. Health care is a human right. Let New York set an example for our fellow citizens by enacting a simple public health insurance system that covers everyone.