

# Our Health

newsletter of the NC Committee to Defend Health Care

The NC Committee to Defend Health Care works to educate about and advocate for the "Right to Health Care", so that access to appropriate health care on a regular basis is assured for all North Carolinians regardless of age, sex, race/ethnicity, marital or employment status, pre-existing medical condition or geography.

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## Principles

NC Committee to Defend Healthcare believes that future health care reform in this, the richest of all nations, must incorporate the following five principles:

- ◆ Health care is an essential safeguard of human life and dignity and there is an obligation for the State to ensure that every resident is able to realize this fundamental right.
- ◆ Health care professionals must not be diverted from their primary tasks, the relief of suffering, the prevention and treatment of illness, and the promotion of health.
- ◆ The right of all patients to seek the services of an appropriate health care professional must not be curtailed.
- ◆ Medical care should be based on evidence of safety and effectiveness with final decisions made by the health provider and patient.
- ◆ The appropriate outcomes for health care evaluation are the improved health of the individual and the community, not the ability to generate revenue.



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## H1894 Marks Legislative Progress

by Representative Verla Insko with Katherine Bandy

NC House Bill 1894 was introduced by Rep. Verla Insko (D-Orange County) to study the need for a health care system that covers all North Carolinians. If passed, H1894 would create a joint commission of eight members of the General Assembly, selected equally from both the House of Representatives and Senate, to conduct the study. The commission would also establish a formal plan for transitioning from the current fragmented system to a comprehensive statewide health care system.

NCCDHC Board member Bill Brooks provided educational materials on the issue to various legislators. The bill has been assigned for review by the Committee on Rules, Calendar, and Operations of the House. Reps. Insko and Nelson Cole (D-Rockingham County) now aim to move the bill into the Committee on Health.

The study began as a proposed resolution in the House Select Committee on Health Care. Committee chairs then recommended the language be introduced as a bill so as to best move forward the study and achieve bicameral support. Co-sponsors include Reps. Bob England (D-Cleveland, Rutherford Counties), Edd Nye (D-Bladen, Cumberland Counties), and Thomas Wright (D-New Hanover, Pender County).



## Our Health: The first issue

by Bill Brooks

*Our Health* is the voice of [NC Committee to Defend Health Care](#).

Our health should not be measured by revenue. Our health care will be more effective when all North Carolinians are included in one plan that doesn't create barriers to preventative care. Taking care of our health is an investment in productive labor, education, our children, and most importantly, our future.

*Our Health* will be the voice of, and a resource for, 75 organizations and countless individuals throughout the state who endorse H1358 "Health Care For All." I hope *Our Health* will reflect the tone of a verse adopted by some college students with whom I have worked: "Do justice, love kindness, walk humbly." Issues of *Our Health* will cover endorsing organizations, provide summaries and links to pertinent articles, give legislative news, inform you of successful health programs, introduce you to individuals, inform you of upcoming events, and ask for your support.

## Charles Kafoure is the First NCCDHC Executive Director

by Charles Kafoure



Thank you to the Board of NCCDHC for putting their confidence in me as your new Executive Director and first employee. I have recently relocated to the Triangle, and will work 15 hours a week for the NCCDHC.

I first heard Jonathan Kotch and Verla Insko speak at the North Carolina Society for Ethical Culture last autumn. They made a brilliant case for health care for all, and I decided that day, when Verla mentioned that they would soon look for an Executive Director, that I would do my best to get this job.

My primary qualification for this job is that I have extensive experience in nonprofits (my resume is on my NCCDHC web page, <http://ncdefendhealthcare.org/charlie.htm>.) I believe that organizations that are well structured, have a plan, and have resources (human and financial) available to them to spend on tasks deemed necessary to reach their goals are better equipped to do so than those that don't. Everything that I do for NCCDHC will be done with that principle in mind.

I helped organize a successful NCCDHC Board on April 15<sup>th</sup>, this edition. You as members and I helped organize a successful NCCDHC Board on April 15<sup>th</sup>, this edition. You as members and

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Strategic Planning retreat for the results summarized elsewhere in supporters will have the opportunity to be a part of each.

Finally, I believe that good communication makes a good organization. With that in mind, I hope that I will hear from anyone with an idea that will make our mission happen. No one knows if an idea is good until it sees the light of day; I am a sponge for all of your ideas, no matter the nature. My email address is [execdir@ncdefendhealthcare.org](mailto:execdir@ncdefendhealthcare.org), my mobile is 317-514-3584, and the office number is 919-338-2535. I can't do this in a vacuum. Let me hear from you. Please.



## Kate McDonald is NCCDHC Summer Intern

by Charles Kafoure



Kate McDonald comes to us via the APPLES service learning program at UNC. She was our top choice in a field of fine candidates. She is public policy major at UNC Chapel Hill from Davidson, NC, and the director of the Roosevelt Institution Center for Health Policy, a student run think tank with chapters at colleges across the nation. In that role, she facilitates peer discussions about current health policy issues, solicit student policy papers for our national publication, and coordinate learning events with health policy experts. She was recently awarded a grant from the Robertson Collaborative Fund to establish the Duke-UNC Health Policy Alliance, which will sponsor several seminars on North Carolina health policy in the coming months.

Kate is an excellent student, and an advocate for health care for all. She says, "I am passionate about ensuring that all citizens have access to an adequate level of health care, and I am excited about helping the NC-CDHC to further the cause for health care for all in North Carolina." Follow her activities at <http://ncdefendhealthcare.org/kate.htm>.

# Strategic Direction Defined

by Jonathan Kotch, MD, MPH, FAAP



On Saturday, April 15th, NCCDHC held a strategic planning session at the meeting house on the property of Board member Jay Miller. Polly Weiss, an experienced teacher and coach, facilitated. Polly planned our day in such a way that the outcomes flowed seamlessly from our discussions. Twelve Board members and two guests attended the meeting.

We began by brainstorming our internal strengths as passion, knowledge, consistency, growth beyond our physician core, available information, increased outreach, welcoming, paid staff. We resolved to meet our challenges by increasing state wide presence, broadening our political base, increasing inclusivity, improving public relations, holding more events and conducting more focused meetings, engaging members and allies more consistently in meaningful ways, and adding human and financial resources.

We pledged to take advantage of sister organizations, engage the public, the media, and the business community, each of which will support our issue, encourage statewide membership, provide materials specific to costs for health care for all (HCFA), and bring attention to the MA example and other national activities. We will prepare for adverse impact from insurance and pharmaceutical companies, the lobbying system, some health care providers, political opponents of HCFA, poor media representation of HCFA, proponents of rationing, and legislators not friendly to our cause.

We settled on five goals in three categories.

**Communications** - Develop a message and a media plan

**Grassroots organizing** - Implement a large network of activists, map the legislature, create a tabling program

**Fundraising** - Plan a fundraising training, develop a case statement, increase memberships

**Discussed as future priorities** - Develop relationships with other organizations, host forums, develop a business advisory group

More details of the outcome of this most successful meeting can be found on our website, <http://ncdefendhealthcare.org/sp.htm>.



## From Fewer than Thirty to over 290,000 Voices

by Kate McDonald

The NC Committee to Defend Health Care and the Methodist Federation for Social Action can now claim joint responsibility for inspiring a 293,000-member organization to announce support for the “Right to Health Care” in North Carolina. Esther McGill, a member of the Federation, and Shelly Webb, Methodist Chaplain to Brevard College, led a group of around 30 Methodists in Asheville to take action after an the group heard an inspirational speech by NCCDHC Board member Bill Brooks.

The Federation for Social Action wrote a resolution calling for the Western North Carolina Conference of the United Methodist Church to support H1358 “Health Care for All.” When the Conference convened at Lake Junaluska for their annual meeting, a vote proved that members were overwhelmingly in favor of supporting such a measure.

The Western North Carolina Conference represents Methodists in over 1,200 churches from Murphy to just east of Greensboro, so this action garnered significant support for our movement. The Secretary of the Conference will notify the General Assembly of their action, and the group is now raising money to train speakers to educate Western North Carolinians about health care for all.

Growth

## About NCCDHC

by Bill Brooks

The Committee's purpose is to assure that all North Carolinians have access to health care. We hope to achieve this in several ways.

### **Giving Voice to the Electorate**

In a UNC School of Journalism survey, 81% of North Carolinians believe that the state should assure affordable and effective health care to all North Carolina citizens. Our goal is to help the citizens of North Carolina put their thoughts into action. By speaking at group events and disseminating information in other ways, the Committee can ensure that North Carolinians are aware of the problems with our current health care system, and informed about potential solutions.

### **Educating the Legislature**

We have been working with Representative Verla Insko (D-Orange) to provide information to the House Select Committee on Health Care and other legislators in order to help them better serve the needs of their constituents. Our efforts are paying off.

### **Supporting H1358 "Health Care for All"**

The United States is the only major country that has not established health care as a right. By making this commitment, and passing H1358, NC will be able to begin correcting a system of health care delivery that Stuart Butler, Heritage Foundation Vice President of Domestic and Economic Policy Studies, says "...is ethically challenged."



## The Uninsured in North Carolina

by Kate McDonald

With more than one in six North Carolinians currently lacking health insurance, our state's uninsured population is growing at a faster rate than that of most other states. The problem affects everyone, but minority and poor populations are disproportionately impacted by North Carolina's health crisis. A full 20% of African Americans and 46% of Hispanics in our state are uninsured, as are the poor. Through government programs such as Medicaid and SCHIP, North Carolina ensures that the poorest of the poor in our state have access to adequate health care. However, there is a huge group of individuals and families who do not qualify for these programs, but are still too poor to pay for health insurance. 60% of the uninsured in North Carolina are below 200% of the Federal Poverty Guidelines, which means that they earn less than \$38,700 for a family of four.

The uninsured are not lazy or out of work; 78% of them are in families with at least one full-time worker. Many employers simply cannot afford to offer health insurance. Half of our state's uninsured citizens are either employed by, or have a family member who works for, a small business. With health costs skyrocketing, more small firms are unable to provide insurance to their employees, putting these businesses at a competitive disadvantage in their search for quality employees. When hard-working citizens have to go without adequate health coverage, it becomes clear that our employer-based system is simply not working.

A fragmented health care system in which coverage is based on employment is inherently inequitable and ineffective. In order to narrow the gap between the rich and the poor, whites and minorities, and big business and small business workers, North Carolina needs to adopt a health care system that ensures care for *all* residents. North Carolina's health care crisis affects us all.