

# Our Health

newsletter of the Health Care for All NC

Health Care for All NC 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, preexisting medical condition or geography.

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## Principles

### Health Care for All NC

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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## Our New Board Members, Part I

At the November membership meeting, we elected seven new Board members. Here is some brief information on four of them, with information on the other three coming in the next newsletter.

Sharon Elliott-Bynum is a Durham resident who joins the Board with significant experience both from her career as a nurse as well as her leadership roles in local health organizations in Durham. She is a cofounder for CAARE, Inc., a community-based service organization for HIV-positive and disenfranchised individuals; and has volunteered with several groups to diminish health disparities. Sharon's expertise in community organizing will be an asset to our organization.

Mysha Sissine, from Carrboro, is a research assistant at the Center for Clinical Health Policy at Duke University. With a long history of public service and social activism, including prior work with the Campaign for Better Health Care in Chicago, Illinois, Mysha joins the Board with experience and enthusiasm for her new position and the mission of our organization.

Gary Greenberg, Durham, joins the board with a breadth of experience. He is an internist and as well as the medical director of a free clinic in Raleigh. Gary's work with Duke Medical Center, the UNC School of Public Health, the Health Care Access Action Team for Durham CAN; and the Partnership for Healthy Durham Health Care Access Committee will benefit him and HCFA NC.

Eugene Barufkin's broad background is well suited for his position on the Board. A lifelong supporter of a right to health care, Eugene has experiences with Western Medical Group and the Democratic National Committee's Senior Democrats Coordinating Council, all of which will benefit him as the Coalition Liaison Chair.

## In the Legislature and Statehouse

by Jen Barry

North Carolina legislators continue to take the incremental approach to health care reform with a substantial list of bills that will capture various groups of uninsured. Representative Verla Insko (D-Orange) and HCFA NC Board member, says "After overwhelming NC House support for my High Risk Pool bill last year, I will file it again this year with some modifications and with Representatives Hugh Holliman, Bob England and Alice Underhill as cosponsors. I will also reintroduce the Right to Health Care bill as well as one to create a health care study commission."

Governor Easley has decided to help cover children whose families earn less than 300% of the federal poverty level.

## Communications is Our Life

by Charles Kafoure



We are often consumed with one communication topic or another. One month, it is a new brochure. Then, we need a new website. Or perhaps a case statement. There is a perfectly valid reason for this: we are all about communicating a message. Our mission is narrowly defined: make health care a right for everyone in North Carolina. Pardon the not so perfect metaphor, but our job is something like playing a game of chess: the mechanics of what needs to be done is quite simple, but the strategies are complex and the game needs to be well-played. In our case convincing the legislature that it is the right thing to do, then following up with the NC populace to do the same on the referendum, seems quite simple. The ‘how-tos’ of this are quite complex, though, and we need to go about it the right way.

Taking a step toward organizing for the long run, we have retooled the Communications Committee, a standing committee of the Board. That has taken several steps, but it is now in place. Firstly, we welcome Bill Brooks back to the Board as cochair of this most important committee. Bill’s official duties will revolve around responsibility for a Speaker’s Bureau, but he will have a wide-ranging role. Bill is a member of Pullen Memorial Baptist Church in Raleigh, and is participating in an effort to organize the faith community statewide on our issue through the health care committee at Pullen. He is also going to assist in organizing our Raleigh chapter. Claiborne Clark of Durham, a long time journalist, on air talent, and director/producer, has come onto the Board as cochair with Bill. His primary responsibility will be media. Bill and Claiborne have agreed to collaborate in the development of a unified message. I have joined the committee by taking responsibility for our new website. I am really pleased to be able to work with them.

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. Let me hear from you. Please.



## Jen Barry is HCFA NC Spring Intern



Jen Barry is our new spring intern, coming to us from the APPLES service learning program at UNC Chapel Hill. She is a senior majoring in Public Policy with a minor in Social and Economic Justice. Jen has both experience and ardent interest in campaigns to legalize a right to health care. She interned last summer with the Alliance to Defend Health Care and the Health Care Constitutional Amendment Campaign in Massachusetts, where she campaigned in the State House and at community events to promote a right to health care in Massachusetts. This fall she worked with the NC Health and Wellness Trust Fund’s Task Force for a Healthier North Carolina, where she studied alternate approaches to expanding coverage in the state.

Currently Jen is working on an honors thesis in the Public Policy Department at UNC-CH. She is performing case studies of Massachusetts and North Carolina, studying their historical approaches to health care reform and focusing specifically on their use of the health care amendment campaigns. She is energized to join the efforts of HCFA NC and looks forward to making meaningful contributions to our organization and cause.

# What is to be learned from CA and elsewhere

by Jen Barry

There has been a lot of positive attention to Governor Schwarzenegger's plan to universalize health care coverage in California. The media's praise ignores that these plans will further marginalize those who are most in need of a universal system: the sick and the poor.

The California plan's \$12 billion price tag, for instance, which Schwarzenegger claims will reduce state health care spending, does not include the \$2 billion the legislature will take from hospitals who provide indigent care to buy coverage for the uninsured. This additional \$2 billion will be given to insurance companies, 25-30% of which will be spent on administrative costs instead of direct care.

This plan is also only for those residents who are not currently receiving state approved coverage. The new plan's individual mandate requires families to spend \$10,000 on out-of-pocket costs, plus state premiums. If families cannot meet the \$10,000 mark, they will not be able to receive care from charitable hospitals because of cut funding. Worse yet, many of these low-income families will be criminalized (at an additional cost to the state) for not complying with the individual mandates to purchase insurance they cannot afford.

There has been an increasing trend for states to move towards universal coverage, but the plans that exist thus far have been largely unsuccessful. The Massachusetts plan, after which the California plan is modeled, requires about 515,000 people to get health insurance on their own by July 2007 or face penalties that could include the loss of a personal income tax deduction. While insurance companies are required to offer plans to everyone, regardless of their age, gender, health status or past medical history, there are no regulations about what insurance companies can charge. Like the California plan, those who cannot afford to participate will be criminalized by the state.

Vermont's plan will require insurance companies to offer coverage to the uninsured starting in October 2007. To pay for the program, employers who do not offer health insurance will pay \$365 per employee, and taxes on cigarettes will increase. Unlike Massachusetts, participation is not required, which means that many companies may opt to pay the penalty and few will be incentivized enough to enroll. The Maine plan was started two years ago and has run into serious implementation problems.

The problem of the uninsured and the underinsured indicates that our elected officials should be doing more to guarantee health care coverage, but even the road to bad policy can be paved with good intentions. The so-called innovative plans to date only put more money in the pockets of big businesses and leave the uninsured without access to high quality, low cost care. The next two years promise to bring unprecedented attention to health policy: This is North Carolina's opportunity to create plans that will actually universalize coverage.

## Our Keynoter



Thomas C. Ricketts III, Ph.D., M.P.H., is Professor of Health Policy and Administration and Social Medicine, and Director of the Health Policy Analysis Unit in the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill. The focus of his research work has been on policy making in health care workforce and access to care for rural and underserved populations. He addressed our Annual Membership Meeting on November 16, 2006. His complete bio and the address will be posted on our new website.

## About Our New Name

by Claudia Prose, MD

Continuing our efforts to move forward, we have changed our name to Health Care for All NC. The process began at the October Board meeting when I said that I thought the old name, NC Committee to Defend Health Care, was a “hard sell” and “hard to say”. Others Board members were quick to affirm that they wanted a new name but had not made it a priority. I reluctantly agreed to speak up at the membership meeting in November. At that time, there was general support for a name change and a task force was appointed by President Jonathan Kotch.

The task force developed a list of potential new names, with an ear to those that communicated simply and directly the organization’s goal. From a short list of three names, in late December, the Board voted overwhelmingly in favor of Health Care for All NC. The resolution at the membership meeting clearly gave the Board the authority to change the name. Legal documents have been filed and pending that approval, the new name will be used. As President Jonathan Kotch said, “Really it was like the story of ‘The Emperor Has No Clothes’ and we were happy to hear the truth.”

## The Annual Meeting

President Jonathan Kotch convened the meeting, and introduced our keynote speaker, Thomas C. Ricketts (see story elsewhere in this edition). Dennis followed with a Treasurer’s report, then I made a brief review of 2006.

Jonathan began the next phase of the meeting by inviting each person present to give his or her vision for the future of our organization, or of our issue. There were many views expressed, but there was universal vision for health care for all in North Carolina.

Andy Silver, Robert Peterson, and Dennis Lazof each presented their view of what happened during the past year to build an action plan, and what needed to be planned for this year. Andy emphasized electronic grassroots organizing, with a goal of legislative advocacy, Robert spoke of the necessity of a functional website and grant-writing to support our efforts, and Dennis stressed the need for growth in the Speaker’s Bureau and in NCCDHC chapters.

Jay Miller spoke eloquently about finances and the need to become and remain solvent, and that the Board members each needed to make a personally significant contribution to NCCDHC. The name change discussion followed (see article in this newsletter).

Jeanne Gresko, on behalf of the Nominating Committee chaired by her with members Theresa El-Amin, Jay Miller, and Charles Kafoure, presented Julian Wachs, Benita Edmonds, Myshe Sissine, Sharon Elliott-Bynum, and William Franklin. Gary Greenberg and Eugene Barufkin were nominated from the floor, and all candidates were elected. Jonathan asked the Nominating Committee to remain in tact for 2007, and they accepted.

I then explained the bylaw changes that were proposed by the Board, and they were approved by acclamation. Meeting was adjourned.

## The Coalition Liaison Committee

At the November membership meeting, Eugene Barufkin volunteered to reach out to like-minded organizations, and became Chair of the Coalition Liaison Committee. We hope to accomplish three objectives with this effort. Firstly, we would like to be able to show that we have broad support in a variety of organizations across the state. Secondly, we want not only to stimulate these organizations to endorse our issue, but to officially join with an organizational membership. Finally, and perhaps most importantly, we want exposure to their membership, helping us to build our membership and share the work of HCFA NC.