



HEALTH CARE for ALL NORTH CAROLINA

Health Care for All NC Quarterly Newsletter Fall 2009

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Inside this Issue

-1-

**Note from the President:
The US Health Care System's
Biggest Problem**
by Jonathan Kotch

-4-

Board Spotlight: Dr. Gustavo Montana

-2-

Recent Activities
by Mysha Sissine

-5-

What Sort of Reform Is Needed?
by Dennis Lazof

-3-

Rationing and Socialism
by Gus Montana

Health Care for All NC - 109 N. Graham St. Suite 104—Chapel Hill, NC 27516
info@healthcareforallnc.org (919) 338-2535

Note from the President



US Health Care System's Biggest Problem

The biggest problem facing the U.S. health care system is that it is immoral. It violates a national and international consensus that health care should be a human right. International agreements

such as the U.N. Declaration of Human Rights (1948) and the Alma Ata Declaration of the W.H.O. (1978) clearly articulate that health care is a right, and recent polls in both the U.S. and N.C. have documented that a majority of those polled agree.

One can argue whether *We the People* intended to include health promotion when the U.S. Constitution was established in order to "Promote the general welfare", but there is no doubt that, in 1789 or 2009, society cannot enjoy a sense of general welfare if its members are not healthy. The fact of the matter is, compared to other western developed nations and some middle income nations as well, the general health of the people of the U.S. is poor. Part of the reason for this problem is that the indigent, the sick, and minorities are systematically excluded from early access to the health care that more privileged members of our society enjoy. Instead of the need for care being the principle criterion for allocation of health care resources, ability to pay is the criterion. This is immoral.

As a consequence, poor people are trapped in poverty by illness, minorities are discriminated against in health care institutions, and many children cannot benefit from the right to a free and appropriate public education because of illness, pain, disability, or sensory problems. The majority of such problems, dental caries, speech and language difficulties, or hearing or vision impairment for example, are fully preventable or if not, treatable. Health disparities persist as a direct result of social inequalities exacerbated by our unjust health care system.

An unjust and inequitable health care system harms us all. For too long Americans have been seduced by commercial health care institutions, private insurance companies and politicians into believing that U.S. health care is the best in the world. It isn't. The

W.H.O. ranks the U.S. health care system 37th in the world in overall quality. It is mainly the cost and access issues that bring our ratings down, but it is also the case that life expectancy and infant mortality are worse in the U.S. than in every other developed country and some not so developed countries.

The U.S. spends far more per capita on health care, than any other country in the world. If the administrative cost of providing health care for all were the same as that of providing health care for Medicare beneficiaries (about 3%), there would be enough money saved to provide health care services to every one of the 46 million uninsured persons in our country. This mis-appropriation of health care resources is immoral. Americans are dying from this immoral practice—an estimated 18,000 excess deaths per year due to lack of health insurance.

In a just world, resources for human services would be directed to where they are most needed. In the U.S., the opposite is true. Health insurance companies systematically exclude those most in need, reward their employees for denying claims, drop those with catastrophic expenses, and continue to return enormous profits to investors. If that isn't immoral, then I have a kidney for sale.

- Jonathan Kotch

Published with additional comments on: <http://donaldhtaylorjr.blogspot.com>

Do you Office Space you could Donate?

HCfA-NC is looking for office space. If you have office space you would like to donate or offer us at a reduced rate please contact us at:

ExecDir@healthcareforallinc.org

Letter to the Editor?

Do you want to write a letter to the editor of your newspaper, or an Op-Ed, but need to check some of the hard facts? At our website click on Advocacy, then on "Key Health Care Facts" in red to download up-to-date, referenced facts on health care access.

Become a Member Today!

Health Care for All NC is the only statewide, member-based organization exclusively advocating for the right to health care. Without our members, HCfA NC cannot reach our mutual goal of ensuring access to care. We want you to be involved. Contact us if you have any ideas or suggestions: ExecDir@healthcareforallnc.org

Recent Activities

Health Care for All NC has been active in the community since the last newsletter in April of 2009. Since that time, we have been following the national health care debate and have been a source for information for the NC community. We have attended and given presentations on our health care system at various venues in the triangle area. We have also reached out to the community through two radio interviews and a web blog interview in the past quarter.

Some of the events that we made a presences at include:

- 3/24/09 - Presented at "Partnership for Healthy Durham" meeting in Durham, NC
- 6/13/09 - David Price Town Hall Meeting in Durham NC
- 6/25/09 - Washington DC Rally - Offered information to Senator Hagan's advisor
- ongoing— developed a relationship with the "Changlers" an organization affiliated with the Obama grassroots organizing and have already given 3 presentation with this organization

In addition to our outreach, another major accomplishment this past quarter has been the distribution of our first HCfA-NC educational video to over 300 individuals in North Carolina. We hope that this video will provide catalysis for discussion on the subject of health care within homes and communities. We anticipate that it will serve as an additional tool at presentations for our public speakers. If you did not receive a copy and are interested in receiving a copy please contact us.

Visit our website to view upcoming events. We encourage you to come out and offer your support!

- Mysha Sissine

Rationing and Socialism

Two words that can derail the efforts to achieve a meaningful reform of our health care system: Rationing and Socialism.

Rationing of health care takes place every day in the most inhumane way. Health care is rationed indirectly when un-insured individuals, and some insured alike, lack the resources to cover copayments, transportation to the health providers and other expenses associated with their care. Some of these people are unable to fill prescriptions for medications that some times are essential for their illness such as medications for pain, high blood pressure, epileptic seizures or other serious conditions. The claim that a reform that includes a Public Plan would result in rationing of care is ludicrous. The rationing of care with a Public Plan would be humane and non-discriminatory.

Socialism in our society is accepted and works reasonable well in our Public Education System, our Social Security System and Medicare. Socialism implies an inefficient, wasteful system that does not meet its goals or mission. In fact, this description fits the health care private insurance system well. The private insurance system carries a administrative expenses in the order of 24% and it is laden with high advertising cost and a very high compensation for its management. Medicare on the other hand has an administrative cost of about 3%, does not advertise and does not have compensation packages for its executives comparable to the private health insurance sector. Perhaps Medicare should allocate more funds to administration to deal more effectively with fraud, sometimes committed by health care institutions and providers.

- Gustavo S. Montana M.D.

Volunteer!

One of the most valuable contributions you can make is a contribution of your time! If you are interested in volunteering please contact our volunteer coordinator Miriam Thompson at: mthompson015@nc.rr.com

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Board Spotlight: Dr. Gus Montana

I joined HCfA NC approximately as a member 3 years ago during a campaign in support of Verla Insko's efforts to help with access to health care insurance coverage in our state. Later I attended a "town hall" meeting in Raleigh organized by HCfA NC board member Bill Brooks. At this town hall meeting I learned more about HCfA NC and I recognized the importance for me to get involved with this organization. This coincidentally coincided with a time in my life when my work responsibilities at Duke changed and I began to have more time to devote to other activities. Last December I accepted a position on the board of HCfA NC as treasurer. My short time on the board of HCfA NC has been interesting and educational. I have come in contact with members of other organizations while attending and participating in health forums in the area and attending national meetings.

I have been a health care provider for a many years in major medical centers with varied experiences in clinical, teaching, research, and administrative settings. I have also spent time outside of the US. My experiences in the medical field have been invaluable having offered me the opportunity to observe the strengths and deficiencies of our health care system from various perspectives. I do believe that our system is in need of reform. Our health care system often does not meet the basic needs of many people in this country. However, this is an exciting time when our government has given clear indication that it recognizes the serious deficiencies of our health care system and appears willing to address them. By being a member of HCfA NC, I hope to contribute to bring about the much needed changes to our system.

What Sort of Reform Is Needed?

At this stage, it is no longer very impressive to be "in favor of health care reform", or in favor of simply expanding coverage so that some of the "officially uninsured" 47 million Americans are included in a refashioned system. You should not be satisfied with such attitudes from either your politicians or from your donation-supported justice organizations. You should keep in mind that such corporate associations as American

Health Insurance Plans (AHIP) and Pharmaceutical Manufacturers of America (PharMA) claim they are now also "in favor or reform" and broadening coverage.

The problem is not to just insure more people. We should also include the underinsured, to fully address our current crisis. Officially, families are underinsured if they are spending more than 10% of their gross income on health care. But this definition is inadequate and the estimate far too low.

Even those of us with relatively good employer-based coverage are likely to find ourselves uncovered and abandoned if through misfortune we should find ourselves among those Americans most in need of sustained or intensive care. Your employer can drop you from coverage, COBRA coverage is often far out of reach financially, and "safety net" Medicaid might not be available to you, or only after a waiting period exceeding your expected survival without the needed surgery or treatment. Every family which would easily be bankrupted by a serious health event is underinsured.

The current system is built around the needs of the private insurers and the US pharmaceutical corporations. When you read through summaries of the various health care reform proposals in DC, or those being recommended by your health care justice organizations, remember that "coverage expansion" which involves further public subsidy of private insurers and pharmaceutical corporations (the latter with non-negotiated prices) only inflates the public cost and continues to drive un- and under-insurance. As taxpayers, we already support about 2/3 of the nation's health care bill (including tax credits to employers) and take the full responsibility for most of our fellow citizens who need or are likely to need extensive outlay for care in the near future. There is no way to tinker around the edges of this system and wind up with a system that will be financially stable over coming decades and include all Americans.

Truly, we cannot afford to continue current trends which are projected to commit some \$ 4.3 TRIL (possibly 22% of GDP) to health care by the 2017! It seems, however, we are not going to get broad agreement between Conservatives, Liberals and Progressives on what a reformed system will look like. At least not without some prior agreement on what our shared goal is. That is to say, not without some unifying principle such as a shared commitment to having everyone included in our system, and respecting the right to health care. Let's demand the required political leadership! - *Dennis Lazof*