



HEALTH CARE for ALL NORTH CAROLINA

Health Care for All NC Quarterly Newsletter Winter 2009

www.healthcareforallnc.org

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Annual Meeting

Thursday, December 10, 7:00 -9:00 PM
Location TBA

Membership - Our Lifeblood

Annual Membership Renewal Requests will be sent out soon. If you want to move towards a Single Payer system in the USA and in our state, you need to support HCfA NC.

Renew Memberships Online, or look for the letter to arrive in your mailbox.

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White Coats Speak Out

Health care providers know, all too well, the trauma and the tragedy that uninsurance and underinsurance can cause. On Sept. 25th many of us testified in front of UNC Hospitals that it is not the government that is interfering with our ability to care for our patients. It is the private health insurance system. We are here to say that public health care system, such as Medicare or the VA hospital system, are not a threat but in fact are far preferable to anything private health insurance has to offer.

The organizers of this rally have agreed that our nation cannot afford to miss this opportunity to pass real health care reform for all Americans – a real reform which would assure that all Americans have access to comprehensive health care that is portable and without caps. Furthermore, all of us support an American single payer model like Medicare for financing health care, in which preventive and primary care would be a priority. Short of achieving single payer in the near term, a robust public health insurance option must be offered to everyone.

As health care providers we are sworn to provide ethical, high quality care to our patients. There is nothing in any of the health care reform proposals currently in Congress that would prevent us from doing that. In fact, we would all be better off, patients and providers, with private health insurers out of the examining room. They don't know a thing about health care. All they know is how to take our money, both patients and providers, and waste our time.

I thank each of you for the work that you are doing, for demonstrating your support and your interest. I remind you that Health Care for All NC needs your consistent support. While organizations involved in "health care reform" have proliferated of late, no other organization in our state that has maintained an uncompromised stand on guaranteed, universal access to health care with anything approaching our 15 years of work on this issue. - *Jonathan Kotch, MD*

HR 3162

"Affordable Health Care for America Act"

The United States Congress has just passed the much awaited health care reform bill, a very complex legislation that will have to be reconciled with the US Senate bill, before it is voted on, to become law. The legislation that may be eventually be presented to President Obama for signature is likely to be even more complex and stripped of the basic elements the reform should have.

A majority of voters intended for the reform to achieve universal coverage for people irrespective of their age, and health and employment status and socioeconomic circumstances. Bringing the US health care system up to the standards of most other industrialized countries was implied. The proposed reform is viewed by some as a good start, however it falls short of the intended objectives.

While coverage may be extended to more people, its high cost will have to be partially subsidized by taxpayers. The intended regulation of the insurance and pharmaceutical industries will not preclude them from continuing to derive inordinate profits. The implementation and surveillance of the different aspects of the new system will be administratively complex, inefficient and no less expensive than the system we have.

On the path to reform our legislators have yielded to private interests and lost sight of the principles for the reform that were to achieve universal coverage while reducing and/or controlling cost. They failed to put aside preconceptions, biases and personal interests and did not give fair consideration to the Single Payer Systems which in various forms works so efficiently in other countries and can achieve all the stated goals. Alternatively we could have also incorporated a robust, well structured Public Plan to achieve some of the desired goals of the reform. Regrettably this is not what stands to happen unless our society demands of our legislators that they adhere to the moral principles that should guide the reform. Currently, Senator Sanders (who has backed single-payer) has estimated that the House Bill which has gone over to the Senate would insure an additional 2% of Americans, making a temporary dent, at best, in our skyrocketing uninsurance rate. - *Gustavo S. Montana MD*

The Cost of Doing Nothing

It seems likely changes in our health care system will be slight after the current dust settles in DC. Some may criticize Pres. Obama for beginning the debate on the tone of compromise and excluding from debate the only dependably universal and cost-efficient system possible. However, one thing which he got very right is that we cannot afford to do nothing, to allow the status quo to continue another several years. Now excuse me for discussing this theme with detail in dollars below, I am well aware that *the cost of 45,000 American lives lost due to being uninsured for health care is the highest and least acceptable cost of all.*

As we all are painfully aware, it will be a long slow uphill battle to get back to acceptable level of employment in the USA and global competitiveness will be the key. Yet, while we have large numbers of Americans poorly insured, or not at all and Canada has everyone covered, they spend 45% less than we do on a per-capita basis. That makes it sort of tough to compete at the factory level. The Commonwealth Fund estimates that by 2020 Americans with employer-sponsored health coverage are likely to pay almost twice for premiums what they are paying today. And forget the official Census figure of 46 million Americans without health insurance, which only counts those without insurance for a solid calendar year (Jan 1 – Dec 31). More than 60% of unemployed Americans (18-64 yr old) were uninsured for a significant part of 2008.

In fact of the 262 million Americans (employed or not) under 65, 33% (nearly 87 million Americans) were uninsured at some point during the Jan 2007 through Dec 2008 period, with 75% of these having no coverage for at least six months and 60% for at least nine months. Only 52% of individuals and families with incomes between the official poverty line and twice the poverty line - \$21,200 to \$42,400 (for a family of 4) were uninsured at some point during 2007 and 2008. Fully two-thirds of adults, or 116 million people, were either uninsured for a time during 2007 (before the recession) were underinsured, reported a problem paying medical bills, or said they did not get needed health care because of cost. Little tweaks to the current system will not prevent further escalations in cost. Private insurers are way ahead of advocacy groups in figuring out how to further game the system and how to continue raking in profits and bonuses, while taxpayer are forced to subsidi-

dize private insurance ever further. That's why the US Business Round Table expects cost to rise 166% over

the next decade, from \$10,743 per employee today to \$28,530 by 2019. Is this a pro-business health care program that will increase access, save money and improve quality? No, "this is the unsustainable path we're on, and it's the path the insurers want to keep us on" (Pres. Obama, 10/19/2009).

- Dennis Lazof, PhD

What is a Health Care Stimulus?

The major news services seem to regard stimulus expenditures as wasted money thrown at complex problems. But there is a critical role for real stimulus to our economy. Meaningful stimulus funds should be targeted for essential infrastructure. As such it is not so much being spent by the current administration in Washington as it is *being paid back*, following decades of tax cuts to the wealthiest Americans funded who sat celebrating while our infrastructure crumbled away.

Infrastructure is everything from bridges, highways, railroads to things as complex and human-oriented as public schools and health care systems. All infrastructure involves labor and employment in its creation, maintenance and operations. Social services merely have a slightly higher ongoing need for skilled, creative labor. A nation can't remain competitive internationally without maintaining and modernizing existing infrastructure, certainly not in today's global economy.

Most health care expenditures are for infrastructure. Hospitals, clinics, ambulances, medical instrumentation, training hospitals and medical/nursing/allied health schools, custodial services, public health services and health education, pharmaceutical development and production, all of this and all other parts of our complex system must be maintained and improved. You need all of this infrastructure to be developed, well-tested (by treating your fellow citizens) and kept at the ready to avert your own medical crisis.

Since Reagan's first term, the top tax rate has fallen by more than half. Pres. Obama had proposed raising the rate back to about the level it was in the Clinton presidency (although that would still be just barely

half what it was pre-Reagan). The massive tax cuts for the wealthiest Americans are approximately equal to the level of reduced public investment in national infrastructure. Hence, what's called stimulus today is just rebuilding our national infrastructure after decades of neglect. There are actually few choices to fund this rebuilding.

A Health Care Stimulus would have immediate impact on US employment. Alternatively, HR3200 is estimated to leave at least 18 million Americans still officially uninsured and create a new epidemic in underinsurance, while tremendously increasing the public subsidy to private insurers and attempting to squeeze additional care out of the same understaffed, poorly coordinated facilities. Serious health care reform must expand and improve infrastructure. Schemes for funneling further public subsidies to private insurance corporations won't contribute to our national strength or well-being.

- *Dennis Lazof, PhD*

Recent Activities

This has been a busy time with the movement of health care reform in Congress and in the Senate. As you can imagine, Health Care for All NC has been responding to this. Here is a look on how we have engaged our NC community since our last newsletter in August:

- 9/9/09 - HCfA NC board members Peter Kussin and Gus Montana presented "Health Care Reform" to the UNC - Chapel Hill Psychiatry Department.
- 9/9/09 - Board member, Mysha Sissine, represented HCfA NC in a health care debate sponsored by Traction in Durham.
- 9/18/09 - Several HCfA NC board members met with Representative David Price to urge him to fight for single payer health care reform.
- 9/25/09 - Participated in the White Coats Rally in Chapel Hill, NC
- 9/29/09 - Participated in the "Health Care Reform: A Progressive Agenda" in Carrboro, NC
- 10/4/09 - "Status of the US Health Care" presentation was given by a board member at the New Hope Presbyterian Church in Chapel Hill, NC.
- 10/6/09 - HCfA NC attended the Physicians for a National Health Program (PNHP) Meeting in Boston, MA.

- 10/14/09 - Jonathan Kotch a HCfA NC board member gave a presentation on health care reform in a public health education class at NCCU in Durham, NC.
- 10/18/09 - HCfA NC met with MDs in Charlotte, NC to discuss increasing momentum in the Queen City.
- 10/19/09 - "US Health Care Should It be Reformed?" presentation given to the Virginia Commonwealth University Medical Center Department of Medicine.
- 10/23/09 - Board member Peter Kussin gave a presentation on "US Health Care" to the Department of Medicine Grand Rounds at Duke University in Durham, NC.
- 10/26/09 - Presented "Status of US Health Care. Need for Reform?" presentation delivered to Duke University Community Health Coalition
- 11/2/09 - HCfA NC visited the PNHP headquarters in Chicago, IL to discuss public education methods
- 11/15/09 - Board member, Gus Montana, MD, gave a presentation at a PRIMER Meeting in Nashville TN titled, "Health Care Costs to patients participating in clinical studies"

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