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for Central New York Free

Local
Candidates on
Healthcare
Pages 4-5

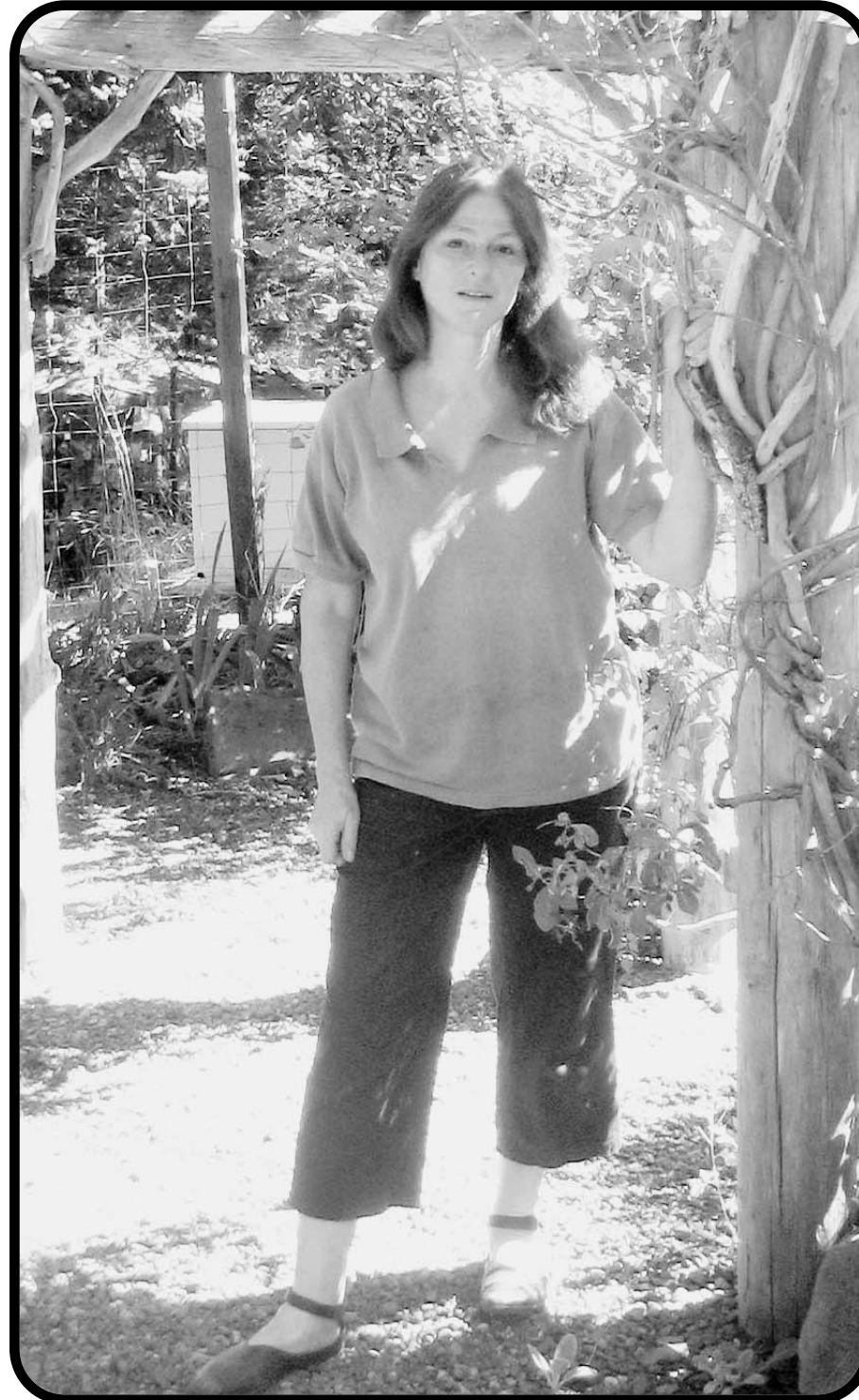
Coalition for Democracy of Central New York
Fall 2008 □ Volume One Number Two

One day a patient came to visit Dr. Laura Chalfin in her office in Delhi, NY. “She had a lump on the side of her neck,” recalls Chalfin. “It was so big, you could see it from across the room. She’d had this lump for six months, but since she didn’t have health insurance, she had just waited, wishing that it would go away.”

The lump turned out to be Hodgkin’s lymphoma. “Fortunately, she survived,” says Chalfin. “But she should never have waited that six months.”

In 2005, after 15 years of practicing medicine in Delhi, Dr. Chalfin leapt at the chance to become one of two doctors serving Hornby Island, off British Columbia, Canada.

Continued on page 6



**DELHI
DOC
FINDS
HEALTHCARE
HEAVEN IN
CANADA**

Dr. Laura Chalfin practiced in Delhi, NY, for 15 years. Now she happily stands in the garden of her new clinic in rural Canada — finally free of American insurance companies.

Healthcare Messenger

for Central New York

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Health insurance humor

During a private conversation that I had with one of our local elected officials about single-payer health insurance, the remark was made, "See no reason for it. Won't work anyway."

I, however, could see at least one reason for it. My wife had been ill for many years in which she had multiple hospitalizations, doctors' office visits, tests, and pharmaceutical trials and errors, with the ensuing and required "paperwork." The funny part is that the insurance company's "refusal to pay" notices came ASAP, while the payments took months.

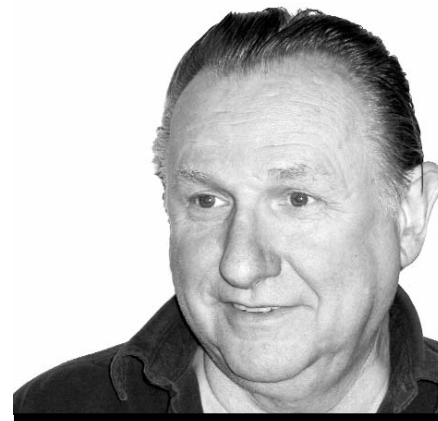
When she passed away, I notified the health insurance company (as required by contract) that due to her death she would no longer be making any claims. Within days of my letter, I was issued a new insurance card (just for me, of course) with an "official notice" that from that day forward only I would be covered and no one else. Kinda funny how that works.

Here's another one. This older gent was telling me, "I gotta take this pill to make me pee. But they had to change it 'cause they say it costs too much and it's not in the formula." (Read, insurance company list of covered medications.) "New one don't work as good," the fellow said. "They save money and I gotta stand there for half an hour to pee!"

I told him, Just think of it as a job. You're now working for the insurance company. You're saving

VARIOUS SHADES OF GRAY

A SENIOR COLUMN
BY JOHN RULAND
FROM OTEGO



them pennies a pee. The longer you wait, the more pennies you save.

He replied, "Yeah, but they get to keep the pennies and I can only stand up just so long." (I recommended a wide stance.) Now that's funny, don't you think?

Sometimes when folks are confused by all the insurance company

terms, conditions, exclusions, and party of the first part stuff, I tell them I can offer some directions.

Here you are. You get on here, right at the HMO Highway. You go about 300 forms and get off at the co-pay exit. Travel along the PPO Service Road to the PFFs cloverleaf. Take that around until you see the sign for the Medigap overpass (there will be a toll). Cross over the bridge to the point-of-service entrance (additional cost) and enter Insurance World. There is always more room to park (about 46 million spaces). Pay your parking premium and approach the stand-alone booth. Buy your ticket and enjoy your stay. (As long as you're not in a hospital — then you'll be tossed out!)

Have fun. There are plenty of rides and games at a low cost to you (batteries are not included). For really big fun the next time, buy the family plan.

Oh wait — one more. Did you hear the one about the 42-year-old married man, father of two, who was uninsured? Well it seems as though he has cancer and needs a bone marrow transplant. His family can't afford it, so he has to sell his home and drain the family savings and still doesn't have enough.

Now here's the punch line: There is no punch line, because there is nothing funny about being uninsured! Bet you're all still laughing, right? Take your time, catch your breath — and then help us make single-payer happen. ▲



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My friend's fight with cancer — and his health insurance company

by Dave Grodsky
Pittsfield

Are you one of those people who doesn't worry much about health insurance because you think you're covered?

Maybe you think that the 46 million Americans without coverage and the many millions more who are underinsured or facing medical bankruptcy aren't your problem. Maybe you even feel you've got it made in "the best healthcare system in the world."

Perhaps a real-life story of someone with "good" health insurance can serve as a reality check.

I'm not talking about some relatively minor hassle, like the time my primary doctor referred me to the Bassett Emergency Room. It was a Friday, and I needed immediate care for a serious eye infection. But no ophthalmologists were available in town, so I was sent to the ER. Unfortunately, my insurers wouldn't pay for the ER because the infection turned out to not be "immediately life-threatening." After much back-and-forth correspondence with the NYS Commissioner of Insurance, I was told the insurer had "changed their policy"!

Instead let me tell you a serious story, about how my dear friend was subjected to unnecessary suffering, the delay of needed treatment, and added expense by his "good" insurance plan.

Last year "Larry" was diagnosed with an aggressive bladder cancer in a local, reputable facility. His oncologist referred him to a list of major cancer facilities, since the type of surgery he needed could not be done here.

Larry and his wife, "Rhonda," chose Sloan-Kettering, a world-famous cancer research and treatment center in New York City. Of course, as Sloan-Kettering is "out-of-network," they had to wait a bit for treatment there to be "pre-



The author (center) practices what he preaches on Muller Plaza in Oneonta on September 12. From left: Rebecca Elgie, Mary Breuning, John Ruland, Dave Grodsky, Donna Smith, and Bernie Fetterly.

approved." In fact, every visit to Sloan-Kettering had to be pre-approved separately, even though the entire course of treatment involved only Sloan-Kettering. At one point Rhonda offered to speed up the process by paying with a credit card, but her offer was refused.

On Larry's first visit to Sloan-Kettering, the doctors recommended that he receive four courses of chemotherapy before surgery. But first they wanted to do an additional medical workup. This could have been done immediately — except that Larry had to wait for pre-approval from this health insurance company. So, back to Oneonta to wait — for two weeks. The delay might have been even longer if Rhonda hadn't applied her know-how as a former medical social worker. She kept after the insurer, which she said was a full-time job.

In those two weeks of waiting in Oneonta, Larry's cancer and the resultant pain got worse. When he finally returned to Sloan-Kettering, the doctors decided that now Larry needed six courses of chemo instead of the original four.

Larry and Rhonda went through the entire ordeal — the six rounds of chemo, followed by surgery.

At first the news was good. And then, some months later,

the cancer returned. Larry died in December.

No one knows if the delay in Larry's treatment contributed to this tragic outcome. But it sure didn't help.

This left me to wonder: Who did benefit in this case of a guy with "good" health care coverage in our "#1" healthcare system? In Larry's case:

▼ the chemotherapy manufacturers sold 50% more drugs;

▼ the makers of the pain medication also sold 50% more drugs;
▼ the oil companies got some extra business from Larry and Rhonda's extra trips back and forth to New York City, as did some NYC hotels;
▼ the companies that print the billions of forms used in medical and insurance offices did awfully well.

We've already heard the news about how the CEO of the insurance company UnitedHealth retired with well over \$1 BILLION in stock options. So we know he's got to really love our system.

But my friend Larry and his family, with their "good" coverage, what did they get? Extra suffering, major inconvenience and expense, and the added risk of delayed treatment.

I've never seen our healthcare mess described as "faith-based," but in a way it is. Suggested items to pray for:

▼ that you have good health and don't have to use this system;

▼ that the politicians don't privatize or cut Medicare;

▼ that your corporate approver or doctor will do the right thing in spite of pressure to cut costs. (Did you know that insurers call the percentage of premiums they spend on actual care the "Medical Loss Ratio"? That means that their profits go up when they cut their "losses" by minimizing what they actually pay for healthcare.)

▼ that our economy recovers — because if your employer has to cut costs, health coverage is high on the list;

▼ that you never need to go "out-of-network."

So hang on to that job at all costs and keep on praying.

Alternatively, work with us to make the entire United States one "network" — where all Americans have one card that entitles us to all get the care we need, when we need it — and pay much less for it than we do now. ▲

Positions on single-payer bills for New York **In the candidates' own words**

Unopposed incumbent Republican 42nd District State Senator, **JOHN BONACIC**

On the State Senate bill 3107 to set up a statewide single health insurance plan for all New Yorkers:

I support universal healthcare. However, having fifty states with fifty different "universal" healthcare policies simply makes no sense. I believe that Congress needs to address this issue at the national level. Enacting a bill which would add payroll taxes only to New York's small businesses is not the way we

should pay for public healthcare. New York taxes are already too high. People are being chased from our state due to high taxes. Raising taxes on the workforce and the small business community to even higher levels is simply not good public policy.

Democratic and Working Families candidate for the 123rd Assembly District, **BARBARA ABBOTT KING**

When elected, I certainly would join my neighboring Assembly mem-

bers to help create and support a healthcare delivery system that would meet our local residents' needs. I trust that Assembly Bill A7354 [creating a single-payer healthcare system in New York State] will achieve that end. I believe this plan should and can be passed and made operative soon. The Governor should take measures right away to streamline government services and in turn, alleviate the cost to taxpayers for their personal healthcare through private-insurance premiums. Who doesn't want the uncertainty, confusion, burden and stress of increased medical costs alleviated from their daily life?

For me, single-payer is a no-brainer, but I go to Albany with no strings attached to insurance companies. I will welcome advocating this



Barbara Abbott King

plan aside healthcare professionals; those whose careers would be impacted in a positive way, whose costs and liability would be eased and whose judgment can be honored without encroachment. I am eager to join legislators who have vision and compassion demonstrated in supporting this model and signing on to a very popular and well-received healthcare system for all the residents of New York State.

Democratic candidate for the 117th Assembly District, **DAN CARTER**

I truly believe comprehensive healthcare reform is the only way to help the 3 million plus New Yorkers who lack health insurance coverage, as well as the other 3 million who are underinsured. The New York Health Plan (A7354) is definitely a step in the right direction in eliminating the billions of dollars in administrative waste that add up to the outrageous cost of healthcare that unfortunately the majority of us struggle with.

I also support the National Health Insurance Act (HR 676) for the same reasons.

We've become complacent accepting the status quo for too long now. As Congressman Dennis Kucinich said, "Healthcare is a defining right in a democratic society." Every American should have access to reliable healthcare, period. ▲

The **COALITION FOR DEMOCRACY** of Central New York — which publishes this newspaper — seeks to provide a strong unified grassroots voice in upstate New York through our issue-oriented Work Groups. We engage in political and social activism, holding public forums, lobbying legislators, and presenting information on candidates for office. CfD is not affiliated with any political party or church.

Our Work Groups include:

Healthcare. We work for a new U.S. healthcare system that: covers everyone, is simple, free at point of service, portable, publicly funded, allows for free choice of doctors & provides support for laid off insurance workers.

Environment. We work on issues relating to peak oil, global warming, and sustainability, especially localization of production of food and other essentials.

Election/Voting Reform. We work on issues relating to public financing of elections.

Iraq/Iran. We work to end the war in Iraq and prevent a war on Iran.

Civil Rights/Civil Liberties. We work to ensure that our Constitution is preserved and that civil rights are respected for Americans and others.



Other Work Groups may be undertaken by anyone who can pull people together on a topic that is in keeping with our values.

CfD was founded to "promote the general welfare," as referred to in the U.S. Constitution. The values guiding the Coalition are:

- **Integrity** demands of us, our public officials and our institutions responsibility, transparency, openness and accountability.
- **Justice** requires fairness, tolerance and respect for each other and for other peoples, cultures and religions as well as for the environment.
- **Freedom** requires an educated and informed electorate; responsible, independent and diverse media; and protection of individual rights and civil liberties.
- **Compassion**, as encapsulated in the

Golden Rule, impels us toward a special concern for the health, education and welfare of the most vulnerable segments of society.

Business meetings are held quarterly — in January, April, July & October — at the First United Methodist Church in Oneonta. For more information, please see our website, www.democracycoralition.org, call us at 607-263-5425, or email us at cfdcny@yahoo.com.

Interview with Rep. Maurice Hinchey:
Single-payer health insurance just makes sense

by Michael Kaufman Bovina

For U.S. Congressman Maurice Hinchey, national health insurance is a no-brainer. Hinchey, who represents the 22nd Congressional District (including part of Delaware County) is the only federal elected official from our area on record as supporting single-payer health insurance. And, as he told the *Healthcare Messenger*, he's been for it for "as long as I can remember."

Hinchey, a Democrat, is one of 90 members of Congress who have signed on as co-sponsors of HR 676, the National Health Insurance Act, also known as Medicare for All. He says he supports the bill because unlike other plans, "it would expand Medicare to provide health coverage for all Americans and would begin to reduce the cost of healthcare across the nation." (HR 676 would reduce healthcare costs in part because it would eliminate the role of private health insurance, whose administrative waste accounts for about 31% of the cost of healthcare in this country. Under HR 676, everyone would be covered by a Medicare-like federal insurance plan. Medicare, the national health insurance plan for older Americans, spends only between two and five percent on administrative overhead.)

Hinchey says the need for single-payer healthcare is more urgent than ever. "Those who have employee health plans spend more than \$4000 a year for it," he says. "It's gone up \$1500 a year just in the past year — and that doesn't cover all that you need." Hinchey notes that "the uninsured have increased by 8.6 million

since 2000." But the system isn't even working for the five in six Americans who are lucky enough to have insurance, says Hinchey, because they find "that it doesn't cover them adequately."

Our two other local members of Congress, Kirsten Gillibrand (Democrat, 20th Congressional District) and Michael Arcuri (Democrat, 24th Congressional District) don't support single-payer healthcare. Nor do their Republican challengers in the November election. Both GOP challengers told the *Healthcare Messenger* that they are opposed in principle to the government providing health insurance for anyone other than the seniors, veterans, and low-income people who now receive it.



But Representatives Gillibrand and Arcuri — why don't they support national health insurance?

Hinchey thinks that after the elections, they will. If the bill comes to the floor for a vote, "they'll line up behind it," he says, because "they support the basic principles." Backing a bill like HR 676 was difficult in the last Congress, he says, because the Democrats held only a slim majority in the Senate and they faced a hostile administration. And that's why, Hinchey believes "the requirement is to go to the polls."

"Presidents going back as far as F.D.R., Truman, and Nixon proposed national health plans," says Hinchey. "It is high time that we got one." The Representative points out that "All other industrial countries have national health insurance. And the U.S. spends more than any other country in the world on healthcare. We need a healthy population." ▲

Where local candidates stand on single-payer health insurance

As a service to voters, the *Healthcare Messenger* called every candidate for state and national office this fall and asked them to state their position on single-payer healthcare. Please see our editorial on page 12 which explains why we feel this is the only healthcare reform that will work for America.

We asked candidates for national office whether or not they supported HR 676, the National Health Insurance Act.

We asked candidates for statewide office (running for New York State Senate or New York Assembly) their position on a bill that would create a single-payer system in New York State. Under this bill (S3107/A7354), everyone in New York State would be part of a publicly-funded statewide insurance program.

Abbreviations

- Conservative Party.....(C)
- Democratic Party.....(D)
- Green Party.....(G)
- Independence Party.....(I)
- Libertarian Party.....(LB)
- Republican Party.....(R)
- Unaffiliated independent.....(UI)
- Working Families Party.....(WFP)

- Y = Yes, in favor of H.R. 676 or state single-pay
- N = No, opposed to H.R. 676 or state single-pay
- U = Undecided

President

- Barack Obama (D, WFP).....N
- John McCain (R, I).....N
- Ralph Nader (UI).....Y
- Bob Barr (LB).....N
- Cynthia McKinney (G).....Y

House of Representatives

- 20th District
- Kirsten E. Gillibrand (D, WFP).....N
- Alexander (Sandy) Treadwell (R, C, I).....N
- 22nd District
- Maurice Hinchey (D, WFP, I).....Y
- George Phillips (R).....N
- 24th District
- Michael Arcuri (D, WFP).....N
- Richard Hanna (R,C, I).....N

New York State Senate

- 42nd District
- John J. Bonacic (R, I).....N (unopposed)
- 51st District
- Don Barber (D, WFP).....Y
- Jim Seward (R, C, I).....N
- 52nd District
- Thomas W. Libous (R, C, I).....N (unopposed)

New York State Assembly

- 107th District
- Clifford W. Crouch (R).....U (unopposed)
- 111th District
- William Magee (D,).....Y (unopposed)
- 117th District
- Marc W. Butler (R, C, I).....N
- Daniel R. Carter (D).....Y
- 123rd District
- Gary D. Finch (R, C).....N
- Barbara Abbott King (D, WFP, Cayuga Cty I) Y
- 127th District
- Peter Lopez (R, C, I).....Y
- wants congress to examine H.R. 676 (unopposed)

Canada's Health System

Canada has a "single-payer" healthcare system — that is, the government is the single entity that finances healthcare. However, as in the U.S., healthcare itself is provided by doctors in private practice and private, as well as public, hospitals and clinics. People can choose any doctor they like. Canada has universal coverage: Every resident is covered.

Canada's health insurance system, called Medicare, is administered through Canada's provincial governments. Each province has different rules and levels of coverage. However, the federal government regulates and oversees the provincial systems, and provides some funding. Every province has to adhere to five criteria established by the Canadian government:

- 1) **public administration**
- 2) **universality**
- 3) **comprehensiveness**
- 4) **accessibility**
- 5) **portability** (people get healthcare if they move to another province).



The system is paid for mostly through provincial taxes and federal income tax. Although Canada's system covers everyone, 33 million people, while the U.S. leaves 46 million people uninsured, Canada spends much less for healthcare than the U.S.: In 2005, the U.S. spent \$6,401 per person on healthcare; Canada spent \$3,326, according to OECD data.

Canada's healthcare system ranks higher than the U.S. system in measures of quality. But it is not as well rated as that of many other industrialized countries, in part because it is so lean. Several countries with socialized healthcare have better results at even lower per-person costs. Canadian federal and provincial budget cuts have caused waiting lists for some elective procedures.

Even so, when 17 leading Canadian and U.S. researchers reviewed 38 studies comparing the two systems, they found that the Canadian system leads to health outcomes as good, or better, than the U.S. private system — at half the cost. (This study was published in *Open Medicine*, a peer-reviewed journal, in May 2007.)

While we have much to learn from Canada, any single-payer system we create in the U.S. would be different and uniquely ours. For example, the single-payer bill in the House of Representatives would cover all drugs as well as other services not covered in Canada. ▲

Delhi doc continued from page 1: **Canada's system isn't — but it's much better**

The past three years have given Dr. Chalfin a bird's eye view of the contrast between two dramatically different healthcare systems.

One contrast, says Chalfin, is that her patients in Canada never delay treatment because they can't afford it. "Why would that happen? It doesn't cost anything to go to the doctor here!"

Chalfin explains that every Canadian has a "Care Card" that entitles them to essential care. Canadians get the card at birth and new residents fill out a one-page form to apply for one. Canadians are not charged co-pays or deductibles when they go to the doctor. Instead, they pay a monthly medical insurance fee. In British Columbia, for the highest income people, that fee comes to \$54 a month for an individual, or \$108 for a family of three or more. The card covers the cost of doctors' visits and hospitalization, medical tests, mental health treatment, and some ancillary services. Only people with low incomes get coverage for drugs, however. Most drugs cost less, often much less, than in the U.S.

Canada has what is called a "single-payer" healthcare system. Health insurance is provided not by private insurance companies, but by Canada's provincial governments — they are the "single payer" of health insurance. Insurance comes directly from the provincial government, not through employers. Most healthcare itself is delivered privately, through nonprofit hospitals and clinics and doctors in private practice.

Many of us have heard criticisms of Canada's healthcare system. According to Chalfin, a lot of them aren't true. For instance, Canadians can choose any doctor they want. In fact, Canadians have a wider choice of doctors than people in the U.S., because they are not limited to one

insurance company's "in-plan" doctors. Canada's system is not "socialized." Most doctors and hospitals are not paid by the government.

But some criticisms of the Canadian system *are* true, says Chalfin. For instance, Canadians do sometimes have to wait longer than insured Americans for non-emergency treatment, such as elective surgery.

"The waiting times can be frustrating," she says. "People often have to wait to get x-rays or MRIs, for example. "However, "if something is urgent, the doctor can make it happen. If I say 'this patient needs a radiologist now' — they'll get one. It's not like people are bleeding in the hall. It's more like waiting in line, the way people in the U.S. do for specialists."

In the U.S. people often have to wait for care too, Chalfin points out — even if they have insurance. She recalls that a patient in Delhi who needed a bone marrow transplant had to wait for months for the insurance company to authorize the procedure. Because the need for the procedure was urgent, she says, "That would be acted on much faster in Canada. On the other hand, some things, like hip replacements, usually take longer in Canada."

These wait-times happen because the government is trying to save money on healthcare. The provinces keep costs down by, for instance, not paying for as many MRI and x-ray machines.

Canada does succeed in spending much less on healthcare than the U.S. does — even though Canada insures everyone, while the U.S. leaves 46 million people uninsured. Canada spends about 9% of its gross domestic product on healthcare, while the U.S. spends 16% — far more than any other country in the world.

The main reason Canada's sys-

't perfect r than ours

tem is so much cheaper is that there are no private insurance companies to gum up the system with paperwork, profits, advertising and general confusion. Insurance industry bureaucracy pumps up the cost of U.S. healthcare by about 31%, according to the *New England Journal of Medicine*.

Chalfin sees evidence of this in her own office. In Delhi, she had a full-time staff person whose only job was wrestling with the insurance companies. "I was really glad to have someone to fight for the money with the different insurance companies, each with their own rules. You can see that this is where the money goes in the U.S. system — the amount of time we had to spend on the phone was incredible! That just doesn't happen in Canada."

The lack of paperwork means that Chalfin has more time to talk with patients than she did in Delhi, and can be more thorough about preventive care. Visits are also more relaxed because patients haven't been putting them off. In Delhi, she says, people typically came to her with a saved up list of ailments. Because of co-pays and deductibles, they forestalled care and tried to pack a lot into one visit. But in Canada, she says, patients come when they need to and can be treated before problems get out of hand.

Hornby Island is even more remote and rural than the village of Delhi. Like the U.S., Canada has struggled to find doctors to serve in rural areas like ours. However, Canada's more centralized system has made it easier to address problems like rural doctor shortages. Chalfin receives premiums amounting to about \$24,000 a year from the province for practicing in an underserved area.

"It's not hard to see why there's a physician shortage in places like



In Canada, Dr. Laura Chalfin can spend more time with patients.

Delaware County," she says. "You're remote, the work is hard, and the pay is low, partly because a lot of people don't have insurance or have poor insurance. The insurance companies all have different reimbursement rates, and often they're very low. And then you've got to pay for all the staff you need to deal with the insurance companies. It costs so much to go to medical school in the U.S. that doctors can't afford to go into primary care. That's why you have people seeing six patients in an hour."

There is no hospital on Hornby Island. In emergencies, people have to be airlifted off the island. The province pays for this. Even when people need non-emergency care, the province will cover the cost of transportation to a doctor or clinic.

Do Canadians ever complain about paying for all this care? Do they ever argue that maybe this isn't the kind of system Canada should have? "Oh nooooo," says Chalfin. "People do *not* want to get rid of this system. It's sort of the way people in the U.S. feel about Social Security. You've got something, it works, and you are not going to let anybody take it away! Nobody here wants a

system like the one in the U.S."

Chalfin passionately supports efforts to win a single-payer insurance system in the U.S. For her, it's personal: her children still live in the U.S. Her son has hemophilia. "We couldn't find an insurance company that would take him, because he has a pre-existing condition," says Chalfin. "Finally New York State created a 'high-risk pool' [Healthy New York]. It costs \$800 a month for just one person. Fortunately I can afford to pay this, because I earn three times more in British Columbia than I did in Delhi!"

When he has a bleed, Chalfin's son needs a drug that, in the U.S., costs \$5,000 a vial. When the bleed is severe, he needs four vials every two hours.

Not long ago, Chalfin's son had a bad bleed when he was visiting her on Hornby Island. He had to be airlifted to a hospital in Vancouver. "He got great treatment — he had an ear, nose and throat specialist, an internist, an intensivist, a hematologist, an anesthesiologist, and even a psychiatrist. He spent five days in intensive care. He had Blue Cross Blue Shield through his father at that point, and

the hospital said they'd take it."

However, almost a year later, Chalfin got a call from the hospital. The insurance company still had not paid on the claim. "They were extremely apologetic, and asked if I could pay the bill. I was expecting it would be something in the millions. It was \$6,000."

Even more amazing, says Chalfin, "If he had been Canadian, the bill would have been zero. *Nothing.*"

Chalfin belongs to an online discussion group with other parents of kids with hemophilia. "The people from the U.S. spend half their time just complaining about the insurance companies. Once, I asked the group, 'What do you think it would be like with a plan like Canada's — with no co-payments or deductibles, no premiums?' And they said, 'Oh, but what if you couldn't choose your doctor?' It's crazy!"

Laura Chalfin says she misses some things about our area very much — especially, she says, "fireflies and spring peepers." But does she miss the U.S. healthcare system? No. And that's an understatement.

— Laura McClure, Bovina

Community Health Center opens

by Grace Smith
Oneonta

Since July 29, 2008, the Oneonta Community Health Center (OCHC) has been providing free, primary healthcare on Tuesday evenings to low-income adults who are not eligible for any insurance program. Thanks to the volunteers from the medical and general community, the clinic has been able to see about eight patients per evening. By next spring, the Friends of the Oneonta Community Health Center hopes to have enough medical volunteers each week to double the number of people served.

The physicians and nurses find it refreshing to spend a few hours a month providing direct medical care with plenty of time to consult with and examine their patients. They have no insurance paperwork responsibilities. Imagine! Once the client has spoken with the eligibility screener before seeing the physician, there is no time taken up with filing insurance forms. "This is the way

medicine ought to be practiced," say participating doctors Carolyn Wolf-Gould and Chris Wolf-Gould. "We can spend our time and expertise directly with our patients. Many of the people we are seeing have not been able to get medical care for far too long."

On **Monday, October 27**, the Friends of OCHC will have its first community Open House from 5 to 7 pm at the Center (22 Academy

Street, Oneonta). Please come if you are interested in visiting the clinic, meeting some of our Board members and volunteers, or becoming a volunteer yourself.

To schedule an appointment, please call 607-433-0300 anytime and leave a message. Patients will be asked to bring in proof of income. For those whose income is above the Center's guidelines, the screener will try to make an appropriate

referral to an insurance or medical program.

The Health Center exists solely because of the extraordinary generosity and caring of the community. One particularly heartwarming donation came from the "Blueberry Project." This is a group of children, organized by Ingrid Guiter of Otego, who pick blueberries once a year to sell at Oneonta's Downtown Farmer's Market. Each year they choose an organization to support with their earnings. Fortunately, the Friends of OCHC was their pick for this year, and their harvest resulted in a donation of \$400! Every dollar of that donation is used to provide medical care, as there is no paid staff.

Donations can be mailed to: FOCHC, PO Box 361, Oneonta, NY 13820. To donate supplies or to volunteer, please call the OCHC office (607-433-0300) and leave a message. Or please visit our website, www.oneontaclic.org, and click on the links to VOLUNTEER and to DONATE. ▲

EEOC allowed to uphold employer age discrimination

by John Ruland
Otego

Retirees beware: The rules have changed for employers who provide benefits for people over 65.

In 2004, the Equal Employment Opportunity Commission (EEOC) issued a regulation allowing employers to reduce benefits to

workers or retirees who became eligible for Medicare or a state health plan. The regulation affects 10 million 65-plus Americans.

The organization AARP filed suit. AARP argued that the ruling improperly exempts employers

from age discrimination laws. The EEOC countered that the rule allowed employers to coordinate healthcare coverage with Medicare, and protected retirees from unexpected gaps in coverage.

On March 25, the U.S. Supreme

NY doctors say insurers meddle

by Laura McClure
Bovina

New York State doctors believe that insurance companies are meddling with our healthcare — and our health. In a just-released survey of 1200 New York State doctors, the Medical Society of the State of New York found that:

93% of physicians said health insurance companies made them change the medicines they prescribe.

92% said that the way insurance companies use incentives and disincentives on treatment protocols "may not be in the best interest of the patients."

90% said they had to change the way they treat patients based on insurance company restrictions.

87% said they are sometimes pressured to prescribe a course of treatment based on cost rather than on what's best for the patient.

78% said that an insurance carrier had restricted their ability to refer patients to the most appropriate physician.

62% said they were afraid they would be cut out of an insurance network if they did not follow insurance company policies.

No wonder 59% of physicians nationwide support a single-payer healthcare system, which would eliminate the role of the insurance companies!

Court refused to hear an appeal by AARP.

As a result, any U.S. employer can legally discontinue healthcare coverage for retirees who are covered by Medicare.

"This is very scary for the future," says senior AARP attorney Laurie McCann. "These retirees have relied on this coverage, and they're not in a position to get other employer or other insurance. They're also generally not in a position to alter their savings strategies for retirement."

Keep in mind that the courts have given employers the option of changing benefits once retirees reach 65. It doesn't mean that they will. ▲

Source: AARP analysis by Emily Sachar. Please visit AARP at www.aarp.org/ny.

Tinkering isn't enough

by Laura McClure Bovina

Just about everybody acknowledges that our healthcare system is not working and needs an overhaul. The *Healthcare Messenger* advocates moving to a "single-payer" system, where the federal government (or, perhaps, the state of New York) provides insurance for everyone. One of the strongest arguments for such a system is that it has been demonstrated to be cheaper because it eliminates the waste of private insurance companies.

While support for single-payer is growing, many people still advocate more modest reforms. They propose "building on" our existing employment-based insurance system by expanding programs that cover the uninsured (like Medicaid), providing some government support to help lower-income people buy health insurance, and perhaps creating a whole new public insurance fund that people can buy into or join. These proposals usually also call for some kind of "individual mandate" — meaning that individuals are required to buy health insurance and/or an "employer mandate" — meaning that employers must either purchase insurance for their employees or pay into a system for covering the uninsured.

Both Barack Obama and Hillary Clinton proposed versions of this kind of "hybrid" public-private system. Some people who would like to see a single-payer system someday argue that a hybrid plan

might be a first step to getting there.

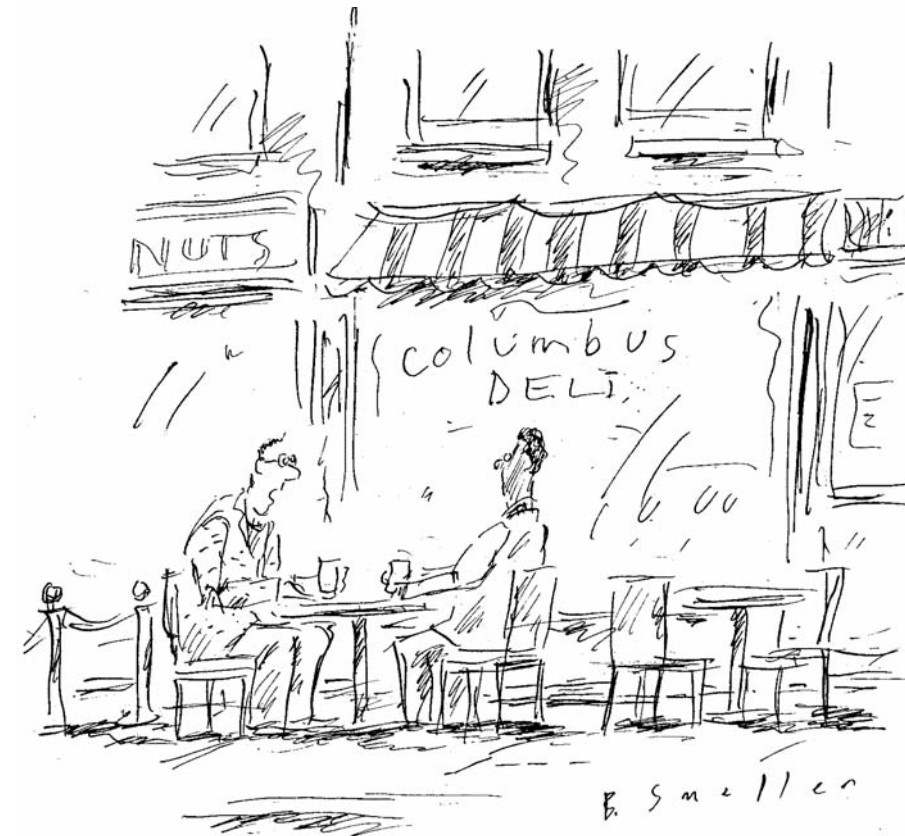
Unfortunately, there's very little evidence that such a reform would work — or even move us toward a single-payer system. In fact, hybrid reforms have been tried, repeatedly, and failed. Between 1988 and 2003, seven states — Massachusetts, Oregon, Minnesota, Tennessee, Vermont, Washington, and Maine — enacted health insurance reform plans like the one described above. All channeled public funds to help people buy private health insurance.

An analysis of the seven state plans by researchers from Harvard Medical School (*International Journal of Health Services*, August 2008) found that "in each case, the plan had little impact on the state's number of uninsured persons and produced no sustained improvements in delivering care." What's more, the plans were too costly for the states to bear and ultimately "flatlined," according to the researchers.

LATEST EVIDENCE: MASSACHUSETTS PLAN

The latest experiment with a hybrid plan is Massachusetts' new healthcare reform, which was enacted in 2006. That plan includes an individual mandate and an employer mandate. It provides full or partial subsidies for lower-income people to buy insurance, but no subsidy for middle or higher income people.

▼ So far, an unexpectedly high number of people who are eligible for subsidies have enrolled in the plan — putting a strain on the state budget.



"I have health insurance, but it has a very high deductible, so now I need high deductible insurance."

▼ But fewer people than expected from the unsubsidized group have joined.

▼ The system costs a great deal, and the state of Massachusetts is requiring both individuals and employers to pay more than they can afford to sustain it. As Joan Cooney of the Retired Public Employees Association notes, the premiums for even the subsidized plan equal 9% of the average enrollee's income.

▼ This year, the premiums will be even higher, since insurers got the state to agree to an increase of up to 10%.

▼ Out-of-pocket expenses are high too — meaning that inevitably many people won't go to the doctor when they should.

▼ Employers too have been strapped by the plan — especially small employers.

▼ And the state can't afford it either — the plan is already \$147 million over budget.

The bottom line: Let's not ask workers, employers, or taxpayers to bankroll a wasteful and complex health insurance system. Instead, let's create a simple and efficient system we can afford. ▲

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Prayer: Dear Father, thank You for the freedom I enjoy. Help me to remember that this liberty is not given so I may indulge myself, but so I may be free to do your will and serve others. Amen. From Galatians 5:13

Tanner Hill, 5037 State Hwy 23, Norwich, NY 13815



Hours:
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Tuesday 10 - 5
Wednesday 10 - 5
Thursday 10 - 6
Friday 10 - 5
Saturday 10 - 4
Sunday 12 - 4

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LETTERS

Share your healthcare system stories and comments. Please send letters to:

Healthcare Messenger
226 Yankee Rd
Bovina Center, NY 13740
or healthcaremessenger@gmail.com.
We reserve the right to edit letters for length. The next edition will be printed in 2009.

DENIED CARE FOR LACK OF CASH

I recently went to an urgent care center with my oldest daughter who lives in Liverpool. She was running a fever of 104. Both eyes looked like she had pink eye and the main reason we went was because she felt like her throat was swelling shut. They refused her care unless I would give them \$300. I couldn't believe it. I didn't have \$300 to give them so we left.

I then went and spent money on the healthiest food I could find for her and a homeopathic remedy for pink eye. She was so embarrassed I don't think she will ever go to a doctor again.

She is in the weird category that seems to be getting larger as time goes on, where she does not qualify for Medicaid and she can't use any of her income for anything but her bills. Her student loans are huge.

I have a son who has some pretty heavy issues going on and he will not seek help either, partially because he has no health insurance. I am so tired of this, tired of worrying.

I don't want to seem so negative,

but when a medical facility can be so blatant about the fact that if you can't pay you can take a walk I don't feel like there is much hope of any change. The fact that none of this is being talked about two months out from a presidential election has made me face the fact that neither the Democratic party or Republican party represent me. It is time for other parties in this country. I gave up on Obama months ago. I will vote for Nader, even though everyone tells me that I am wasting my vote. I will never vote for another politician who doesn't represent my class and my class interests.

Name and address withheld.

AN OPEN LETTER TO THE OTSEGO COUNTY CHAMBER OF COMMERCE:

I am a member of the Coalition for Democracy Healthcare Work Group. I recently paid a visit to the office of the Otsego County Chamber of Commerce to see about distributing our newspaper to small business owners. I was handed a packet of information about the Chamber, including your 2007 Annual report, and there are some statements in it that I'd love to discuss with you.

"The Otsego County Chamber pushes beyond the normal envelope and we are very proud of our commitment to change. We WILL color outside the lines. We are very active in Albany, Cooperstown, and Washington on issues that impact local businesses' ability to make a profit and create jobs. Elected officials... must reduce government spending in a down economy so businesses can create opportunities. Albert Einstein once said, 'You can't solve a problem with the same type



"My day job offers health insurance, this job covers the co-payments."

of thinking that caused the problem in the first place."

If you are truly dedicated to "coloring outside the lines" when it comes to finding solutions to healthcare issues affecting businesses, then I invite you to come to a meeting of our healthcare work group. We have been working to get universal single-payer healthcare enacted in this country. We would love the opportunity to discuss the advantages of single-payer healthcare for businesses, especially small businesses who are struggling the hardest under our present system.

Among these advantages:

Businesses would no longer have to secure healthcare for their employees because that would be handled by the government.

There would be no more labor-

management disputes concerning healthcare coverage.

Businesses would pay much less for healthcare. They currently pay on average \$3785 for individual coverage for employees and \$8,824 for family coverage. Under the National Health Insurance Act they would pay 3.3% or 4.5% of payroll, (depending on the proposal). On a wage of \$40,000, a 4.5% payroll tax comes to \$1800.

Everyone would have insurance.

Independent contractors would automatically be insured for medical costs.

Businesses would no longer have medical costs taking such a large bite out of product costs, so they would be more competitive.

We believe that adding to our present healthcare system is not enough. We believe the system needs to be completely restructured. We would love to hear your opinion on universal single-payer healthcare and how it might meet the needs of area businesses.

Leslie Preston
Oneonta



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Oneonta, NY 13820
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Owner

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Mary Breuninger



Michael Kaufman
Michael Kaufman



Michael Kaufman



Healthcare Work Group in action

Help us organize for a free, simple, quality healthcare system that covers everyone. Email us at: healthcaremessenger@gmail.com or write us at:
Healthcare Messenger,
226 Yankee Rd.,
Bovina Center, NY 13740

Starting at left and going clockwise: At our event with Sicko's Donna Smith at the Oneonta Performing Arts Center on Sept. 12, Bill Masters won the raffle, a basket of home-grown fruits and veggies that he donated to Saturday's Bread soup kitchen; Dr. Ben Friedell spoke at the Sept. 12 event; the audience applauded; Oneonta Mayor John Nader spoke forcefully for single-payer healthcare; and earlier that day, Donna Smith who was in the movie, Sicko, was interviewed by WCDO. Lower right, our members attended the founding meeting of a new statewide single-payer coalition in Albany on Sept. 13. Lower left: Member John Ruland emceed a



John Ruland

discussion on healthcare at Oneonta's Town Hall on May 28 with speakers Don Barber (candidate for state senate) and Mark Dunlea, an Albany-based leader of the NY single-payer movement.



Michael Kaufman
Michael Kaufman



We want national health insurance!

The Healthcare Work Group, publisher of this newspaper, was started about three years ago by a handful of people who were concerned about the healthcare situation in this country — not only the high number of people who are uninsured, but the deteriorating quality of coverage for people who do have insurance.

Our first move was to study this complex issue. For a year, 10 of us read about and discussed the problems with the U.S. healthcare system. We learned, for instance, that the U.S. has higher infant mortality and shorter life expectancy than most other industrialized countries — and that we leave far more people uninsured (46 million). Despite this, we as a nation spend about twice as much for healthcare as other countries. While some people can still get access to all the great healthcare the U.S. has to offer, most of us no longer do.

We took a look at what other countries do to provide this better yet cheaper care. We looked in detail at Canada and the U.K. In Canada people get their insurance (but not their healthcare itself) through the government. In the U.K. the government's "National Health Service" really does provide the care. We examined the proposals for reforming this country's system.

Then we organized a community SpeakOut where people talked about their problems with the healthcare system and their hopes for a better one.

This helped us decide just what we wanted: a simple, universal program that would be free to all at the point of service. We support a bill that is now before the U.S. House of Representatives, H.R. 676, also known as the "National Health Insurance Act" and the "Medicare for All Act." H.R. 676 is also called a "single-payer" plan — because the government would become the single payer of health insurance (instead of hundreds of private

A sampling of who's for single-payer health insurance:

27 state AFL-CIOs (including New York State AFL-CIO)
 59% of U.S. doctors (according to a national poll recently published in *Annals of Internal Medicine*)
 90 members of Congress (as co-sponsors of HR 676)
 American Federation of Teachers
 American Nurses Association
 American Public Health Association
 American Medical Student Association
 Church Women United
 General Board on Global Ministries of the United Methodist Church
 NY Counties, including: Albany, Cortland, Rensselaer, Schuyler, Sullivan, Tompkins, and Ulster
 NY State Nurses Association
 Oneonta Mayor John Nader
 Presbyterian Health, Education and Welfare Association of the Presbyterian Church (USA)
 Tri-County Labor Council (Chenango, Delaware, & Otsego Counties)
 United Steelworkers Union
 U.S. Conference of Mayors

insurers and government agencies).

Under this proposal, everyone would automatically be enrolled in a federal health insurance plan that would cover all medically necessary services, including acute, rehabilitative, long-term, and home care; mental health services; dental services; occupational health care; prescription drugs and medical supplies; and preventive and public health measures.

Healthcare itself would continue to be provided by a wide range of doctors and clinics, private and public. People would have their choice of doctors. In fact, we would have a wider choice than we do now, since we wouldn't be restricted to the list of "in-plan" doctors that each insurer has.

Insurance would no longer be provided through employers. However, employers would continue to contribute to the cost of health insurance through a payroll tax of 3.3% to 4.5% (proposals vary). Employees would also pay a payroll tax — of

3.3%. That means that if you earn \$40,000 a year, you would pay \$1,320 per year, or \$110 a month.

What's hard for most people to believe about this comprehensive plan is that it really could be so inexpensive. It seems impossible. And yet, it IS possible, since most industrialized nations already do pay much less for much more coverage.

The secret is that the plan eliminates the role of private insurance companies. According to the *New England Journal of Medicine*, the paperwork, profits, and general administrative costs generated by private health insurance companies pumps up the cost of U.S. health insurance by about 31%. What's more, private insurance companies make streamlining the system to save money extremely difficult.

The strongest argument we get in discussing this plan with people is that Congress won't pass it. "The insurance industry will never go for it," people tell us.

But should the insurance industry determine what kind of country we live in? And what kind of a people are we, if we are afraid to fight for what we know is right because we are afraid we might lose?

Besides, we think we can win. In the past couple of years, plenty of political leaders, churches, unions, and other organizations have come out for national health insurance. There are also growing movements within states (including ours) for state-wide single-payer health insurance plans. See the list on this page.

We think that the healthcare system that is truly doomed is the one we have now. It costs way too much, covers far too few, and gets poorer health results than the systems in many other countries.

We are also skeptical about the plans being offered by both presidential candidates. McCain's plan aims to move the U.S. away from employer-provided health insurance — but would provide nothing to replace it except a tax break of \$2500 to \$5000. (Clearly, this won't do the trick, since insurance premiums now average \$12,000 per family.)

Under Obama's plan, we'd stick with the health insurance system we have, but would expand coverage to more people by providing incentives to get people to buy insurance. While we strongly believe coverage should be expanded, there's no question that this plan will make our insurance system even more complex and expensive than it is now. Ultimately, we won't be able to afford it. Rising costs would force increases in premiums and co-pays that would keep more and more "insured" people away from the doctor. And taxes to support the system would continue to rise.

We can do better. It's time for national health insurance! Please urge your representatives to support H.R. 676 and consider voting for candidates who support it. A table of our area candidates' positions on single-payer insurance is on page 5. ▲