



# Health Care for All - Washington

An Information Pipeline for Members and Friends of Health Care for All-Washington  
Formerly known as HealthCare2000

## Health Care Caucus Series Starts on a High Note

The first of seven planned Health Care Caucuses sponsored by the Healthy Washington Coalition and chaired by Robby Stern of the Washington State Labor Council, was held in Seattle on June 19, 2008 at the University Christian Church. It was a rousing success! Over 300 people turned out on a warm June evening to express their frustrations with our current health care system, discuss what should be the most important elements in a reformed system, and to promise to take action to recruit more active support for positive change.

### Letter from Sarah Weinberg and HCFA-WA thanking Mr. Stern:

“We were pleased to notice the loud applause when single-payer was mentioned.”

Dear Robby:

I want to thank you both personally and on behalf of HCFA-WA for a great job last Thursday. We all thought the caucus was very successful in bringing out a sizable crowd and motivating them to pursue action to push the cause of real reform of the health care system. First I want to say that you were right and my misgivings were wrong about the format of the caucus, and then I want to give you the benefit of a compilation of reactions of

HCFA-WA folks who attended.

I was sure that asking people to vote on a selection of “principles” (which actually were a mixture of broad principles and specific policies) would cause the attendees to lose focus on the big picture, and result in a failure to pull together to push for reform. In actuality, while people did get distracted by some of the too-specific stuff, they really took very seriously their assigned task of selecting 4 items to emphasize. The result that I hadn’t anticipated was engagement in the issue and ownership of it by the attendees. I learned something important about getting increasing numbers of people committed to action to attain health reform. Obviously this was a lesson you learned long ago!

As strong supporters of a single-payer solution (because we are convinced that it’s not possible to cover everyone for a decent set of health benefits for an affordable and sustainable cost any other way) we were pleased to notice the loud applause when single-payer was mentioned. The phrase “single-payer” may be a negative in some circles,



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**Health Care for All - Washington advocates for affordable comprehensive health care coverage for all Washington residents implemented through a unified financing system.**

**Upcoming Health Caucuses**

July 15 - Yakima

July 29 - Spokane

August 12 - Bellevue

September 9 - Everett

September 23 - Vancouver

**See page 7 for meeting times and locations.**

# Health Care for All- Washington

July - September 2008

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## Message from Our President

Following the tenure and untimely death of Carolyn Apel, I was elected by the HCFA-WA Board to be the new President at the end of April. But before I get into the meat of this message, let me first introduce myself.

I have been working on finding a solution to the health care crisis for some nine years already. To date I have given 38 health care presentations all over the state of Washington, served on numerous panels, written articles, been interviewed on local and national radio and TV, attended a national health care conference in the other Washington, and have campaigned for candidates for city, county, and state offices as well as for those vying for Congress and the Presidency. I have served on the Board of HCFA-WA since 2002. During the day I work in the finance department of the Whatcom Transportation Authority managing governmental contracts of all types, big and small. Lastly, I want you all to know that I lived in France for ten years, a nation renowned for having the best health care delivery system in the world - at half the per capita price of ours.

The main change within HCFA-WA is that we have found our voice. We found it in a void. We used some time to fill the void with a well-defined message that expresses strength, focus and insight.

We have decided to take a step forward with our new-found voice to put ourselves in motion toward a goal that really matters to us - creating a movement of citizens for real reform of the health care system. We realized that being like a rabbit frozen motionless in the grass has kept us stuck in the reaction mode.

We recognized that it is not so much about the health care issue as it is about ourselves. We now have the faith, the nerve, and the confidence to stand up and to stand out, making it safe for others to do the same.

Our voice matters. Our actions matter. The strength of everyday people voicing the message of faith in health care reform instead of fear of staying the same will allow us to discover who we are as a society. So... if we want health care reform, we have to be that change. It is really up to us. Come join us to be that change.

To whom else shall we listen?

Larry Kalb, President

## Legislative Committee

*By Mary Margaret and Paul Pruitt, Co-Chairs*

Believe it or not, for legislative action, now is a critically important time. You will enjoy your vacation time more if you know you have contributed your unique assets to our ongoing campaign to provide health care access for all with no one left out.

1. Find out NOW who your preferred candidate is for the state House of Representatives. ALL members of the House need to run for election or re-election this year.
2. Call your candidate. If your candidate has been a supporter/sponsor of health care legislation, express your thanks and indicate it is very important to you for this support to continue. If your candidate has not been a supporter, express your convictions anyway, and that you hope he/she will be open to the idea of real reform after the Working Group looks at the five proposals.
3. If you can possibly volunteer to do anything for supportive candidates, let them know. You can contribute money, offer to stuff envelopes, make telephone calls, distribute literature (doorbell), or put up a yard sign. Let them know why you are supporting them.
4. Check to see if your Senator is running for office this November. Half the Senate seats are open. Take the same actions to help those running this year.
5. In the situation in which you actively dislike the incumbent, check out any challengers he/she might have. Challengers trying to unseat an incumbent have a much harder task. Helping out a challenger can earn you undying friendship!

The voice of a constituent is FAR more important than lots of messages from organizations. You have power and influence. We are counting on you to use it!

When one of the Healthy Washington Coalition Caucuses is scheduled near enough for you to attend (schedule of remaining caucuses is elsewhere in this newsletter), it will be very significant for you to go, and to recruit as many others to go with you as you can find. Your legislators will be watching to see if their constituents think this issue of health care for all is important.

Gov. Gregoire has been exceptionally supportive of health care legislation. Whatever you can do to thank and support her could also be a positive move to aid legislative progress in the next session.

## Things to Find on Our Website [www.healthcareforallwa.org](http://www.healthcareforallwa.org)

### **Best Single-payer Video in the U.S.!**

The campaign for SB 840, the single-payer bill in the California legislature, has prepared a marvelous video, mainly a compilation of real people who have been left behind by our current health care system. We have a link to the video on our website. Go check it out!

### **Healthy Washington Coalition Caucuses around the State**

We are members of this coalition, mainly composed of labor unions, but including several other organizations involved in health care. The HWC is holding 7 caucuses around the state over the summer and into September. The first of these caucuses was held in Seattle on June 19, and was very well attended. (See report in this issue) These meetings are intended to help the general concerned public think about the principles desired in an improved health care system in preparation for looking at the 5 reform proposals being evaluated by Mathematica, an actuarial firm. (See the April-June 2008 newsletter for more about the 5 proposals.) Both the newsletter and the dates and locations of the remaining 6 caucuses are listed on our website.

### **Weekly Perspectives on Health Care Reform, by Larry Kalb**

Our new president, Larry Kalb, has begun a service of summarizing articles of interest to single-payer advocates that he finds in the media. He is posting these on our website periodically, and he will send them to you by email if you wish (and sign up on the website). This service is free - our gift to you - but contributions are always welcome....

## New Travesty in U.S. Health Care: the Rapid Rise of Underinsurance

The number of adults nationwide who have health insurance that leaves them at serious financial risk if they become ill or injured (i.e. underinsured), has risen by 60% over the four years between 2003 and 2007, according to a recent article in *The San Francisco Chronicle* (6/10/08). The total number of people estimated to be underinsured is now 25 million! Add to this the 47 million with no insurance, and we now have 72 million Americans for whom the health insurance system doesn't work. Assuming the current population of the U.S. is around 320 million, these new statistics indicate that 22.5% of Americans are either uninsured or underinsured, or nearly one quarter of Americans!

A personal story published in *The Wall Street Journal* (4/28/08) illustrates vividly what the experience of underinsurance can be like (summarized):

Lisa Kelly was diagnosed with leukemia late in 2006. Her local doctor advised her to seek urgent treatment at M.D. Anderson Cancer Center in Houston, TX. The hospital refused to accept Mrs. Kelly's limited insurance (AARP's Medical Advantage plan, underwritten by UnitedHealth Group, Inc.) and demanded \$105,000 in cash before it would admit her. The Kellys had some financial reserves, and hastily arranged to borrow part of the money from Mr. Kelly's father's trust. The hospital oncologist performed a bunch of tests on Mrs. Kelly as an outpatient, and determined that she needed to be admitted immediately. The hospital, however, demanded the remainder before admission, although they eventually lowered their demand to \$75,000 when Mr. Kelly lost his cool and said: "What part don't you understand? We don't have any more money today. Are you going to admit her or not?" Mrs. Kelly was finally admitted at 7 pm, crying, exhausted, and confused.

Problems continued after the initial hospitalization. Every time Mrs. Kelly returned for outpatient chemotherapy she would find her

appointment "blocked" until she went to the business office to make a payment, or a nurse would refuse to change the chemotherapy bag on her IV until Mr. Kelly returned with proof of payment, or a representative from the business office walked into the exam room with her physician and argued with Mrs. Kelly about payment and suggested moving her to another facility.

Mrs. Kelly completed the initial treatment and enjoyed remission for over a year. Now, however, her leukemia has returned. The Kellys have managed to switch insurance to a Blue Cross Blue Shield plan that is paying more of her bills for current treatment. Nevertheless, the family owes \$145,155.65 in charges from the earlier treatments. The hospital has urged Mrs. Kelly to sell assets, but she worries about losing her family's income and retirement savings.

*(Ed. Note: For an explanation of the nature and dangers of underinsurance, see the article on underinsurance in the July-September 2007 issue of this newsletter. It can be found on the HCFA-WA website: [www.healthcareforallwa.org](http://www.healthcareforallwa.org).)*

### U.S. Mayors Endorse H.R. 676!

The U.S. Conference of Mayors, at its 76<sup>th</sup> Annual Meeting, adopted the following resolution:

"RESOLVED, that the United States Conference of Mayors expresses its support for The United States National Health Insurance Act (H.R. 676), and calls upon federal legislators to work towards its immediate enactment, and further urges the adoption of a process by which healthcare [providers] will be required to justify any increases to healthcare costs."

In a list of 13 "WHEREAS" statements leading up to the actual resolution, the most significant for single-payer advocates was "...as of the date of this resolution, the majority of American physicians (59%) believe that Single Payer is the best method of securing universal healthcare...."

As Don McCanne wrote in his Quote of the Day: "The next politician who tells you that national health insurance is not politically feasible, tell him or her to discuss that opinion with the nation's mayors. For those who say that all politics is local, national health insurance is the only reform that is politically feasible."

# Principles and Values: Refining the Way We Define the Ideal Health Care System

by Sarah K. Weinberg, M.D.

Many groups are wrestling with the language needed to describe what principles and values should form the basis of an ideal, yet realistic health care system. This article presents the approaches of three distinct groups.

## Institute of Medicine

The IOM is a non-profit independent group that is one of the four National Academies. (National Academy of Sciences, National Academy of Engineering, and National Research Council are the other three.) Its mission “is to serve as adviser to the nation to improve health.” It “provides unbiased, evidence-based, and authoritative information and advice concerning health and science policy to policy-makers, professionals, leaders in every sector of society, and the public at large.”

The IOM has recommended unequivocally that “everyone in the U.S. should have health insurance and urges the President and Congress to act immediately by establishing a firm and explicit plan to reach this goal”. To aid in finding a solution, the IOM “offers a set of guiding principles” to help assess policy options. They are:

1. Health care coverage should be **universal**.
2. Health care coverage should be **continuous**.
3. Health care coverage should be **affordable** to individuals and families.
4. The health insurance strategy should be **affordable** and **sustainable** for society.
5. Health insurance should enhance health and well-being by promoting **access to high-quality care** that is effective, efficient, safe, timely, patient-centered, and equitable.

“Although all the principles are necessary, the first is the most basic and important.”

## Health Care for All - Washington

In our brochures we have listed four principle/policies that are less general than the IOM’s list - an approach to the language problem that addresses the concerns of the general public more directly. They are:

1. Guaranteed Access to Health Care is a Birthright
2. Universal - Everybody is Worthy of Care

3. One Fully-Integrated “First-Dollar” Health Care Plan
4. Restore Control of Medical Decisions to You and Your Doctor!

Our list emphasizes the need to cover everyone to make the system work, that out-of-pocket costs to those who are sick should be minimal, and that medical decisions should be made in the context of the doctor-patient relationship.

## Healthy Washington Coalition

The HWC has worked out a list of 12 important values from which attendees at the Washington Health Care Caucuses this summer are to vote on the four most important. The list is actually a mixture of broad principles and specific policy recommendations. They are:

1. Cover everyone.
2. Assure access to care when people need it and in a way that meets their needs.
3. Make sure information consumers need to make health care decisions is accessible and readily understandable.
4. Assure the cost of health care, including prescriptions, is affordable.
5. Share the costs fairly between individuals, employers and government.
6. Cover all necessary health care expenses.
7. Allow individuals to choose their providers.
8. Assure individual participation in their personal health care decisions.
9. Provide the highest quality care available in a timely manner.
10. Provide public health prevention services for all.
11. Eliminate disparities in access to health care and in health outcomes based on factors such as income, ethnicity, job status.
12. Ensure quality, fairness and privacy through government oversight.

This approach aims to get participants to feel invested in the result of the voting. Many of the items on the list appeal to strong emotions, especially fear, that people feel when they think about their health care and how to pay for it.

## Summary

Finding the right language to describe what we want in our health care system is not easy. Especially it is not easy to find concise language. These three efforts demonstrate different approaches to the problem. Try to make a list of your own!

(Caucus--from page 1)

but it clearly wasn't in this group. Even though this was a self-selected group, it was clear that a large majority would be in favor of a single-payer solution that would cover everyone. Broader polls also show that a majority of the general public is in favor of a government-run, tax-supported health coverage plan that covers everyone. That majority ranges from about 65% (not using the words "single-payer") to about 52% if the dreaded words are used. It will be interesting to see what kind of reaction the description of the 5 proposals gets in the other venues.

We think it's important that people be educated about the fact that under a tax-funded plan any tax increases will be offset by decreases in premiums currently being paid for private insurance, either directly by the insureds or indirectly by employers (with lower wages to the workers as a result). In the case of single-payer, there likely will be no overall increase in health care spending and probably even savings over the current spending. That's not a job for these caucuses, but it is our job at HCFA-WA. It may come up at future caucuses that some speakers will claim that we "can't afford" to cover everyone, and it would be nice if someone could refute that, either from the podium or another microphone. There have been at least a handful of actuarial studies in other states that show savings if everyone is covered in a single public system.

The issue of insufficient numbers of primary care health professionals is very real, especially in rural Washington. We're glad that someone brought it up during the general comment session. It would be nice to include something about that in the slide presentation. (I confess that I can't be sure it wasn't included, as I don't remember the slide presentation that well.) The important concept to get across is that the current payment system discourages primary care as a choice for young health professionals, and rewards handsomely those who train to perform procedures. So we have an oversupply of procedure-performing specialists and an undersupply of primary care physicians. Nurse practitioners and physicians assistants help fill this gap, but our nation still needs many more primary care physicians, especially geriatricians.

The other health care system issue that came up was the need for robust public health. A lot of necessary health care is best delivered through a population-based outreach system. In the U.S. this aspect is poorly developed due to the extremely fractionated payment system. We tend to think of public health as limited to water and food safety, communicable disease monitoring (especially sexually transmitted diseases), and clinics for poor people. But public health programs can do a great job of whole-population wellness and preventive care, if the funding of health care supports that model. This is an important potential benefit in improved health care and population health statistics that can result from a "cover everyone" system.

I'm not surprised that item #4 (Assure the cost of health care, including prescriptions, is affordable) finished second. Both item #1 (Cover everyone) and item #4 speak to the big fears rampant in the general public: losing their health coverage even if they don't much like the plan they have, and not being able to afford necessary care and prescriptions with or without insurance. As we know, appealing to fear conquers reason every time (humans are hard-wired that way). So the attendees didn't realize that if everyone is covered, and all necessary medical expenses are covered (#6), it's not necessary to specifically mention prescriptions. Affordability remains an issue, as Massachusetts is learning the hard way. Sustainability over time is also important, and not well understood by the general public.

The third-place finish of item #11 (Eliminate disparities....) is a reminder that there is more to accomplishing a health system that truly meets everyone's needs than simply covering everyone with insurance. Our current system based on good payment for taking care of insured patients has skewed the distribution of health professionals and facilities. It's easy to find doctors and beautiful facilities in the wealthy parts of town, but both are scarce where poor people live and in rural area. In addition, it's important that the health system work with the wide variety of minority groups within our state, taking into account different cultural issues and concerns.

It may well be that the process planned for the summer of 2009 when the Mathematica results are in will work in the same way to engage the public in "voting" for the system they would like. We should do what we can to make those Work Group town hall meetings function that way. Again, there is work to do educating the public about the 5 choices. I plan to use our newsletter to do that, probably with the Jan.-Mar. 2009 issue.

In closing, I want to remind you again about the 5 principles hammered out by the Institute of Medicine, because this is the direction in which the general population needs to be helped to travel, and the IOM has national stature. [the 5 principles are listed elsewhere in this newsletter issue]:

(Continued next page)

(Caucus, continued)

Thanks again, Robby, for making this event happen and making it so successful.

Sarah (Sherry) Weinberg, and others of us in HCFA-WA

**Dates for the Remaining six Caucuses:**

- July 1 - Tacoma, Temple Beth El, 5975 S. 12<sup>th</sup> St.
- July 15 - Yakima, Holy Family Catholic Church, 5315 Tieton Dr.
- July 29 - Spokane, First Presbyterian Church, 318 S. Cedar St.
- August 12 - Bellevue, Temple B'nai Torah, 15727 NE 4<sup>th</sup> St.
- September 9 - Everett, Everett Station, Weyerhaeuser Room, 3201 Smith Ave.
- September 23 - Vancouver, Clark PUD Community Room, 1200 Fort Vancouver Way

All meetings are from 6:30 to 8:30 p.m.

**Good Article to Read and Give to Friends**

The magazine *Dollars and Sense* published an article in its May/June 2008 issue about the realities of how health care is paid for in the United States. "Paying More, Getting Less: How much is the sick U.S. health care system costing *you*?" presents an excellent summary of the money flow in our too-expensive system. Starting with the fact that 34.4% of the total of taxes collected each year ends up being spent on the health care system, the article then traces how much more money is put into the system through the purchase of private health insurance, either through employers or by individuals, and how much of the "health care" expenditures are really administrative costs, promotional costs, and profits. The article ends with "Getting what we've already paid for", reminding us that even those with no insurance are paying, through taxes, a considerable share of the nation's health care costs. "Recognizing the hidden costs that U.S. households pay for health care today makes it far easier to see how a universal single-payer system - with all of its obvious advantages - can cost most Americans less than the one we have today."

Enjoy the full article on the website: [www.dollarsandsense.org](http://www.dollarsandsense.org), or call them at 617-447-2177.

**We Need Your Help!**

**Health Care for All—Washington**, despite being an all-volunteer organization, relies on membership dues and donations to promote the cause effectively. Please join in helping to make our movement even stronger.

Membership donation \_\_\_ \$35 \_\_\_ \$50 \_\_\_ \$100 \_\_\_ other.    Organization level \_\_\_ \$250 \_\_\_ \$500

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Clip and mail to:

**Health Care For All Washington**

**P.O. Box 30506**

**Seattle, WA 98113**



# No Barriers to Access

*by Larry Kalb, President*

In a speech to the Senate Finance Committee on Monday, Federal Reserve Chairman Ben Bernanke said, "Access to health care is the first major challenge that health care reform must address." No kidding?

What good is quality care if there are financial or physical barriers to it? Today, even if we may have the financial means to pay for premiums, we may not be able to get coverage, leaving us exposed to potentially risking our life's savings in the event that we suffer just one illness. We should never face the specter of indigence resulting from the high price of medical services, forcing foreclosure on our reputation or our future.

Physical barriers such as "pre-existing conditions" should become a thing of the past once we put to rest this ethical conflict of interest: Medicine is a calling, not a business. The anxiety over health insurance eligibility, benefits, deductibles and out-of-pocket expenses should never shape major life decisions or put our health at further risk. We need to trust that our best interests are at heart and not compromised by financial motives. What is at stake is a secure home, a stable livelihood and the protection of our health.

## Health Care for All-Washington

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dba HealthCare 2000, and Washington Single-Payer Action Network

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**Health Care For All-Washington** is a statewide, all-volunteer coalition working to replace the current inadequate health care system with a universal, "single-payer" health care system. We feel that if countries possessing only a fraction of our wealth can have a successful universal health care system, so can we. Among our ranks, you will find patients, health care professionals, youths, seniors, insured, and uninsured.