

## **Testimony for Governor Spitzer's Public Hearing: Increasing Access to Health Insurance Coverage and Moving Toward Universal Healthcare Coverage**

by Judy Sheridan-Gonzalez, RN

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Good afternoon. My name is Judy Sheridan-Gonzalez. I am a Registered Nurse in the busiest Emergency Department in NYC--Montefiore Medical Center in the Bronx, employing approximately 2300 RNs. I am president of our division of the local bargaining unit, represented by the state nurses association, an affiliate of the United American Nurses, AFL-CIO.

The inadequacies of our health care system can be encapsulated in a visit to our ER. Patients without insurance, without primary care, with inadequate coverage or who have run into difficulties with their coverage, all converge in the ER when they have nowhere else to go. In addition, people with so-called "good" insurance fill our gurneys as well, often due to overlong waits for tests and appointments in the primary care system, mix-ups in their attempts to access their plans appropriately, or the failure of the system to follow up properly.

Then there are the patients who have true emergencies who present to us from all sectors of our city because we are an emergency room. We are at the same time the place of last resort for the multitudes of people failed by our system and the place of first resort for those who are stricken suddenly with calamities.

We were not designed to play this role but due to the failure of the current system of care delivery, we have become a lifeline to everyone. We don't turn people away, and I am thankful that, as a community, New York eventually cares for people who have no other alternatives. But at what cost?

We are proud of the work that we do. We utilize our skills, experience, knowledge base, and advanced technology to engage in the collaborative efforts necessary to solve the mysteries that confront us as sets of disjointed symptoms and complaints. We take joy in putting together the pieces and identifying and treating people successfully. When Emergency Departments engage in these acts of saving lives and turning tragedies into victories, they epitomize what's good about health care in this country.

Why? Precisely, because we don't turn people away. When people have true emergencies, we do whatever we have to do to keep them alive. We don't check if they have AETNA or HIP or Blue Cross before we start CPR. We don't call up Gatekeepers to block us as we rush patients with ruptured aneurisms to the OR. In emergencies, we base our decisions on our clinical judgment, not on what the insurance will pay for or approve. When people enter our ER in crisis, our goal is to get them out of danger. We save lives, regardless of insurance status. In a sense, Emergency Departments practice what some critics might call socialized medicine.

But, as our Emergency Rooms become--all too often--the public's only access to health care, they turn into dangerous places. Overcrowding is so frightening at times that we resemble the Convention Center in New Orleans during Hurricane Katrina. People are willing to wait 8, 9 or 10 hours in crowded waiting rooms all night because this is all that exists for them. Patients are packed like sardines, waiting days for beds because our current reimbursement system is designed to reward hospitals overflowing, always at 100% capacity, rather than those with empty beds.

When health care is predicated on multi-payer reimbursement systems, enormous resources and talent are expended on feeding the system, rather than nurturing the patients. I am assuming that others

testifying today will spew out the statistics of waste that our current system generates, as opposed to the efficiency, both economically and in the interests of a healthy population, of a single payer health care system. I understand that New York can only play a role as a state—albeit a powerful one—in waging the battle for this type of humanitarian and rational health care in our country. I urge all the politicians and activists to take this on. As a state, we can begin to model what that type of system can look like. As a people, we have to face the truth: anything else simply doesn't work.

After the movie, *SICK-O* came out, many people asked me—is this true? Surely, these stories are exaggerations, anomalies, theatrics. It reminded me of the conversations I heard from young people after the movie *Schindler's List* was released: did that really happen? How could people be so cruel? Was it really like that? The answer to both is—it is far worse than what you see in the movies. This is why those of us who see the horrors of what this private insurance-based system bring have a moral obligation to tell our stories.

There's the one about the 46 year old man with high blood pressure who started a new job and lost his prescription plan. He couldn't afford his medication and took a break for a few months until his new plan kicked in. He suffered a major stroke as a result, presenting to the ER with his blood pressure through the roof and the permanent loss of his ability to communicate, walk, work, or do the simple things in life. He ended up on Medicaid in a Nursing Home. The financial cost of such an event, financed by all of us, is tremendous. What is the cost in terms of the quality of this gentleman's life—in exchange for a few pills?

Or the young woman suffering from clinical depression whose insurance plan—she was employed--only allowed 24 annual visits. She hit the limit, became despondent, attempted suicide, was resuscitated and then admitted to an acute psychiatric facility (again, with a limited-approval maximum stay). We're sure to see her again, each time more damaged than the previous one. Eventually, she will be incapable of working and will enter the army of disabled citizens that our current health system creates—that is, if her subsequent attempts at suicide are unsuccessful.

I can tell you about the 24 year old woman without health insurance who suffered with abdominal pain, who couldn't get clinic care because you have to pay up front and she didn't have the cash, who went to the emergency room but left when she realized what her bill might cost, before she was seen. A day or two later, she was rushed in an ambulance to the ER, having passed out at home. She had a ruptured ectopic pregnancy—something that could have been diagnosed and treated before it became an emergency. She was fortunate to survive the surgery, but she will never have children and has had multiple complications as a result of her care delay.

How about the 68 year old man with high blood pressure and medicare who decided to cut his pills in half so he could buy enough food for himself and his wife with Alzheimers, for whom he cared at home. He was rushed to the ER with very high blood pressure and a ruptured aortic aneurism. Very poor prognosis. He died in the ICU after many hours in the OR—at a 6 digit cost to taxpayers. His wife was placed in a nursing home. They had been married for 45 years. Just before he lost consciousness, he told us that “she was the light of his life.”

Then there was the woman in her 30's, an educated professional, an entrepreneur, a single mother without health insurance and with a salary too low to afford it on her own. She felt a lump in her breast and made an appointment for a discounted mammogram—a six month wait. She was hoping it was a cyst. By the time she received treatment, waiting quite a while for emergency Medicaid, she discovered she had Stage IV Breast Cancer. It had spread to her lungs, bones and brain. She died less

than a year afterward—a horrible year of suffering and pain--leaving behind a young daughter, orphaned by a system besieged by glitches, bureaucracy and a safety net with a million holes.

There are hundreds of stories of how our system—in New York, notorious for our generosity—fails individuals and families every day. The myths created about long waits and mediocrity in countries with National Health Plans or in single payer systems pale when compared to our current reality of society's own medical malpractice. We cannot continue to place band aid after band aid on a system that requires major surgery. Sure it stops the bleeding for a minute or two—but we have to keep our eye on the prize: a humanitarian system based on a single payer model.

New Yorkers have the energy and the talent to build the framework for such a system. We can create a system where health care is a right—where everyone has access, regardless of financial status. Only a publicly financed health system can guarantee this. We could remove the incentives to over-treat and under-treat. We could write accountability into the system. We could regionalize care, rationalize care, build healthy communities with the emphasis on prevention of illness and health promotion.

Both the public and health care providers would share a common objective: to keep the people and the system healthy. Patients could develop relationships with their providers and collaborate about the best ways to stay healthy or to mitigate illness. We could put a compassionate face on health care—one in which patients become more than medical record numbers or gall bladders, but human beings looking for assistance in living fulfilling lives. We can create a health system that is not about insurance companies, but about people.

I thank you for allowing me to testify.