

November 02, 2007

I am providing this testimony in support of New York State Governor Spitzer's expressed interest in reforming the State's health care delivery system, expanding health insurance coverage in the State, increasing access to health insurance coverage and determining ways that universal coverage can be achieved.

I believe that the only solution to the health care crisis in New York State and for the entire United States is a single payer universal health care program such as the one that Congressman Conyers has proposed. There has been an increase to 47 million uninsured Americans, additionally there are 50 million who are underinsured; and there are additional large numbers of people in this country who are not legal residents without any access to health care.

The time is now to change our inefficient, costly, fragmented, discriminatory by virtue of dramatic disparities, non-system of health care.

The Conyers bill is HR 676, The United States National Health Insurance Act, to ensure that every American, regardless of income, employment status, or race, has access to quality, affordable health care services. Please see Representative Conyers' website for the specifics of this bill which may be substantially instructive to you as well as concrete arguments in support of this @ http://www.house.gov/conyers/news_hr676.htm. Please note that this website anticipates and answers specific philosophical questions about what is included and as to costs, coverage, access and quality of care for all.

I believe it would also be helpful for you to study the concrete proposals of the Physicians for a National Health Plan (PNHP), a group whose membership includes more than 14,000 physicians and many other health care professionals and consumers. Its website is @ <http://www.pnhp.org/>. They are advocates for a single payer national health care program, which can be visualized as Medicare for all.

The Cancer Action Network, the political arm of the American Cancer Society has also outlined important healthcare requirements as you go forward @ http://www.acscan.org/site/News2?page=NewsArticle&id=7131&news_iv_ctrl=1401.

I find the current health care system to be morally and ethically dysfunctional, separate and unequal, filled with disparities based on socio-economic, racial and regional differences; and often from a moral perspective criminal in many respects for those without health insurance, those with intermittent health insurance, non-documented residents as well as those whose insurance where companies don't provide essential health care services.

It should be emphasized that many New York City public hospitals take care of particularly ill patients because they are uninsured and get not get proper preventive care and screening. Thus they use the emergency rooms as their private physicians in crisis and

have no continuity of care or even elemental clinical follow-up. If hospitalization and expensive care is ultimately required the hospitals will take a loss as patients can not pay the bills; or the patients will bankrupt themselves to pay the medical bills.

I have extensive and varied experiences as a health care professional delivering social work services to seriously ill patients and their family's on acute care inpatient services and in both ambulatory care clinic and emergency room settings in a New York City public hospital; as an administrator in pre-hospital emergency services delivery for the New York City public hospital system; as a hospital administrator in various New York City public hospitals; and I owned and ran a small company which provided home IV antibiotic and nutritional therapy services to persons with AIDS, cancer and infections, etc. who would have otherwise required inpatient hospitalization to receive IV therapy.

Academically, I have a Masters in Social Work from the University of Michigan Graduate School of Social Work in 1969. In addition, I have a Masters in Public Health from the University of Pittsburgh Graduate School of Public Health in 1976.

I have formidable experience as a patient myself. I am on a 1st name basis with chronic disease and have suffered from endemic psoriatic arthritis which has impacted virtually all my body joints beginning in 1965; and for which I continue to receive disability pay. I am also intimately familiar with cancer as a multi-cancer fighter/survivor, with my initial malignant melanoma cancer being diagnosed and treated surgically in 1994. In fact my cancer treatment protocols included surgery for each and all of my diagnosed cancers through 2007 including two malignant melanomas, three squamous cell carcinomas, fifteen plus basal cell or pre-basal cell carcinomas and prostate cancer.

I often found it very difficult to obtain university and medical school affiliated specialists who would accept my worker's compensation and subsequently private insurance plans in full. Now that I am a "senior citizen" I find that many clinicians do not accept and are not even enrolled in Medicare as providers.

In addition, I have been a primary caregiver for my two best women friends at different points in my life. Ronnie was diagnosed with Acute Myeloid Leukemia in 1996 at virtually the same moment in time that I was diagnosed with prostate cancer. I went to every physician appointment and test with her and stayed with her a huge amount of time during each hospitalization and chemotherapy regimen. I had hoped that she would be my caregiver; however I was hers before and after my invasive major cancer surgery. Ronnie's experience with cancer was just two years and she passed away @ age 54.

When Ronnie was diagnosed with her acute myeloid leukemia she was employed and had health insurance through her employer; however at a near point in time it was clear that she could never return to work. Because Ronnie was no longer employed she could not afford private commercial insurance; and she did not qualify for Medicaid because she owned a small apartment which she rented out. Ronnie fortunately was able to prevail on her former employer to continue to provide coverage and she reimbursed him for the discounted cost of her excellent health insurance. Only because of the goodness of her employer's heart was Ronnie able to continue with her cancer treatment.

For a short time Ronnie's cancer was in remission; however when it ferociously returned the exclusive available treatment was a bone marrow transplant. I made numerous calls to her insurance company in order to obtain prior authorization and approval for her to be tested by the bone marrow transplant facility out of state. The gatekeeper was a seasoned nurse who had seen and heard it all; however I described my best friend as a human being, mother of three and arranging and orchestrating volunteers for the homeless shelter of a combined church and synagogue shelter that she started to cry. My role as a volunteer patient navigator/advocate was successful and the insurance company approved Ronnie to be evaluated by the bone marrow transplant center ordered by her physician. Subsequently, I advocated with the physician in charge of the center and we were on a 1st name basis within minutes and after all appropriate medical tests were successfully completed Ronnie was found to be eligible and her insurance company paid for it.

My best friend Denyse, a vibrant, energetic and spiritual woman was a psychotherapist and movement person who taught spiritual dance; was diagnosed with virulent breast cancer at age 37 in 2004. I went to every single physician visit, laboratory, imaging and other examinations, surgical procedures, chemotherapy appointments, other clinical treatments, and healing services with her.

When Denyse's metastatic cancer was still localized in her bones and had not progressed to her liver and ovaries yet, she had a consultation at Memorial Sloan-Kettering Cancer Center for which she was considered for a new medication; however it cost more than \$100,000 per year and her insurance coverage was almost used up so she was ineligible.

Prior to Denyse exceeding her \$200,000 life time private insurance policy benefit I helped her apply for New York State Medicaid through the hospital her oncologist was affiliated with. The problem was that her husband who lost his job as a result of September 11th was not working and thus had no employer paid health insurance. The husband had to emasculate himself further by stating that he would not be responsible for paying for Denyse's medical expenses. When Denyse's insurance company finally cut off her benefits, she was uncovered because Medicaid did not yet come into play. I tried hard to advocate for an expedited acceptance of her Medicaid to no avail, even as her metastatic breast cancer was raging out of control because she was not receiving any treatment.

I was not able to jump start Medicaid. The only saving grace was that Denyse's brother had a contact who personally knew some high Medicaid official, who within days was able to get Denyse's Medicaid approved so she could resume treatment. When this happened her private oncologist from the very prestigious medical school affiliated hospital "dumped" her and refused to treat her; even if Medicaid paid for the medications and she would only be responsible for his office visit fee which would have been paid by her almost bankrupt parents. All along her parents were borrowing money and using their credit card to pay for medications and treatments that her private insurance plan did not fully cover.

Fortunately Denyse's Medicaid paid in full for each and all of her pain management physician's prescriptions. This was critical as Denyse's breast cancer metastasized to her liver, ovaries as well as many of her bones.

Denyse's oncologist refused to see her any more because he would not be fully paid so he referred her to Memorial Sloan-Kettering Cancer Center which accepted her Medicaid in full for ambulatory and almost immediate final hospitalization. I stayed with Denyse virtually 24/7 during her two plus weeks nearly end of life hospitalization. Denyse chose my apartment for her Visiting Nurse Service of New York City home hospice care program. During the almost five days she was in my home, her elderly parents, older brother and sister, twin children, husband and friends visited her. Denyse passed away @ age 39 from excruciatingly painful and pernicious metastatic breast cancer leaving her twin 8 year olds and family behind just 2.5 years after diagnosis. Denyse passed away as her sister and I were trying to place an eye dropper of morphine in her mouth under orders from her pain management specialist because her IV pain medication was insufficient.

A take home message is that facilities must provide full time paid staff to function as patient navigators and patient advocates; and a national health insurance program must take these roles into account and provide adequate funding for them.

In view of my personal patient, caregiving as well as professional health care experiences, I became a zealous volunteer cancer patient advocate and US TOO New York prostate cancer support group leader. I also volunteer and am a Legislative Ambassador for the American Cancer Society and my key activity of late is to advocate that the Federal Government adequately fund the National Cancer Institute so that cutting edge cancer research and treatment can go forward. As a volunteer Stakeholder for the American Cancer Society I review scientific grants as a consumer representative along with research scientists and clinicians. I also volunteer as a consumer advocate for the National Cancer Institute's Consumer Activists in Research and Related Activities program.

In conclusion, I am present this day because I want to speak out in support of a single payer universal health insurance plan such as Congressman John Conyers HR 676 bill and the Physicians for a National Health Program plan; and I don't want any others to endure what I, Ronnie and Denyse had to experience in the current health care system. I want all people in the United States to be covered by the Conyers bill.