

I would like to thank Governor Spitzer, as well as the NYS Health Dept., and the NYS Dept. for Insurance for conducting today's hearings. When it recently came to reform of Workers' Compensation, a state health insurance plan that we already have in place, citizens did have not have a chance to speak to the changes needed. So I very much appreciate this opportunity to participate in this discussion of NYS health care reform.

My name is Karen Kenning. I am here today representing a network of chemically injured people from across NYS. There are about a hundred sick and disabled people on my phone tree, and other people across the state have similar networking lists for their areas. We try to help and support each other the best we can. All of us are sick, and all of us struggle without health care that is adequate to, or appropriate for, our disability.

Some of us have become chemically sick from exposures in our homes and communities and schools. Some have become injured from industrial chemicals that migrated off plant sites to affect the surrounding communities and neighborhoods. Some of us had documented workplace exposures, but then found the barriers to WC so high we were rejected by the system. Some of us were too sick to even approach the system. Some of us have been lucky enough to maintain health insurance, but then found that it does not cover chemical injury. As a result, all of us either have been, or will be, forced to rely on the community health care systems, and this is what makes chemical injury relevant today as a community health issue.

In spite of how often we need to use health care systems, we find that very few physicians have any training or clinical experience in chemical injury, and that as a diagnosis, chemical injury is frequently undervalued and mis-diagnosed, which is an expensive way to deal with the growing number of people who are sick with this potentially devastating disease process. In addition to a lack of diagnostic and treatment levels of care, we nearly always also suffer abuse from the helping professionals and institutions as a result of their lack of education. We find that for this disability there effectively is no safety net.

All of the chemically injured I know voted for Governor Spitzer because we believed the Governor has the strong ethical foundation required to address the failures of the state regulatory systems as it relates to the chemicals which end up inside our bodies, and changing our bio-chemistry. We are hoping that he has an underlying sense that laws should be fair to the individual citizens of NYS, and not only to the business community - important as they are. Our group would like to present the Governor with this book on chemical injury, (T. Kern's book "Environmentally Induced Illness") written by a medical ethicist, for his

consideration as he works through the issue of adequate health care for all New Yorkers. I hope he still has time to read these days. I think he will find this book interesting, and I hope useful. I know it is politically easier to look at the more abstract issues of acid rain and disappearing species, but real people in real families ... citizens of New York State, adults and children, are sick and struggling desperately today in our communities without much support. Please, don't leave us out of the reform plan for adequate care. We can tell you what we need, and we know for a fact that there is more good medical care available than insurance carriers are providing. As you make changes, PLEASE, don't leave us without medical care again.

On the question of paying for Universal Health Care, we feel that as primary consumers of health care, we would have more control and input into a system if we paid for it in a more direct manner. We feel we would be better served with one single, community-supported, transparent, source of funding. We feel that the WC system has failed so badly that medical coverage for injured workers should also be included in the Single Payer Health Care System. The Governor's intention to build universal access to health care with a building block approach will depend on the WC system as an essential piece, since the WC system basically covers the entire NYS workforce for eight hours of every employee's day. But, WC is a system of "adversarial medicine", which is a flawed concept for delivering medical care. And it provides no medical oversight or quality control. We feel the current system of litigating medical care as a way of controlling costs to insurance carriers, without regard to adequacy of care, is a fundamental conflict of interests. Litigation that comes ahead of medical care is an expensive practice, and in the end has not served individuals or communities well. We believe that a Single Payer system would translate into greater access to better health care in general, and specifically for our growing group. Additionally, a Single Payer system represents a more ethical and cost effective system of providing for public health.

Shifting the funding for work related medical care away from employers and their insurance carriers will benefit the community in the following ways. It would...

- 1. Return medical decisions to patients and their treating physicians, as opposed to administrators for insurance policy or Administrative Judges. The result would be prompt, adequate choices for care, always cost effective.**
- 2. Make work related injuries and diseases a clear public health issue, and focus attention on prevention. Communities bear both the cost burden of the failed WC system, and the full effects of chemicals that migrate off**

worksites into unrelated homes, churches, schools, and places of business. These are legitimate Public Health responsibilities.

Shifting the source of funding would....

- 3. Change the employer's responsibility from providing medical care to providing absolute prevention. Attention to designing safer work practices and spaces would result in lower medical costs.**
- 4. Provide a system for collecting statistics from physicians. This would support better policy decisions by providing statistics that are independent from insurance carriers. Physicians are ethically required to address quality of care, and their statistics would reflect these community concerns. The information provided by physicians would provide an opportunity for public review and accountability.**
- 5. The shift in funding, combined with better statistics, would clarify the need for physicians to be better educated about the significant contribution of the workplace to disease, and to rising medical costs.**
- 6. Reduce the cost of health care delivery by eliminating the need to litigate, or to administer a medical care bureaucracy under WC, which duplicates the administration of other community health care systems.**
- 7. Provide community support to business and the NYS economy by relieving businesses of the cost of the medical portion of WC.**
- 8. Make the medical industry, and the payment systems, more honest and careful about those chronic diseases that fall in the gray area between work life and private life. I would include the rising rates of cancer, asthma, high blood pressure, sudden massive heart attack, depression, and neurological diseases here, as well as chemical injury. It does not make sense that we can't map diseases of all kinds across NYS, except that it protects employers who use unsafe chemicals, and revenue streams for insurance carriers.**
- 9. And finally, there are crises in community health care that require higher levels of response and responsibility from the community. These include issues like the need for a community response to 9/11, the disruption to our communities from globalization, catastrophic events such as Katrina, and the damage done by increasing numbers of untested chemicals in our environments. Citizens, as individuals, cannot cope with these kinds of large events. But we can come together to deal with them in the wider community. Those of us who are chemically injured would like to speak up to support reform, and a Single Payer Health Care system that covers chemical**

injuries. Thank you for your time and attention.

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Public Hearing
Partnership for Coverage**

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