

“Partners For Coverage” Public Hearing
Onondaga Community College
Syracuse, New York

Statements from Lisa A. Parlato
November 13, 2007

Much has already been written about the estimated 47 million Americans who live without affordable health care, are underinsured, or who are denied claims by their health insurance providers and the subsequent tragedies that befall many of them when they or their families become ill. Through a personal account of my son, Anthony Romero, I hope to provide information that raises other important issues regarding the lack of affordable health care in the United States. Not only is this crisis an issue for the individual, but I believe that it may rapidly become a public health concern as well. I am specifically referring to the area of food handling, restaurant employment and the tourist industry.

My 24-year-old son Anthony, who has given me consent to disseminate his experience, lives and works in Lake Placid, New York, in the tourist industry. He is a single male without dependants, a veteran of the U.S. Army and has been employed in a food handling capacity in a number of restaurants in that area during the last few years. Because he is fully employed and does not have a family, he does not qualify for publicly funded health care and cannot afford private coverage. My understanding is that many facilities in the restaurant industry do not provide health care coverage for their employees, as is true of the establishments where my son has been employed.

In July of this year (2007), my son became ill with a gastrointestinal disorder, which required treatment for dehydration (intravenous fluid replacement) and lab testing at a local hospital. The nearest Veteran’s Administration care facility is hours away and

my son does not have personal transportation. Too ill to utilize public transportation, which is scarce or non-existent in this rural community, he chose instead to be treated at a local hospital. He was later released and billed for \$1448.76. In order to return to his duties handling food, his employer required a medical release from a physician. Having already lost wages and unable to miss another day's work, my son returned to the local hospital and was medically released to return to work at the restaurant. His bill for this service was \$100.23. I contacted the billing office of the hospital and was able to negotiate his bill, whereby the hospital agreed to defer 30% of the charges. I later learned that many hospitals around the country have similar deferral practices.

Based on my son's experience, a number of issues and questions arise:

- 1) Many members of the food handling, restaurant and tourist industry are among the working poor or lower middle class. Many of the businesses attached to this industry do not offer health care insurance nor can afford to do so because they are small establishments. Most employees cannot afford private health insurance. These facts coupled with the prohibitive cost of health care poses a risk to public health when sick employees fail to seek medical treatment because they can neither afford health care nor loss of work. Loss of work may in turn result in loss of employment, which burden communities when these individuals are forced to seek public assistance.
- 2) Noting that a large contingency of workers in the tourist industry includes foreign workers in the United States utilizing valid work visas, questions arise as to whom is responsible for their health care? Is it deducted from their pay or is the employer responsible? Considering current investigations involving the exploitation of foreign workers in certain tourist areas of New York State, might this be another area of abuse?
- 3) How is it that hospitals can afford to "write-off" 30% of a bill? This speaks to the grossly inflated cost of health care, which burdens those most unable to afford it. Might an individual with a prolonged or devastating illness in fact pay more in cash than the individual who pays only premiums and co-payments through employer-based health care programs?

I was diagnosed with a brain tumor in June of this year (2007), and like others fortunate enough to possess medical insurance, I am undergoing treatment at University Hospital in Syracuse, New York. Prior to the biopsy of my tumor (meningioma) on August 6, 2007, I was granted 2 inpatient days for the biopsy and recovery. The day after my surgery, I was due to be discharged to home directly from the Intensive Care Unit. I was told by a number of staff members that a discharge this early for this type of procedure was highly unusual. Having developed complications after surgery, the nursing staff assured me that my complications would indeed qualify me for an adjustment from my insurance provider and that I would be granted a longer in-patient stay. Like millions of others in this country, I live in fear that as I continue to need care, my insurance provider may deny my claims. How ironic, especially after both my former employer, the State of New York, and myself have paid this provider for over 20 years. How have we in the United States come to a point where private enterprise dictates the actions of physicians and the needs of patients?

During my stay at University Hospital, I witnessed extraordinary care from the staff in one of the few public hospitals in Upstate New York. Having served as a U. S. Navy medic and Operating Room Technician from 1976 to 1983, both administering and receiving treatment in the universal health care system of the military, I'd like to believe that I could still identify dedicated patient care administered in the demanding setting of a facility funded by limited public dollars and not private interests. I know that in this modern era of managed care, the average hospital patient is much more ill and has a reduced hospital stay, thus further challenging already arduous nursing care.

This appeared to be evident as I witnessed a multitude of patients from diverse socio-economic and ethnic backgrounds receiving varying levels of care at University Hospital.

I know that University Hospital is struggling to maintain its status as one of the few remaining public health care facilities in Central New York. My own personal experience at this facility has increased my awareness of the burdens endured by community hospitals that serve the medically underinsured or those without medical insurance. As a private citizen, I pledge to support the retention of public health care facilities and the establishment of a universal health care system both ideologically and with my tax dollars. I lament that care for the sick in the United States is being held hostage by capitalistic ventures.

Thank you,

Lisa A. Parlato
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