

Testimony for Governor Spitzer's Hearings on Health Care
Rochester, New York
November 26, 2007

My name is Sr. Beth LeValley. As a result of a Presbyterian and a Lutheran attending Rochester health care meetings, where statistics and the bottom line were the major concern, I was asked to start the Interfaith Health Care Coalition in 2000. Their now realized hope was that the faith community would interject values and people's stories into the public conversations. Building from the legion of stories at the founding of our Coalition, we focused on affordable, accessible, quality health care for all and most especially the under and uninsured.

Justice groups, union reps, and many individuals soon joined us. Over a year ago, the University of Rochester medical and health policy students and a key professor became members. The legions of stories have increased in both number and intensity. Our three faith based health care clinics for the uninsured, also part of our Coalition, initially served the traditionally margined from our city core with a few from elsewhere. For years now they have served residents of Pittsford, Penfield, Perinton, and Hilton, people from the middle class and wealth who have lost jobs and/or insurance.

Our Coalition is concentrating on state health care reform, and so a number of us are at these hearings. I represent our Coalition at the national level on the board of Health Care-Now. At our recent Chicago meeting, we received a funding model for national guaranteed health care for all, sometimes called medicare for all. Coming from that religious community adept at values and stories, I joined the business group to understand better how systemic health care systems problems were impacting small businesses, our local economies, and employees and employers. The impact is great. Two small business owners joined Health Care-Now for selfish reasons – to work toward universal health care coverage to save their businesses but are now convinced of the rightness of this cause. I brought home a draft questionnaire to ask some of our local businesspeople to critique and then hopefully to join the movement.

Those of us involved in health care reform heard Governor Spitzer say an immediate, simple yes to universal health care reform during the campaign. At a local fund raiser in Rochester, I heard him speak of following the Massachusetts plan. Representatives from Massachusetts at our national meeting noted that those who had been uninsured are now insured but the middle class is now being squeezed. I am on the committee to plan a meeting in Massachusetts to hear more about the pros and cons of their plan. We hope that New York State will not precipitously adopt this model until the overall report is completed and has mostly A's.

Members of our Coalition have traveled to Albany first to hear Assemblyman Gottfried speak about his bill establishing an in-depth study for health care options for New York State. The second time was to meet our peer state Coalitions. There are variations on the theme for what these grass roots groups expect for health care reform. Our Coalition's interest is closely related to my newfound interest in data and statistics. We ask that the

vision of Assemblyman Gottfried take its course: an in-depth study of health care options based on unbiased data and a substantive analysis of implications for all residents as well as health care providers.

It seems that eliminating expensive intermediate institutions like the insurance companies as well as billers, coders, and related administrators needed by hospitals, nursing homes, and doctor's offices and clinics to negotiate our most complicated bureaucratic system, would save massive amounts of money. If coverage were universal, people newly entering the health care system for preventive care, thus avoiding emergency room visits and numerous acute care days, would bring cost-efficiencies. Bad debt and charity care would be eliminated. A new look at spending, especially advertising, by pharmaceutical companies and negotiations for bulk purchase of necessary medications would also provide major savings.

I come to these hearings with questions and a hope: Can we share testimonies and come to common ground, finding answers together?

Also,

- 1) How does Assemblyman Gottfried's work on a study of health care options tie in with these hearings and your timeline?
- 2) For years we have heard and may I say -heard and witnessed ad nauseum- about who is in the rooms of state together, those very few making decisions for all. Who now is in the room and who has access to the rooms of decision making on these issues of health care of critical importance to all?
- 3) Assuming that you arrive at serious options for New York State, hopefully a professional, non-politicized study, will you return to us and our respective constituencies as well as your other constituencies before finalizing directions for health care in New York State? And can you get us all together in a very large room?

I have heard good things about the current health department staff: you want genuine reform for the common good. If we work together, you from the state government and our Governor, and we from various local level sectors – if we bring the best of all worlds together, I am sure we can arrive at what is right for New Yorkers as a whole. This cannot be individuated mandates that numerous citizens could not fulfill nor decisions made on the basis of sheer power of money and positional influence.

Bridging worlds is what a good Sister of St. Joseph does. So we need both the personal stories and values along with hard figures and statistics. Mostly, we need to keep connecting so everyone is in and no one is out of - both the decision-making processes and the health care system that should serve us all.

I have this pamphlet for you and a copy of one financial analysis for how a national universal health care program could be funded. I also have questions for all health care plans for all present.

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