

1 **PNHP Letters Workshop 4/6/19**

2 **Prep for Participants – Skimming Letters to the Editor**

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4 Please complete the following before the workshop. Thank you.

5
6 **Skim the openings** of the 12 letters to read. THEN, if you have time, focus on the following
7 questions (use line # for reference if you’re reading electronically):

- 8 • Skim through the openings (and the closings): which grab your attention to keep reading
9 and which don’t? Any observations?
- 10 • Of those that seduce you into reading, what keeps you reading? What sends you away?
11 Observations?
- 12 • After casual perusal, do any “speak” to you? Do any seem “memorable”?

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14 **Twelve Letters**

15 **Skim the Openings for Observations:**

16 What causes you to read A, not B? What keeps you reading C? What’s compelling about D?

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19 **Letter #1: Canadian Therapist (250 words)**

20 As a Canadian therapist, I find American healthcare insane. A common definition of insanity is
21 “doing the same thing over and over again and expecting different results.” Change is the opposite
22 of doing the same thing, but it can be scary. Even when we know rationally that something will be
23 good for us, fear can keep us from getting there. Expanding Medicare to All New Yorkers (New York
24 Health Act) is one such change. Fear-mongering and often disingenuous remarks are uttered to
25 appease major campaign donors. We need our elected representatives to represent us, their
26 constituents, not those who buy their campaign ads. Often, politicians express verbal support
27 unaccompanied by concrete actions. For instance, NY State Senator Marisol Alcantara, who
28 represents my district, maintains her support for the NYHA yet has not acted to advance the
29 process of passing this legislation.

30 As a therapist, I appreciate the challenges of changing how we see the world, but I know that
31 change is possible and worth the struggle. Let us recognize the challenges of bringing universal,
32 comprehensive healthcare and increased well-being to the people of NY state. Let us recognize that
33 those who profit from our current system will scare us into tolerating the status quo again and
34 again. Let us stand firm and tell those running for political office that we are not scared of universal
35 healthcare and that we will not support any office holder or candidate who doesn’t pledge to
36 support the NY Health Act with real actions.

37 **Letter #2: Insurers are huge corporations (150)**

38 My NY Senator doesn’t support the NY Health Act — and that scares me.

39 Another 14,000 New Yorkers are losing health insurance because Northwell is shuttering their
40 health insurance. (Iohud, date).

41 We should all be scared. All these huge corporations — Aetna, Humana, UnitedHealth — claim
42 to be consumer-centric, but the consumers they value insulate them from loss. Like big banks
43 during the financial meltdown, these companies are socializing risk and privatizing profit. The
44 market is working fine for insurance behemoths. It's not working for New Yorkers.

45 Here's the problem: health insurance is about profits — paying for healthcare reduces those
46 profits. Insurance executives are focused on the health of their corporations (i.e., out-sized
47 profits). It's high time we shutter business models that put insurance profit in conflict with public
48 health, real people with real needs for real coverage. Health Care is a public good and we
49 should treat it that way.

50 New Yorkers need the New York Health Act — now.

51 **Letter #3: The LCD is Profit (200)**

52 While there are many problems within our system of health care delivery, they all have one
53 common denominator - the profit motive. Other Western industrialized countries have universal
54 health care programs. Their constituents all receive better health care than we and at a lower
55 cost. We lag behind all other countries in the basic indices of health care performance:
56 longevity, maternal and infant mortality, etc. Note that no two countries have exactly the same
57 program. Some (the Netherlands, for example) have "Conservative" programs, much like our
58 Obamacare. Others (England) have programs that may be appropriately called "Socialized". All
59 countries however share one commonality --- cost is regulated; profit eliminated. Let us consider
60 one small example of the waste in our system, "preauthorization". Many millions of dollars in
61 administrative costs are spent yearly by the requirement of insurance companies to approve
62 requests for service. The process frustrates both physicians and patients. Many requests are
63 rejected, only to have those rejections overturned on appeal. Thus on this process alone we
64 spend millions of dollars to accomplish nothing. No other country wastes money like this.

65 The only reasonable solution is a single payer system, "Medicare for all".

66 **Letter #4: GOP Misinformation (280)**

67 Mr. Dick Tracy's commentary "Socialism is Not Freedom" (Vermont Standard, May 10, 2018) does
68 the usual caveat of those who sanctify the free market and lumps communism, socialism and social
69 democracy" together to conclude that they have "failed everywhere they have been tried." This aptly
70 shows why we cannot let our standards of education fall as they eventually would under Governor
71 Scott's education proposals.

72 If Mr. Tracy had bothered to do the research instead of regurgitating GOP misinformation, he would
73 have known that communism, socialism, and social democracy are quite different from each other. I
74 will give him communism and I have never liked that. Socialism, however, has not failed at all and is
75 alive and well in places where Mr. Tracy would never think to look for it. One of these hideaways, for
76 example, is in the GOP gift to the billionaires, which makes the middle class and the poor subsidize
77 their lifestyle even more than we already have since Ronald Reagan.

78 Social Democracy is also alive and well and has surpassed us in many respects. Social Democracies
79 like Denmark, Germany and Norway (to pick three at random) have vibrant capitalistic economies
80 where there are plenty of consumer goods on the shelves and no such thing as bread lines. What they
81 do, however, is to divide the nation's wealth more evenly among the population so that one class (the
82 capitalists, for example) are not exploiting another class (the laborers). You are not free when you
83 are mired in vast income inequality, poverty, medical debt, student debt, and so on.

84 This is why “if polls are to be believed, a majority of our young people have rejected free market
85 capitalism in favor of one of the alternatives.” This is why Bernie Sanders is so popular among our
86 young people.

87 **Letter #5: Cross-Walking (325)**

88 Under the headline “Insurers Game Medicare System to Boost Federal Bonus Payments,” *The*
89 *Wall Street Journal* (3/11/2018) reported on a practice called “cross walking” where insurance
90 companies routinely shift millions of seniors from lower rated Medicare Advantage Plans into
91 higher rated plans so that insurance companies benefit additional Federal government
92 subsidies. The seniors are led to believe they will get higher value but, in fact, they pay more for
93 no better care — while insurance companies get more of our tax money to augment already
94 record-breaking profits.

95 All the major insurance players participate in this “cross-walking” charade. *The Wall Street*
96 *Journal* gave particular attention to Humana. When Humana got caught “cross-walking”
97 seniors from Medicare plans that pay Humana less to those that give seniors less and pay
98 Humana more, share prices plunged 5% — a \$1.4Billion drop in market capitalization. But
99 share prices recovered completely upon news of increased enrollment in more profitable plans
100 — that is, “cross-walking” 1.27 million seniors.

101 Executive bonuses were safe, but taxpayers and seniors were not. Humana alone netted \$600
102 million from taxpayer coffers this year — to enrich the top 1%, some of the top 20%,
103 and certainly no seniors who will pay more for actuarially less. These plans are, in fact, more
104 expensive for 90% of enrolled seniors — and far more expensive for the taxpayer. “Cross-
105 walking” creates substantial revenues to the insurance companies, basically funding the record-
106 breaking earnings and executive compensation — and making health insurance one of the most
107 profitable sectors in the U.S. Capitalism at its finest? Hardly.

108 The New York Health Act will improve Medicare without squandering tax money, will expand
109 benefits to all New Yorkers, while costing seniors less — rechanneling healthcare dollars for
110 health, not for rapacious corporations. NY Health (NYHCampaign.org) is close to passing,
111 needing only one NY Senator for a majority, having already passed the Assembly repeatedly
112 and overwhelmingly.

113 Our lives. Our money. Call your NY State Senator and Assembly Member. Tell them we want to
114 see passage soon.

115 **Letter #6: Killing Women with Stress (350)**

116 Health insurance is killing us, especially women. Too many of us who have health insurance
117 can’t afford to see a doctor or get care because it costs too much. I’m not yet thirty and yet I
118 have tragic stories.

119 When I had an emergency appendectomy, I didn’t have a choice about getting care. But I also
120 couldn’t afford the bills. Fortunately, my mom helped, but this means I took money she needed,
121 but we didn’t see a choice.

122 Somewhat later, my doctor prescribed medication that my insurer wouldn’t cover. Although I’ve
123 been told that half of all insurance denials are accepted if the doctor and patient persist long
124 enough, my doctor wouldn’t follow up. Since he wouldn’t fight for me there, I put off seeing a
125 specialist who would need prior authorization, which would need my doctor fighting for it, which
126 means my digestive problems are even worse. For-profit insurers intrude into the doctor-patient
127 relationship like this all the time — because every denial puts money in their pockets.

128 I'm young and pretty healthy — so far — but my family has horror stories. My cousin wasn't
129 feeling well but didn't have the money to see a doctor. One day he was dead. It was an
130 undiagnosed heart condition. He didn't have the money to find out, so no one knew.

131 Health insurance is not protecting most of us from financial ruin, and it's not helping our health.
132 My family and our doctors would like to emphasize prevention rather than constantly moving
133 from medical crisis to financial crisis to medical crisis. This won't happen until Americans can
134 see doctors when medical issues are trivial or early — rather than fully developed and in crisis.

135 There is no reason so much financial stress should be added to the heartache and worry of
136 illness. Healthcare is a civic good, like schools and libraries and fire departments. New York
137 Health will offer healthcare that is universal (everybody in, nobody out), comprehensive (all
138 essential care), affordable (no payment at point of service paid by taxes that go up with income),
139 and cost-effective (saving NYS \$45B/year). My family needs it yesterday.

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142 **Letter #7: Correcting Your Editorial (200)**

143 Thank you for your editorial on Healthcare — an urgent issue for voters that's only recently
144 captured the attention of candidates. A few comments.

145 **Lobbying:** The health sector spent \$600M on lobbying last year (3335 lobbyists for 535 Members
146 of Congress), 75% of them opposing single-payer healthcare as an existential threat. Saying "more
147 pharmaceutical lobbyists than lawmakers" misses the scale.

148 Public Citizen calculates Big Pharma spent \$280M lobbying in 2017 — 1300% more than the
149 lobbying expenditure you cite (\$21M).

150 **Medicaid expansion benefits** aren't just about patients covered and dollars spent — 67 rural
151 hospitals have closed since 2013, almost all in non-expansion states (NYT 10/29). Losing maternity
152 wards and trauma centers means job loss, worse health — and unnecessary death.

153 **Polling :** 70% of Americans support Medicare for All according to a Reuters and Ipsos poll (August
154 2018): 85% of Democrats, 52% of Republicans.

155 **Vermont's "running out of money":** the plan involved a flat tax, the wealthy paying the same as the
156 poor, and wasn't universal — ultimately, it wasn't single-payer and didn't save much. Vermont ran
157 out of political will, not money.

158 Americans know our health system is broken. We want a better, more stream-lined, less wasteful
159 healthcare for all. We want single-payer.

160 **Letter #8: The Insurance Calculation Dilemma (385)**

161 Health insurance is a drain with no upside. As a New Yorker who doesn't qualify for a subsidy,
162 the cheapest plan I can find is \$450/month with a \$7,000 deductible. For someone like me, who
163 is basically healthy, such insurance makes seeing the doctor, getting a few labs and a few
164 prescriptions per year extravagantly expensive: an outlay north of \$12,000 per year for less than
165 \$2,000 in value.

166 On the other hand, not having insurance is a constant worry — what if something catastrophic
167 happens and I face bills of \$20,000 or \$50,000? Am I better off paying a king's ransom for
168 years, and watching all that money pay for \$20M salaries to health insurance CEOs? (It only
169 takes 6,000 healthy people like me NOT using my insurance to pay for one CEO salary that
170 big!) Or, should I try to save \$12,000 every year so that if I fall on the ice and break my arm
171 (\$20,000), I can pay? But what if I'm hospitalized (\$50,000) or diagnosed with cancer (\$1M)?

172 Recently I was told I might have glaucoma — about \$2,000/year in medications or \$10,000
173 minimum for eventual surgery. So I signed up for Oscar, hoping it's a false alarm. It is the
174 largest bill I have except rent. It also has a \$7,500 deductible, so if I "only" have glaucoma, it
175 will be a wasted outlay. I got it in case my eye difficulties are worse than glaucoma and might
176 need urgent and terrifying medical treatment.

177 For someone who is healthy and not rich, health insurance feels like a parasite — draining your
178 resources but giving no value, even when possibly serious conditions are diagnosed. For
179 someone who isn't healthy, it may be worse: you can never be certain that the medical
180 treatment you need will be fully covered and, if it's not, you may face financial ruin. A third of us,
181 mostly with insurance, forego medical treatment every year because of cost, while 3-5% are hit
182 with catastrophic medical costs.

183 I'm exhausted from worrying about insurance cost and coverage, rather than focusing on my
184 health, my job, my family. I'm not alone. New York needs NY Health to bring every single one of
185 us comprehensive and affordable coverage — so financial obstacles are removed from care
186 and we can focus on what really matters.

187 **Letter #9: Canada (235)**

188 A “disaster”? Wade Haposki says his Canadian family members suffer because Canadian medical
189 resources are inconsistent (DATE).

190 Then he slams single-payer with anecdotes less vicious than those on Yelp critiquing hospitals in
191 Oneida County: “the world's first do-it-yourself emergency room!!” A second hospital, “waited
192 hours to be seen by a doctor, who only took a 2-second glance at me and proceeded to do nothing.”
193 A third hospital, “Vitals, registration and six hours waiting.” Am I foolish for believing Oneida
194 hospitals give good care?

195 Tommy Douglas, repeatedly voted the “greatest Canadian of all time” introduced single-payer
196 healthcare in Saskatchewan province, providing “proof of concept” so powerfully successful that the
197 rest of Canada followed suit within ten years. Douglas fought to give every Canadian quality
198 healthcare. That means that Canadians, most of whom live in provinces less populated than
199 Montana or South Dakota — some provinces with only 2 or 3 times Oneida County's population but
200 encompassing a half million to a million square miles — enjoy access to premier healthcare at
201 world-class facilities — emergency transport included, however remotely they live.

202 Yes, Saskatchewan had impassioned naysayers spouting frightening rhetoric while Douglas was
203 fighting for single-payer — with predictions as terrifying as opponents to American Medicare,
204 which enrolled 19 million elderly into healthcare in 11 months with no hiccups, even as it also
205 dismantled racial segregation in 2,000 hospitals nationwide.

206 Don't base your vote on anecdotes. Find out more at NYHCampaign.org.

207 Vote for candidates who want New York State to enact legislation that keeps ALL New York
208 residents healthy. In the 22nd district that means supporting Anthony Brandisi.

209 Find out more at NYHCampaign.org.

210 **Letter #10: Maternity (200)**

211 Doctors and patients both suffer from sky-high insurance. NY Health will reduce malpractice
212 premiums better than tort reform.

213 We are the most dangerous country in the developed world for giving birth. Our maternal death
214 rate had a 50% spike between 2000 and 2015 — despite deaths decreasing everywhere else.
215 American mothers are 8 times more likely to die than Finnish mothers, 4 times more likely than
216 Italians or Kuwaitis.

217 Why? Shuttering maternity wards has reduced rural obstetrics practices. Having to drive hours
218 for pre-natal visits reduces care. So do pricey co-pays. When emergencies arise, local ERs —
219 without obstetricians or staff trained for delivery complications — often send distressed mothers
220 on multi-hour ambulance rides.

221 Even with insurance, childbirth is too often unaffordable. Medicaid pays for half of NYS
222 births. It's better than no care, but about like Kazakhstan.

223 NY Health, by eliminating liability for catastrophic or lifetime medical expenses, will reduce
224 actuarial risk (and malpractice premiums) bringing them closer to Canada's — for obstetricians

225 and hospitals. Adding the higher reimbursements paid by NY Health could encourage reopening
226 maternity wards; while removing financial obstacles for patients will increase pre-natal care.

227 NY Health will mean lower malpractice premiums, more neighborly obstetricians — and fewer
228 grieving families.

229 **Letter #11: Our Mouths (210)**

230 Yes, dental care is essential healthcare. And it's expensive. And none of the dental insurance I've
231 ever had has been useable.

232 Missing teeth increase the risk of death — by as much as 30% says the NIH. Severe periodontal
233 disease that goes untreated for 5 years increases the risk of chronic kidney failure four-fold more
234 than those with healthy (American Society of Nephrology) . Does periodontal disease lead to
235 cardiovascular disease? The American Heart Association notes an association. Other studies link
236 gum disease and untreated cavities to strokes, diabetes, and dementia.

237 Americans are dying because of Medicare's gaps and restrictions. Yes, Medicare should cover
238 healthcare for the mouth — without restricting coverage to an "average" patient's needs, not 30-
239 40% of the cost of the cleaning, with nothing for the x-ray, only within highly restrictive networks,
240 and not for dentures. Ditto for no coverage of hearing aids — those with hearing loss are at greater
241 risk of social isolation, increasing dementia, increasing mortality.

242 NY Health (Gottfried/Rivera), Improved Medicare for all (Sanders/Ellison), and other single-payer
243 legislation (in process in two dozen states) ALL include dental care — and vision and hearing —
244 because, as NY Assembly Member Gottfried puts it "teeth, eyes, ears, brain are ALL essential body
245 parts," and good health requires that care be covered without financial obstacles.

246 **Letter #12: Healthy & Young, until not (164)**

247 As a former health care administrator in both for-profit and nonprofit programs, I am appalled
248 by this administration's assertion that "short-term, limited-duration" policies for healthy people
249 are an answer to providing insurance to this group.

250 I would like to hear them tell this to the faces of some of the young "healthy" people I know.

251 People like the 24-year-old who fell down a flight of stairs and ended up in rehab for a year,
252 bankrupting her grandparents; or the numerous women I have seen with unplanned
253 pregnancies and serious complications for mother and child; or the young athlete treated in the
254 emergency room for a life-threatening infection resulting from a minor scrape during a Frisbee
255 game; or my "healthy" teenage son, who developed cancer.

256 Young and healthy does not mean that one might not need the services of an emergency room,
257 prescription drugs, or mental health or preventive care. Surprises will await those people who
258 fall for this snake-oil sales pitch. I pity them.

259 **Letter #Bonus: Impossible? (50)**

260 In the near future Medicare for all will join the heap of other impossible dreams that came true:
261 women's suffrage, Social Security, Medicare, integration and gay marriage.

262 All we need are bold leaders with imagination and a strong grass-roots movement to support
263 them. They are on their way!

264 [published in the NYT this month]