

PASADENA STAR-NEWS
OPINION

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Don't get new system

Representatives of the National Nurse Organizing Committee would want us to believe that a single-payer system is the solution to our nation's health-care challenges (Geri Jenkins, "Lives at stake in health care reform," April 21). In support of this argument, they provide the heart-wrenching story of a fellow nurse who suffered a food-related allergy and required emergency care and hospitalization; and subsequently how her insurance company chose to deny her claim based on it being out of network.

I'm puzzled that this was considered out of network since 9-1-1 was called and the patient was transported by ambulance. Regardless, this is a stunning failure, and it's not the first such event that has been reported, and I believe similar failures of the system will continue to garner attention as the pressure builds to get our state and federal governments to do something about our ailing health-care system.

As one of America's nurses, I am not necessarily in favor of either a single-payer or universal health-care system. Some of us favor fixing the weaknesses within our current system, rather than adopting a system that has its own set of problems. Canada's health system has its own problems, including wait lists that often find patients dying while waiting to receive treatment. Recently, a hospital in Nova Scotia reported that their nurses and physicians were fed up with having to deal with the logistics of caring for patients in a hospital that was continually at 100 percent capacity, while the local government only provided them with a budget that addressed an 80 percent capacity rate.

If Jenkins is horrified at the denial of claim that her friend received from her insurance company, imagine how horrified she might be to discover that in Québec, if a patient procured needed treatment outside their single-payer system, that patient could be fined and receive jail time.

As for me, I still haven't forgotten my two-week stay in Toronto several years ago during a citywide doctor shortage that was so severe it forced the Toronto officials to plead with fellow citizens to not use the emergency rooms, except if in dire need, since many were closed due to lack of doctors, and the few that remained opened were bursting at the seams.

I can assure you that all the Western nations whose health-care plans are touted as better than ours are faced with similar problems.

Two weekends ago, *Le Monde* (a French newspaper) ran on its front page an article about the current crisis in France's health-care system. In short, no system is perfect, and ours is far from a well-oiled machine.

We need to fix the parts of our system that function poorly and bolster

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the parts of our system that function appropriately.

As another nurse suggested, we have to decide — do we just prune back the bad branches of this tree or do we dig up the whole tree?

Geneviève M. Clavreul, RN

PASADENA

Lives at stake in health-care reform

By Geri Jenkins, RN

IF you want to know why health care will continue to be a big issue in November, ask Beth Glover of Glendora.

During a Christmas party at her house last December, Glover, a registered nurse at an area hospital, describes what happened when one of her co-workers, who has a severe peanut allergy, inadvertently tasted a broccoli salad that apparently had been exposed to peanuts and experienced a serious reaction.

It was decided that someone would drive her home, but within minutes she was in grave distress, "turning black in the face, grunting as her airway closed up, and fell unconscious with no respirations.

"We called 9-1-1, pulled her out of the car onto the cold asphalt driveway, and began CPR." Soon, she was taken to a nearby emergency room, intubated and put on a ventilator.

"Within 48 hours, she was weaned off the ventilator, and discharged to home, but because of injuries suffered during the trauma, was out of work for almost two months. She also was having a hard time getting her allergies and asthma under control. One of our allergists gave her a whole lot of 'sample' allergy medications because she can't afford all of her prescriptions. Her son also has allergies, so they 'share medications.' The allergist told us that the medication that she should be on costs tens of thousands per year. So she is not on it.

"Blue Cross is denying her claim for hospitalization and emergency care, because she was 'out of network.' Appar-

GUEST VIEW

ently they believe she should have risen from the dead and driven to a network provider. My friend is appealing her claim, seeking legal assistance, and of course a boatload of angry, politically astute RNs are pulling for her. Blue Cross will probably regret that they harassed this particular single mom who works in a non-profit hospital caring for children with cancer."

This story illustrates what we need to remind the presidential candidates — "having" insurance can provide little protection when you actually have to use it.

Senators Hillary Clinton and Barack Obama both propose comprehensive health-care plans with an array of subsidies and some requirements on insurer. Their primary difference is on who should be required to buy private insurance.

But selling insurance is not "universal health care." Especially when insurers are permitted to continue to charge as much as they want and have no limits on the all too routine practice of denying needed medical treatment because they don't want to spend the money.

Sen. John McCain's plan is the most troublesome, offering little beyond the dismal status quo. McCain proposes tax credits to encourage the uninsured to buy insurance. But once-a-year tax credits are of little help to those already facing financial distress in an imploding economy.

His advocacy of high deductible health savings accounts as an alterna-

tive to expanded coverage will make it harder for the sicker, less wealthy among us, and retirees, to get health care. And his plan to promote the selling of insurance policies "across state lines" — code talk for more deregulation — could eradicate hard-won minimum standards we've placed on insurance carriers in California.

Ultimately, we will all have to recognize that reliance on the insurance industry will not end our health care nightmare. Insurance companies' priority is to guarantee a high rate of return to their shareholders, not making sure you get the care you need.

America's nurses know there is another approach, a single-payer system, sort of an expanded and improved Medicare for all, as in a bill still before the California Legislature, SB 840.

It guarantees everyone has quality health-care coverage and eliminates the waste and bureaucracy reflected in administrative costs of up to 30 percent for private insurers compared to just 3 percent for Medicare.

Perhaps most importantly, it takes decisions about your health out of the hands of insurance companies and their built-in economic incentive to deny care.

It's a system essentially in place in every other Western country, and it works. A January 2008 study by the London School of Hygiene and Tropical Medicine, for example, found the U.S. ranked worst among 19 industrial nations in preventable deaths.

Surely that's the real reform all Americans deserve.

Geri Jenkins, RN is a member of the Council of Presidents of the California Nurses Association/National Nurses Organizing Committee.