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Op-Ed Commentaries

June 27, 2009

Renate Pore

Real health-care reform or bust -- literally

CHARLESTON, W.Va. -- Listen up, West Virginia. The most important debate of the past 50 years will begin in Congress and fill the airwaves this summer. The outcome of the debate will decide if the USA will have an affordable health-care system that rewards efficiency and improves our health. Or if we will continue down an unsustainable road of a wildly inefficient profit-driven health-care system that eats up an ever greater percent of our family budget and our national treasure.

If you doubt that something must be done and done now, consider these stories:

A West Virginia woman with a rare lung disease called me a few years ago. She was sobbing as she told me that she had just lost her health insurance. She and her husband were small business owners in Summers County. For more than a decade she had paid thousands of dollars for an insurance policy for that time when she would need a lung transplant to save her life. She was on a short list for a lung transplant at the University of Virginia when her insurance company decided that doing business in West Virginia was no longer profitable and left the state.

A man in his 50s lost his job and his health-care coverage. For decades he had paid into the system and spent little on medical care. Soon after losing his job and coverage, he had a heart attack and is now deeply in debt.

My sister called me in a panic. She was trying to admit her seriously ill husband to a hospital that was not part of the health-care network covered by her insurance. Before admitting her husband, the hospital insisted she sign a statement that she would be responsible for any charges not covered by the insurance policy. Having had previous encounters with the health-care system, my sister knew it could mean she would lose her house and life savings.

A young waitress without any health coverage contracted an ugly skin rash, which kept her from working. She called a free clinic and was told she would have to wait for three months or more for an appointment. Her health problem was not life threatening, but because of it she was not able to work and lost her income.

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A West Virginian in his late 50s was declared disabled after a lifetime of hard work. No longer able to work at hard labor, he has lost his job and his health coverage. In two years, he will be eligible for Medicare. In the meantime, he and his wife are without coverage and unable to pay for the medical care he needs now. There was a sad resignation in the voice of the woman who told me this story. She seemed to think this was her lot in life and that of hundreds or even thousands of other hard

working West Virginians.

A couple in Charleston wanted to put a second mortgage on their home to finance their daughter's college education only to learn that they were not eligible for such a mortgage because a hospital had a lien on their house as a result of medical bills the couple had

been unable to pay.

I have an uncle in Germany. He and his wife have had a lot of serious health problems including diabetes, heart disease, broken bones and knee surgeries. They have a lot of worries and complaints about their health, but never once have I heard them complain about the cost of care or worry they might lose their house or savings because of health-care costs. Nor have they ever complained about having to wait for a test or procedure or poor quality care. Quite the contrary. They get the best care in the world and Germany is able to deliver that care at about half the cost of our system.

This time around, West Virginia, demand health reform. Don't be fooled by scare tactics and outright lies and distortions of those who want to preserve the status quo for their own interests.

You will hear opponents say that the president is proposing "socialized" medicine because he thinks Americans should be able to buy insurance from a public plan. There's nothing un-American about a public health plan. Medicare is a public plan, and I don't hear too many seniors complain that Medicare is socialized medicine. We have public roads, public sanitation, public parks, public education and all kinds of others services -- organized by and in the public interest -- nothing scary about that.

You will also hear that we just can't afford to insure every American. The reality is that we can't afford not to address this growing inequality.

We are behind the rest of the world in guaranteeing access to health insurance coverage because we believed that private market would guarantee coverage for all. When Medicare and Medicaid were passed in 1965, Congress believed that by taking care of the elderly and the poor, the rest of Americans would be taken care of through a private system supported by employers. In that robust economy, that was a reasonable assumption.

Things are different now. Every year, more and more Americans lose the protection of health insurance coverage. American employers carry a heavier burden for health care than they ever imagined in 1965. Just like public education, public parks, public sanitation and public roads, health care should be available to all. Anything else is unacceptable.

You should also demand that the growth in health-care costs be curtailed. It seems counterintuitive that better health care is less expensive health care. For a variety of reasons, however, it's true. We have a highly inefficient health financing system where efforts to control costs actually increase costs in the administration and payment systems. We have a chaotic medical treatment system with every incentive for duplication and overtreatment. The inefficiency in our medical care system would be unacceptable in any other industry.

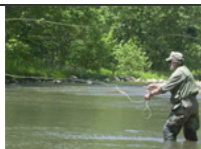
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