

Health Care Is A Right!

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THE WISCONSIN HEALTH CARE REFORM PANEL

Members of the Wisconsin Health Care Reform Panel — who are committed to making the public, all candidates and elected representatives aware of the three health care reform bills before Wisconsin legislative committees in 2006 — speak throughout the state.

No candidate, elected official or citizen should be able to say “there is nothing out there” in the way of serious health care reform.

The proposals differ considerably from each other, but each will reduce the number of individuals in the state who are without health care coverage and can help make more effective use of our excellent health care resources.

Generous Matching Grant Honors Connie Thurlow

We are delighted to announce that friends of the late Connie Thurlow, former Secretary of the Coalition for Wisconsin Health, are honoring her with a grant of \$5,000.

It comes in the form of a “challenge” to individual and organizational members of the Coalition, to **send in donations by the end of December, 2006, with the goal of matching this \$5,000.**

Connie’s friends know about her devotion to the cause of health care for all through her membership in CWH. She would be delighted to see that the issue of health care is once again in the spot-light and that the Coalition is growing in membership and outreach, participating in many educational forums throughout the state. The challenge gift in



her honor comes at a very crucial time. Once again there is hope for real reform. The money will help us support our part-time staff person whose energy and vision is moving us forward.

A quilt made by Connie hangs in our office, evoking warm memories. We think of her often and frequently speak of her commitment to the issue of health care and

her contribution to the success of our meetings in her capacity as Secretary. She offered a wise voice during the many years our organization struggled to keep the flame of health care lit. She was a true supporter of the Coalition, a worker for social justice, and a dear friend to all of us.

Longtime Coalition member Katie Wenban recalls Connie as being very active for about a decade. She produced perfect minutes during her long tenure as Secretary, and often treated us to her oatmeal cookies. She came to meetings without fail and at the last meeting she attended, she took the minutes, sent them out, and passed away before the next meeting. “She was the prime example

Continued on page 2

Forum Format Proving Popular

Health care is becoming a more prominent issue across Wisconsin thanks to a forum format that is being used repeatedly—the “Wisconsin Health Care Reform Panel.” These forums typically include speakers from our Coalition

for Wisconsin Health, the Wisc. Health Project, and Wisc. Citizen Action or organized labor.

This format debuted early this year when Estelle Katz, the Coalition’s immediate past chair, was our spokesperson on a panel at

Plymouth United Church of Christ in Milwaukee and when Rich Bogovich represented CWH on a similar panel at Bethel Lutheran Church in Madison.

The other two plans

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The COALITION FOR WISCONSIN HEALTH is forming a **HEALTH SECURITY NETWORK** that will provide information to individuals and groups throughout the state. We need active members for our network. If you and your friends are interested in working for comprehensive healthcare reform in Wisconsin, please send your name, e-mail address, and State Assembly Representative's name to Herman Holtzman at WiscHealth@aol.com

Become part of the e-mail Health Security Network so we can help you contact your legislative representatives, inform them about our WISC. HEALTH SECURITY ACT and obtain their support for co-sponsorship and passage of our bill.



Jim Kellerman

Grant Honors Connie Thurlow (continued from page 1)

of a loyal and loving member," Katie said, adding that "Connie was known for the clarity of her input and the quality of her suggestions for resolving various problems."

Connie was born in 1919 in Providence, Rhode Island. She graduated Phi Beta Kappa with high honors in history from Brown University. She married Willard Thurlow in 1945 and continued work in history by collating papers of Thomas Jefferson. After moving to Madison she obtained a Master's degree in Social Work and later, having completed studies in Elementary Education, she taught 4th and 5th grades.

Her obituary states, "Connie always showed a

great ability to plan, organize and carry out many activities: raising a family, teaching, and engaging in social service." She helped for 15 years at the Grace Episcopal Church homeless men's shelter, 20 years at the St. Paul's Catholic food program, and 20 years at the Triangle food pantry, in addition to volunteering 500 hours at the UW Hospital. "She was a well-loved member of Bethany United Methodist Church and was on the board of Church and Society of the Methodist Church. She lived to serve others."

Connie and Willard Thurlow had three sons - Tom, software engineer for Motorola in California, Stephen, head of the music

dept. at Marmion Academy in Illinois, and Peter, a Madison surgeon. His father proudly tells of Peter's commitment to providing surgical care to those without insurance.

Connie and Bill always enjoyed visiting with their six grandchildren, now grown. Two grandsons will be starting medical school this year. We hope their time as doctors will benefit from their grandmother's legacy of commitment and action to reform the health care in Wisconsin and the U.S.

Please help us honor Connie by contributing toward matching the \$5000 given in her honor.

Coalition Welcomes New Employee

In the Spring the Coalition for Wisconsin Health welcomed a new part-time employee, Jim Kellerman. He replaces Rich Bogovich, who will continue to volunteer for CWH, including on the newsletter. Rich was CWH's first paid employee in many years, and the Coalition has found that having an employee makes a world

of difference.

Jim had already been active in CWH so he hit the ground running. He was born and raised in Watertown, did undergraduate work in Stevens Point and graduate work in Madison in American History. For about the last 25 years he has worked in various organizations serving the eld-

erly in Stevens Point, Green Bay and Madison in the public and private sector.

Jim thinks we are closer to achieving health care reform than at any time since the failed attempt by the Clinton administration. He will help CWH build grassroots support across the state for single payer universal health care.

Grid Contrasts Major Reform Proposals

We have reported previously on efforts by the Wisconsin publication *Nursingmatters* to educate its readers about major proposals to overhaul Wisconsin's health care system. This has included guest articles by CWH leaders. In a recent issue, *Nursingmatters* offered a new tool to advance

the debate, a document in grid form that contrasts several aspects of the different bills featured at the forums we described on page 1.

For example, what benefits would be provided under each proposal? What might a patient's deductibles and copays be? (As most readers may know, our

Wisc. Health Security Act provides broad benefits for all residents but with no deductibles or copays.)

To obtain a copy of this informative grid, call the Coalition at 608-663-8322 or send a request via e-mail to WiscHealth@aol.com.

Forums (continued from page 1)

being compared to our Wisconsin Health Security Act (2005 Senate Bill 388/ Assembly Bill 807) are the Wisc. Health Plan (2005 AB 1140) and the Wisc. Health Care Partnership Plan (2005 SB 698). The *Nursingmatters* grid described on page 2 of this issue contrasts these three plans.

In recent months these forums have been held in

such places as Black River Falls, Oshkosh, Whitewater, Janesville, Mount Horeb, and Madison.

In Milwaukee, a panel that included Dr. Linda Farley as our spokesperson was broadcast by the local Public Television station as part of their regular "4th St Forum" series. Other CWH speakers have included Dr. Gene Farley, Jim Keller-

man, and Jan Gregoire Coombs. Jan's book *The Rise and Fall of HMOs* was published last year by the UW Press.

This format was most recently used on September 13 during the 21st Annual Women & Poverty Conference in Green Bay and at an event in Eau Claire.

Of course, CWH has continued to welcome solo speaking opportunities. For example, the Coalition's longtime legislative director, Rev. Sue Moline Larson of the Lutheran Office for Public Policy in Wisconsin, made a presentation on June 13 at the annual meeting of the Wisc. United Methodist Federation for Social Action, another CWH member organization. **If you or your group set up a meeting we will come, either as part of a panel or just to talk about our Wisconsin Health Security Act.**



Organizers of Oshkosh's Cover The Uninsured Week forum in May included (L-R) Ann Marshall and LuAnn Bird of the League of Women Voters, lecturer Robin Makar and Associate Dean Andrew Robson of UW-Oshkosh, and Kay Springstroh of the Wisconsin Greens.

Already this year members of the CWH speakers bureau have given more than 45 presentations, 10 at a Wisc. Health Care Reform Panel forum.

Farewell to a Speakers Bureau Leader

The Coalition for Wisconsin Health bids farewell to a leading spokesperson who has returned to her native Australia, Jane Truscott, RN.

Jane's participation in the CWH speakers bureau was highlighted in previous newsletters. In the Summer of 2005, when Jane was living in Eau Claire and had just become active in CWH, she was singled out for very quickly becoming a state-wide advocate of universal health care, including on

Ben Merens' Wisconsin Public Radio show for an hour. In the Fall of 2005 it was noted that Jane served as the CWH speaker at a regional conference of the America Medical Student Association in Milwaukee.

She has been very effective making a case for a Canadian-style healthcare system in part because she lived and worked as a nurse there before moving to the United States.

"I just want you to know that becoming involved with

the health coalition changed the direction of my life," Jane wrote when informing CHW leaders of her departure. "It was the best thing that I have ever been involved with."

Jane said she wishes that she could have done more to advance the cause of health care for all, but another speakers bureau leader, Dr. Gene Farley, said that "Jane did more for CWH and all of us than she realizes. She added a spark from which we all benefited."

Massachusetts *Requires* Insurance

Counties are Giving a Voice to Health Care Reform

Eau Claire, Jackson and La Crosse Counties are giving their citizens a chance to endorse substantial health care reform. They voted to put an advisory referendum on the ballot which asks if the Wisconsin Legislature should enact a plan that will reduce health care costs by at least 15% and guarantee access to affordable coverage for all Wisconsin individuals and families by 2008.

The Dane County Board was expected to vote in September to also add this to the ballot. You can ask your local municipality or county government to do likewise.

If you are interested in taking this action in your locality we are willing to help. Call Jim Kellerman at 608-354-7385.

See www.pnhp.org for analyses of developments at the federal level and in other states.

In our previous issue (Winter) we reported that Maryland's "Fair Share Health Care" law enacted in January made it the first state to require employers with 10,000 workers to spend 8% of their payroll on health care for those workers. Though a federal judge's ruling is blocking this law, states are expected to continue pursuing major reforms in light of federal inaction on the crisis of the uninsured.

Massachusetts became the next state to enact a major reform law, though its approach differs markedly from Maryland's—*both* of which bear little resemblance to CWH's Wisconsin Health Security Act.

Therefore, it isn't surprising that our Coalition's parent organization, Physicians for a National Health Program, has criticized the new Massachusetts law. The remainder of this article are excerpts from a critique by PNHP spokespersons Steffie Woolhandler, MD, MPH and David Himmel-

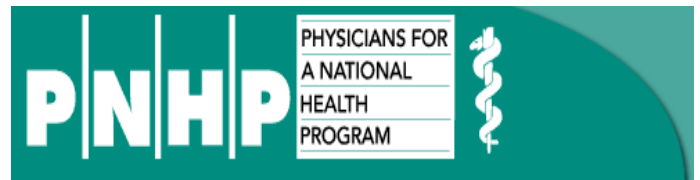
stein, MD on April 5:

[T]he linchpin of the plan is the false assumption that uninsured people will be able to find affordable health plans. A typical group policy in Massachusetts costs about \$4500 annually for an individual and more than \$11,000 for family coverage. A wealthy uninsured person could afford that, but few of the uninsured are wealthy. A 25 year old fitness instructor can find a cheaper plan. But few of the uninsured are young and healthy. According to Census Bureau figures, only 12.4% of the 748,000 uninsured in Massachusetts are both young enough to qualify for low-premium plans (under age 35) and affluent enough (incomes greater than 499% of poverty) to readily afford them. Yet even this 12.4% figure may be too high if

insurers are allowed to charge higher premiums for persons with health problems; only half of uninsured persons in those age and income categories report that they are in excellent health.

The only way to get cheaper plans is to strip down the coverage, boost copayments, deductibles, uncovered services etc. Hence, the requirement that most of the uninsured purchase coverage will either require them to pay money they don't have, or buy nearly worthless stripped down policies that represent coverage in name only.

[Also], the legislation will do nothing to contain the skyrocketing costs of care in Massachusetts, already the highest in the world. Indeed, it gives new infusions of cash to hospitals and private insurers.



Mental Health Parity Update

The 2005-06 legislative session wrapped up with virtually no progress on the health care reform front, and this was true in the specific area of mental health parity despite some optimism early in the session.

"Mental health parity" would mean limiting mental health copays and the like to no more than those charged for other health services, plus treating mental health services equally when determining annual or lifetime

dollar limits, deductibles, out-of-pocket maximums, and stay or visit limits.

Legislation was introduced in both houses that would have taken steps in the right direction by providing a cost of living increase in insurance coverage maximums for mental health benefits.

In December, the Senate version of this measure, 2005 SB 128, was endorsed by the Senate Health Committee on a vote of 5-0

following an amendment to phase in the increase over a period of five years. However, that is as far as SB 128 advanced in the legislative process.

As with our Coalition's Wisconsin Health Security Act, and parity legislation will need to be reintroduced in the 2007-08 session. If the Health Security Act becomes law, parity will be achieved and all residents will receive a wide range of mental health services.

A Student's Story

Julie Robokov

Often when presenting to a group about the importance of publicly funded health care in Wisconsin and in the nation, we ask the audience for a personal story. The following is a summary of the story told by a student in a class at MATC.

Julie Robokov, at age 30 in 1995, had been working in radio for 9 years, felt like she had the flu and woke the next morning unable to see out of one eye. An ophthalmologist ordered an MRI, and reassured her that she didn't have cancer or a tumor, and diagnosed optic neuritis which cleared. In October, 1999, while in school at Northland College she developed some back problems and a neurologist at Marshfield clinic, after an exam and another MRI, diagnosed Multiple Sclerosis, a serious, incurable, and potentially very debilitating disease. At this time she was working and benefiting from good health insurance. By December, 1999, her disease had rapidly progressed and she required a wheel chair.

Her physician, alarmed by her rapid deterioration, prescribed a drug which required injection and her condition improved almost miraculously. However the insurance company refused any payment for her treatment on the basis of "pre-existing illness", that Multiple Sclerosis is an insidious disease and probably started years earlier, before the current insurance was in effect. After one week in the hospital, she owed \$17,000 and

with the very expensive treatment the bill escalated to \$75,000. As she was trying to deal with her serious illness, Julie lost her home, her business (housed on the first floor of her house), and was unable to attend school. Meanwhile the billing department of the hospital and clinic pursued her with calls demanding payment of the bill. Finally Julie had to declare bankruptcy. Over the course of the next three years with many errors in the process, she was approved for social security disability. Medicaid paid the remainder of her debt. She returned to school, attending MATC.

With her indomitable determination she faced further setbacks. In June of this year, she became ill with unexplainable symptoms including bruising, fevers, fatigue. The illness was finally diagnosed as chronic myelogenous leukemia, fortunately treatable with another very expensive drug, but now covered by Medicaid. She discovered that this disease very likely was a side effect of the drug she had been given for her multiple sclerosis.

Julie is now 41 years old, and looking forward to the years ahead. Thanks to the Division of Vocational Rehabilitation she will be attending Edgewood College this year and is pursuing a career in Law with the goal of becoming a Public Defender.

We can draw important lessons from this story. The first illustrates the unfairness and complexity of the private sector of our health care system which is de-



signed to refuse care for serious illness by such means as labeling an illness "pre-existing." The moral of the story seems so simple and logical: If Wisconsin already had enacted a health care bill such as the Wisconsin Health Security Act, Julie would have received the necessary care initially, would not have incurred debt, lost her house or her business and would have been able to spend her time getting on in her life and not trying to figure out how to survive in the system.

And of course, finally, the story tells of the courage, the determination, and the creativity of an individual, Julie Robokov, who moves forward with enthusiasm despite many obstacles.

In California, a "single payer" bill was approved by the legislature Gov. Schwarzenegger vetoed it. However it is felt to be a big step forward.

Coalition for Wisconsin Health

Mission: People first
in health care

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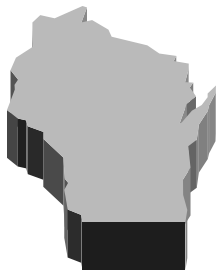
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