

Bring all under health insurance umbrella



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GUEST ESSAYIST

Given the annual commotion about the area's health insurers' rate increases ("Health insurers' rates surge," *Democrat and Chronicle*, Nov. 29), it's time to take a hard look at where the annual ritual of open enrollment takes us.

Our viewpoint — that of a nonprofit facility that offers free medical care and social support to uninsured people — is that year after year, we're dancing a dance of futility. I believe we must take a look at why the United States is the only industrialized nation that does not provide universal health insurance to cover all its citizens.

Right now, the nation is pricing itself out of its ability to care for our citizens.

For most people between ages 19 and 64, health insurance is based on the status of employment. In recent years, however, we've seen layoffs increase, including at Eastman Kodak Co., Delphi and other Rochester corporations. Laid-off employees and their families are left out in the cold. Sometimes they come to Mercy Outreach Center and other facilities that facilitate medical care at no cost.

We now conduct about 5,000 clinical visits a year, both walk-ins and by appointment, up significantly from previous years. We rely on the generosity of physicians, dentists, nurses, chi-



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ropractors and other providers who donate time and expertise to make this happen. Unfortunately, calendars fill up quickly and many uninsured people must be turned away; sometimes they go to emergency departments when all they really need is basic primary care.

Employers large and small are now trying to figure out how they'll pay for all or part of the rising costs of their employees' health insurance. Shift more costs to the employee? Lay people off? (It was recently estimated that General Motors adds \$1,500 to every vehicle it sells just to cover the cost of health insurance for its employees. This cost was one of several factors that led GM to announce its downsizing.) And despite various state-sponsored insurance programs, we still see the number of uninsured rising.

We're told that the rising premiums are prompted by increased use of health care by an aging population as well as the introduction of new medical

equipment and technologies, and the availability of new drugs. We hear these same rationalizations every year. There has to be a better way.

Diabetes, hypertension and other chronic diseases; breast cancer and other crisis conditions; infections and other short-term illnesses; and accidents and emergencies happen to everyone, not just those covered by insurance.

We know that hospitals, health care professionals, drug and equipment manufacturers, and insurers must be financially solid and cannot operate at a deficit. Proponents of universal health care coverage make no claim to the contrary.

Providers, insurers, local and state governments, employers and employees have become quite expert in the microcalculation of rates, premiums, risk, reimbursement, outcomes and all the other factors.

Is there a leader from any of these sectors who can help direct this medical and administrative expertise toward the nobler goal of assuring health care for everyone? From a financial and a moral perspective, it's the right thing to do.

Should universal health care coverage come into being, perhaps it would signal an end to the activities of facilities like ours. Should that day come, I will be happy to close our doors for good. □

Gardner is executive director, Mercy Outreach Center, a ministry of the Sisters of Mercy devoted to providing free medical care.