



If not now, when? Reform talks may slow, but change must come

By Erika Stutzman
Sunday, July 26, 2009

In 2002, this writer spent a workday with local cardiologist Dr. Nelson Trujillo. This is what he said at the time:

Health care -- the care of patients, he said -- "is a complicated business model, and it doesn't make any sense. The customer isn't really the patient, our customers are insurers. They take patients away, they make medical decisions," Trujillo said.

"But the insurance companies have a business plan that does make sense. They save money and make money for their shareholders. And that makes sense."

His group at the time had seven doctors: It took 40 people to run the office, including two full-time staffers who spent 40 hours a week all year long on the phone with insurance companies.

This was almost a decade after the nation's last stab at health care reform died in a whimper. Opponents gleefully danced around its corpse, which they called HillaryCare after architect Hillary Clinton, now U.S. Secretary of State. Scare tactics marked much of the debate: "Harry and Louise" television ads scared the beans out of anyone who watched.

Today, seven years later, a new attempt is already called Obamacare, and we can only imagine that opponents are thrilled that we have a leader whose name ends in a vowel. And who needs Harry and Louise, when you've got the CATO Institute's scary full-page ad in the New York Times front section Thursday: A very menacing Uncle Sam -- from the militaristic "I want you" campaign -- wearing a stethoscope and the giant, end-is-near headline "YOUR NEW DOCTOR?"

How utterly terrifying! Who would go to *him* for a colonoscopy?

The House has made headway, but is splintered on a reform bill that won't add to the deficit, and will add a public option to existing insurance plans. The Senate has signaled that it won't vote on reform before the August recess. These are not bad things: We want a plan that is best for Americans, that will lower health care costs, that will expand coverage to the 47 million Americans who don't have it, and will hopefully allow a handful of doctors to work on patients without an enormous back office for support. If it takes months instead of weeks to get there, that is for the best.

But: We spend 16.5 percent of our Gross Domestic Product on health care. We need a better term, as "care" in America requires more than a \$1 million a day in lobbying by giant pharmaceutical companies. "Care" includes the low, hourly salary to the call-center employee tasked with telling you "no" you're not covered, even though you've been dutifully paying hundreds of dollars a month in premiums for the very coverage you're being denied.

And the costs keep soaring, even as the ranks of the uninsured keep on growing.

Opponents of the present bills take pleasure in the Congressional slowdown, as if stopping -- not slowing -- reform is desirable. Failing to reform our health care industry is not only undesirable, it's unacceptable and unsustainable as well.

-- *Erika Stutzman, for*

the Camera editorial board



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