



**THE HEALTH CARE CRISIS**  
*Letters from Vermont and America*

**United States Senator Bernie Sanders**

*Dear Friend,*

*I sent an email in June to my Senate mailing list requesting support for a single-payer Medicare-for-All system, and for personal stories describing the problems people are having with their health care coverage. Within a few weeks, some 40,000 people signed the single-payer petition and more than 4,000 sent in their personal stories. I want to thank all of those who responded.*

*This booklet, “The Health Care Crisis: Letters from Vermont and America,” makes public some of the letters that we received and, in poignant and heartbreaking terms, describes the pain and outrage that people are experiencing within our dysfunctional health care system. It is my intention to read some of these letters on the floor of the Senate. Every American needs to hear what’s going on with health care in this country.*

*I am sure that you will agree with me that it is unacceptable that:*

- 46 million Americans lack any health insurance and that even more are underinsured.*
- Over 18,000 Americans die every year because they don’t have access to a doctor of their own.*
- One million Americans will go bankrupt this year because of medically-related debt.*
- Despite spending almost twice as much per person we lag far behind many other nations in such health care outcomes as life expectancy, infant mortality and preventable deaths.*
- While we have a major shortage in primary care physicians, nurses and dentists, almost one in every three dollars spent in this country on health care goes for administration, bureaucracy and profiteering.*

*In my view, the fight for universal and comprehensive health care is the civil rights battle of our time. Like the other great struggles in our history that have made us a more democratic and just society, victory will require a strong and united grass-roots movement that is prepared to take on the very powerful and wealthy special interests that benefit from this failing health care system.*

*Sincerely,*

*Bernie Sanders  
United States Senator*



# **The Health Care Crisis**

*Letters from Vermont and America*

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## ***LIFE AND DEATH***

### ***America's Uninsured and Underinsured***

*Forty-six million Americans have no health insurance and more are underinsured. Some of these people become extremely sick because they don't get to a doctor when they should, and some end up in the hospital at great expense to themselves and the system. According to the Institute of Medicine, 20,000 of our fellow Americans die each year because they didn't get timely medical care.*

**– Sen. Bernie Sanders**

**My younger brother, a combat decorated veteran of the Vietnam conflict, died three weeks after being diagnosed with colon cancer.** He was laid off from his job and could not afford COBRA coverage. When he was in enough pain to see a doctor, it was too late. He left a wife and two teenage sons in the prime of his life at 50 years old. The attending doctor said that if he had only sought treatment earlier he would still be alive.

**Jim,  
Swanton, Vt.**

I can tell you a story about a beautiful, intelligent, hard working small business owner who died because she couldn't afford to buy health insurance for her family nor her employees. She was 53 and I will never forgive my county for allowing the greed of the insurance companies to limit her opportunity for preventable health care. **A colonoscopy at 50 would have saved her life.**

**Teresa,  
Eagle, Idaho**

I work with low-income families, and last week a student in my school lost his mother. The family does not have access to quality medical help. The mom was diabetic. She could get into a doctor, but the wait time was immense. She needed to lose money from her paycheck in order to get a prescription filled. She also had to pay for the prescription out of pocket. As a result, she went without checkups and

medicine.... A mother went without her medicine. **A little girl and a little boy will grow up without a mother. This is shameful. Shameful!** I have had enough.

**Dex,  
Bellingham, Wash.**

I need a colonoscopy every five years. This year, I need to do it. My wife needs one too. We are insured by Blue Cross, and these procedures are not covered and beyond what we can afford, so we are not getting them. **It is a bit like Russian roulette, and we know it, but times are tough, and we can't afford it.** We need help because we are under-insured. Please help!

**Brian,  
South Pomfret, Vt.**

My son, 23 years old, is a volunteer fire fighter, part-time EMT and Paramedic. He had to go to the hospital a year ago and he had no insurance. Meanwhile, he has been trying to get a full-time job. So he has had to pay what he can, when he can on his medical bills. **My question is, why a young man who risks his life to save individuals would not be covered at all?** These men and women risk their lives every day. It does not make sense to me that someone who is in this type of occupation would not be covered. It is a shame this country does not take care of these men and women as they should. They are taken for granted... By the way, my son saved a life yesterday.

**Karen,  
Fort Pierce, Fla.**

**My partner has AIDS. We can't afford his prescriptions.** We make too much for any assistance from the AIDS organizations or the state, and our health plan pays only 50 percent of the retail cost. That would be over \$2,000 a month. I have to split my diabetes medicine to make it last because it is too expensive every month. We postpone care because our deductible is so high, and sometimes the care isn't covered anyway.

**Steve,  
South Burlington, Vt.**

My son is 35. Has worked all his life in a well-paid field but always as a "contractor" (used by employers to avoid offering benefits) and has been unable to get health insurance at a reasonable price. **He has been to the ER (heart attack) three times in the last year at a cost of over \$100,000 each time.** He will never be able to buy a house or even a decent car as it will take him 10-20 years to pay this off, providing his health returns.

**Graham,  
Pecos, N.M.**

When I couldn't afford insurance a few years ago, at age 38, I ended up with an infected gallbladder. I'm very healthy, very active, but inherited a faulty organ. I'm now tens of thousands of dollars in debt. **I will never own my own home. I will never have good credit. Not because I shopped too much, or spent beyond my means, but because I almost died in a freak situation when I had no health insurance.** Every day I'm hounded by bill collectors who are threatening and mean, causing that much more stress in my daily life of work, mothering, trying to get by. I don't even have the available money to try and file bankruptcy -- if the current laws would even let me. Once again, the system is set up to reward the wealthy institutions and absolutely destroy citizens.

**Erin,  
Alameda, Calif.**

Recently, when I could afford health care, the cost was \$2,912 per year for my wife and I and that had a \$5,000 deductible with no dental coverage. **Now we cannot even afford dental care because it's too expensive, we just wait until the teeth crack or break and we find a dentist who will pull them instead of getting them fixed.** \$180 per tooth. When we were young we had insurance and raised four children. We have both worked and getting on at 60 with layoffs, economic stresses. We surely need some help, with a single-payer health care program.

**Peter,  
Essex Jct., Vt.**

I am covered by a wonderful government plan – Medicare –, but my son, who is 50, with a master's degree in technology and unemployed for the last 10 months, is finding the cost of health insurance unaffordable. My daughter, who is self-employed, had a bout with cancer 15 years ago. She is paying an astronomical amount for a plan with a very high deductible but she's lucky to have that. **This is nuts in a country like ours.**

**Loren,  
Victoria, Minn.**

**My wife has not been to the doctor's office in over 10 years because she can't afford it.** I get my medical at the VA, because I am a veteran. It is not right for people like my wife to be without health care.

**Kevin,  
Bradford, Vt.**

I wish I did have a story to share about the insurance companies. **But I cannot afford insurance; I am a mother of a disabled child.** He has the medical card and the government does a wonderful job at getting what my son needs, but me the mother of this child who will have to take care of him until the day I die has no insurance because of the income limit for my son to have the government funded medical card.

**Cindy,  
New Iberia, La.**

I followed my dream of starting my own company and being self employed. For many years, however, this meant that I went without health insurance because I could not afford it. With a history of cancer in my family I lived day to day trying not to think of a test I was a year overdue on having. Also, I worried if I said too much at a doctor's appointment or had something diagnosed while I was uninsured that I would be stuck with a pre-existing condition that would prevent me from affordable care when someday I would be able to get insurance. **Late at night I would still have thoughts creep into my head that I was knowingly letting something happen that could kill me and leave my 9-year-old daughter without a father.**

**Scott,  
Fort Wayne, Ind.**

My family and I pray every day that nothing will happen to us medically. We pay for regular doctor visits out of our own pockets, but we only go when we can afford to. I am unable to afford the annual tests that I need for the control of my hypertension. **I do not get tests that are recommended for women my age.** When something really awful happens, we go to the emergency room and then have been unable to pay those exorbitant and outrageous costs.

**Rebecca,  
Okeechobee, Fla.**

We have great health insurance through my wife's employer. My 24 year old daughter has been diagnosed with persistent daily headaches, for which there is no known cure...She has had all the tests and has tried more different drugs than I can count. She is covered under my wife's insurance until she is 25. **Our fear is that in 10 months, when she turns 25, she will become one of the uninsured or underinsured as this will be a pre-existing condition and the meds she is on are expensive.**

**William,  
Milwaukee, Wis.**

I am currently unemployed but even when I was employed, I could not afford insurance for myself let alone my wife and three boys. **I am 49 years old. I haven't been to a doctor in 15 years.** If I get sick...I do over the counter. I've gotten cut and actually sewed up the injury with a needle and thread myself. Sad but true.

**Harold,  
Bristow, Okla.**



# HEALTH INSURANCE GREED

## *Profits Before People*

*The function of a private health insurance is to make as much money as possible. Every dollar not paid out in claims is another dollar made in profits for the company. Insurance companies spend millions to hire people to do everything they can to avoid paying out legitimate claims, denying coverage because of “pre-existing conditions” and terminating coverage because of high medical bills.*

*– Sen. Bernie Sanders*

**I'm active duty military.** I have served in the Air Force for almost 13 years now. I have "government" medical coverage, I may have minor complaints here and there but over all I would say that it's a good system. **Seeing how much money my parents pay for health care makes my blood boil.** I fail to see the difference between the insurance companies and a mugger who holds a gun to your head demanding "your money or your life." On the flip side of that, my sister and her husband who live just outside of Toronto. They have a special needs child and all of their medical needs are taken care of.

**Joshua,  
Danby, Vt.**

**After having breast cancer in 1988, I found it impossible to obtain health care insurance because of a "pre-existing condition".** My husband quit his partnership in a law firm and took a job with a national accounting firm so that I could receive good health coverage.

**Jana,  
Adamant, Vt.**

After an injury I was unemployed, partially disabled and now am broke and mired in medical bills. Bill collectors call every day. My wife and I both have "pre-existing conditions," which in Washington state does not preclude you for getting

insurance, it just makes it expensive beyond belief and has huge deductibles. **Often we are forced to choose between getting her prescriptions and paying a utility.** To renew her prescriptions (every 3 months) we need to go to the doctor and pay him the equivalent of a week and a half worth of our food budget. Likely we will be forced to file bankruptcy because of the medical bills. Three years ago I had a good job, insurance and some money in savings. Now we are broke, riddled with debt and just trying to keep the lights on. At 51, this was not how I envisioned spending my "Golden Years".

**Gareth,  
Lynden, Wash.**

More than 20 years ago my wife, in a routine physical, had a note put on her medical records that she may require a hysterectomy one day. **A month or two after that exam, her health insurance rates began doubling every month and continued until I could not afford her insurance any longer.** That is when I found out what a preexisting condition can do to your health care premiums.

**Larry,  
Nevis, Minn.**

My daughter was diagnosed with type 1 diabetes at age 22, just when she was finishing college and launching into her own life to be self-supporting. Not only was she unable to find a job that included health benefits; she could not make enough to pay the enormous cost of daily care and regular visits to a doctor in order to learn how to control this life threatening condition. As a result she put her expenses for diabetes on her credit care and soon found herself with an unpayable balance of over \$14,000 with over 20 percent interest added. She became depressed and overwhelmed and said to me sadly, "Mom, I know they will never find a cure for diabetes in my lifetime because they make too much money on supplies and treatment."

**Marilyn,  
West Halifax, Vt.**

I had a procedure in 1999 when I had health insurance and the doctors said I would need follow-up care for the rest of my life. **In 2003, when I lost my health care through divorce, I was deemed uninsurable and haven't had the follow-up care**

**I need.** I live paycheck to paycheck, week to week, and there isn't any money for the care I need. When I'm sick I still have to work, there is no waiting list because the time limit for when I can afford to see a doctor is "never." I'm praying for single payer health care so I can see a doctor and have a chance at a long healthy life and see my grandkids grow up.

**Brenda,  
Crestview, Fla.**

I have a child who had to be intensive care for 5 days after his birth. He is fine now. It became my full time job fighting the health insurance company to get them to pay. **I went for a routine physical, which is supposed to be covered under our insurance, and once again I had to fight to get them to pay.** I don't want to go to the doctor because of the cost and the runaround from the insurance company. The 2 boys are covered under Dr. Dynosaur which is a huge blessing! Please pass the universal health care package.

**Beth,  
Windsor, Vt.**

**I worked as a registered nurse in hospitals for 31 years.** I had to retire early due to my health. I cannot get any kind of health insurance because of "pre-existing conditions" thanks to the high blood pressure from a stressful job.

**Susan,  
Pinole, Calif.**

I am self-employed and my wife is chronically ill. Medical insurance is our largest monthly bill -- bigger than food, housing, anything. What's more, our insurer (VT Blue Cross Blue Shield) routinely tries denying payment for services. For example, less than a year ago my wife went for physician-prescribed brain scans at UMass Amherst medical center. She called BCBS before going, explicitly to verify that the tests would be covered; she even got the procedure code number and verified coverage. But when the bill came, BCBS tried to deny coverage for these exact tests. **Eventually, after many wasted hours that were literally painful for my wife, who suffers from chronic fatigue, we squeezed payment out of BCBS.**

**And this is normal.** It is clearly the insurance companies' policy to try denying coverage as often as possible, for any reason or no reason, and then to give in and pay when someone fights back hard enough and long enough. People who are too sick or inexperienced or uneducated to fight that hard get stuck with the bill -- which translates directly into income for the insurer. In a for-profit health care insurance system, this is totally logical. Money is made by denying care, not giving it -- how else?

**Larry,  
Sharon, Vt.**

I lived in Canada for 3 years and found the single-payer system to be wonderful. I live in the states and see a worship of profit, and normal people suffering as a result. **Why are we supporting this whole layer of profit-making insurance companies with our health care dollars?**

**Marilyn,  
Corinth, Vt.**

The experience I had was consulting on a child who had lived at the local Children's Hospital for eight years after she developed spinal meningitis at the age of six months in 2002. Her mother was informed that she could not get a job or the little girl would lose her Medicaid coverage, and no company would give the girl insurance coverage because of her pre-existing condition. **The mother abandoned her in the hospital.** She was cognitively intact when I asked her if the hospital was her home. She assured me that "Nobody lives in a hospital. Everybody goes home someday".

**Maureen,  
Austin, Texas**

My husband had a stroke and the cost of his health care now is appalling. Stroke survivors are also victims of a health care system that cuts them off if progress is slow, as it is for most brain injuries. **Families are left on their own to go bankrupt.** One hopes their money lasts but it is a race to see if the savings will last until death. And money worries add to the stress of the horrible situation. A single payer health system will help cut the costs and stress of those of us burdened with on-going and persistent health issues that our loved ones face. Do something.

**Marla,  
San Mateo, Calif.**

I am paying more than \$3,200 per month for our high deductible family plan - Horizon Blue Cross Blue Shield of NJ. It costs more than I earn and so we have to use our IRA money to pay for it. **My husband left me and is getting a divorce because he is sick of paying "my Cadillac health insurance that has not resulted in me getting any better."**

**Marsha,  
Princeton, N.J.**

I am originally from Canada and see the effects of the American system's failures every day. I've had great care from my employer, but at a direct cost to me and my employer that, combined, is close to ten times what my employer paid on my behalf back in Alberta. **I can't stress enough how the worries about health care in the U.S. shape the everyday lives of Americans and American business in ways that Canadians can't even truly comprehend.** Not having to worry about the financial costs of getting sick or going to your doctor or whether or not you can "afford" to change jobs or start your own business is something Canadians experience without even knowing it. Imagine how much capital would be freed up if companies and individuals didn't spend so much of their money covering the basic costs of health care. This myth about the U.S. having the best or even one of the better health care systems in the world doesn't stand up to scrutiny for even a moment if you've experienced the systems of another country. The US could do much, much better and be an example for the world of how to do things right rather than the prime example of how best to do things horribly ineffectively. I am quite happy living in Vermont, but I know that if anyone in my family got seriously ill we'd quickly be headed back across the border for good.

**Paul,  
South Burlington, Vt.**

Both my husband and I have insurance through our employers. When my husband had to have emergency surgery, we ended up in debt that we have no way to pay because **health care is so expensive that even with insurance, we can't afford it.**

No one should be faced with thousands of dollars in bills when they pay to be insured.

**Marlene,  
Enosburg Falls, Vt.**

I pay \$12,000+ per year for family health care insurance. I have what many would consider good health coverage. We are also a pretty healthy family and don't go to the doctor much or use many of those health care insurance dollars. However, when we do need it, we face a nightmare of double and triple billings for medical services that should be covered. Expenses we are told are not covered or require a new deductible that wasn't present before. **Re-billing and re-billing with the apparent hope we will pay rather than try to figure out the labyrinth billing system.** It has taken us literally years to straighten some bills out with our insurance company. Talk about choice --we are restricted to the doctors "in system". Unless we can get prior approval to see a doctor "out of system" we are out of luck -- it is not covered.

**Peter,  
Lexington, Ky.**

I am 66 and looking at health plans. I still work and insure my husband and myself. **The first thing that slapped me in the face was the \$2,700 cap for prescriptions each.** My husband is on two types of insulin and will eat that up fast. Then I will have to pay for Insulin the rest of the year. I am too frightened to retire! How do people deal with all of this? Why can't Insurance companies work to help people?

**Anne,  
Medford, N.J.**



## ***HEALTH CARE CRISIS IS AN ECONOMIC CRISIS***

*Large and small businesses are finding it harder and harder to pay the soaring costs of health insurance for their employees, and millions of workers choose jobs not because they want them, but because of the health insurance being offered by their employer. Almost one million Americans, most with health insurance, will go bankrupt this year from medically related reasons.*

*– Sen. Bernie Sanders*

**I own and manage a small manufacturing business. Health care is near the top of my concerns and has been for years** - whether it is trying to help employees fight the insurance company to try to get the benefits due, or worrying about whether the company can afford a group plan at all. As you know, the cost of insurance has gone up faster than any other cost and is now a significant part (about 25 percent) of employing someone. The system is broken and needs re-engineering. I would like to see universal coverage decoupled from employment, and ideally a single payer system or at least one with a robust public option. I know you will help.

**Roger,  
Guilford, Vt.**

The sister in law of one of my co-workers is a 42 year old single mom who was just diagnosed with breast cancer which has spread to her brain. She has two young kids and was given 3-6 months to live. **She is insured, but the co-pays and deductibles are so enormous that she is being forced to file for bankruptcy.** Imagine facing death knowing you have 2 young kids. That is bad enough, but add to that financial troubles which have magnified this already horrendous situation. It is a national disgrace.

**Deb,  
Montpelier, Vt.**

Twenty years ago I had a software consulting business that was quite successful. It was a sole proprietorship with a good steady income and a manageable set of

clients. I needed health insurance for my family but my daughter has a genetic defect that potentially might lead to medical expenses. I could not buy insurance for my family. I was willing to pay whatever it might cost but no insurance company would write the policy. **After a year I finally decided I could no longer put my family at risk. I closed my business and took a job with a large company that had a health plan.** How many small businesses close each year because we have no national health system?

**Richard,  
Reno, Nev.**

As an employer of approximately 20 people (in construction), we provide health insurance to our employees. Over 30 years, we have seen annual increases in the premiums we pay that far exceed the rate of inflation. We have looked at every provider option available, as well as higher deductible plans to try to reduce our costs. We are currently with Blue Cross Blue Shield, and **our premiums for families are over \$1,300 per month.** In addition to this cost, employees have co-pays for medicine, doctors and hospital visits. Our plan has devolved to include patient co-pays of \$1,000, and \$2,000 for outpatient and inpatient visits. In addition, Blue Cross has not paid for preventive procedures such as colonoscopies as they are not "medically necessary"! The bottom line is that these costs should not be borne by employers. Most workers in our industry cannot afford health care, and would not carry it on their own.

**Dan,  
Vergennes, Vt.**

I owned a natural foods supermarket in Charlotte, N.C. for 17 years.. From the beginning I felt health care was an essential benefit. I had 50 employees and provided health care to all the full time employees at 100 percent paid by the company and I provided health insurance with no deductibles. In the last few years, costs went up so much that I had to start including deductibles and even having employees pay for their insurance. Unfortunately **we spent so much money on health care – more than we ever made in profit – that I had to close the business in 2008.**

**Marc,  
Charlotte, N.C.**

For 15 years, my wife and I were self-employed as craftsmen, making jewelry for our own business. One of the biggest problems we had to deal with was affording health insurance for ourselves and, later, our son. Now, **we have been forced to abandon this business partially due to insurance costs**, and I do not think that it is possible for us to restart it with the current system of health care.

**Randall,  
Sharon, Vt.**

For years, my husband and I have been trying to get a small family business off the ground, but the need to continue the distraction of demanding jobs so that we can have health insurance for our family, has never allowed us the time and energy to make the business really successful. We always live within our means and can live within a budget, but we know from experience that you cannot budget for a medical emergency. We're too poor to afford private insurance, especially under Alaska's pre-existing conditions laws, but too well off to want to risk losing everything we've worked so hard for. **I thought America was supposed to be about being able to start your own business**, being able to take care of your family.

**Rachel,  
Fairbanks, Alaska**

I will be 65 this year and would like to retire but there is just no way my husband and I can be without insurance. **Almost half of my paycheck goes to pay for this insurance, from a job that pays under \$23,000 a year.** The average man and woman of America need help. I have worked all my life and have paid into social security and Medicare for many years. Why can't I retire in peace with the knowledge that when we need medical coverage the most, and have paid for it, we will have it?

**Nancy,  
West Burke, Vt.**

My son is a self employed building contractor. He has no health insurance because his income exceeds the requirement for affordable insurance in New York, the state in which he resides. **He cannot afford to be sick and he is an accident away from**

**being unable to continue as a contributing member of society because he might be unable to pay for treatment.** In the USA in 2009 this is just wrong.

**Pauline,  
Milton, Vt.**

As a healthy 64-year-old unemployed female, I have tried to secure coverage as an individual. The cost is prohibitive, and I have no guarantee that I would be covered, even if the insurance company initially accepted my premiums. Until I am Medicare eligible, **I live on the knife-edge of luck, hoping to avoid bankruptcy by not getting ill or being in an accident.**

**Lianne,  
Cannon Beach, Ore.**

**I have had to leave a perfectly good job at a very small company in my senior years because my employer could not afford health insurance.** At 58 I decided I could no longer afford the luxury of a job without benefits. I had to "start over" at entry level (vacation, seniority etc...) at a new job all because I knew that as I approached 60, I could no longer play Russian Roulette with my health care benefits. I lived under the Canadian plan for eight years and my sister and her family live there now. I never once worried that health issues would bankrupt me. Here in the USA where we supposedly have the "best" health care in the world, I cannot afford the "best"!

**Anne,  
Northfield, Vt.**

**As a small business owner, I feel it is unfair for businesses to bear the burden of providing health care for their employees.** This should be a national responsibility, which is why I am in favor of a single payer system. With the cost of health care insurance premiums going up every year anywhere from 10-20 percent, it makes the cost of doing business higher and higher, with little or no profit to spare. I think Obama is compromising too much on this, and I'd like to know how he is helping the small business owner. By the way, we have 35 employees, which might not be considered such a small business.

**Barbara,  
Manchester, Vt.**

**My wife died of cancer in 1989, leaving me with over \$100,000 in medical bills.** My insurance company refused to pay them, stating that the chemotherapy she was receiving was experimental. I appealed it to OPM, but they upheld the insurance company's denial ... five years of litigation exhausted the insurance benefits, so I was left to pay the bills. I would not declare bankruptcy, even though my family doctor and lawyer recommended it. I had a great job, but I spent years paying off the medical bills.

**Jim,  
Neosho, Mo.**

I'm a self-employed computer programmer. **The only reason I could start my own business is that I get insurance through my wife's employment.** I know a number of people who would like to start their own businesses but can't afford to buy health insurance. A person's health risk is not correlated with the size of their employer, but the insurance industry stifles innovation by skewing the cost of insurance.

**Steve,  
Fairfax, Vt.**

Twenty plus years ago my wife and two partners started a new company and wanted to offer health insurance to all employees. They were rejected because they were all over 50. **That is called cherry picking, and cherry picking was not invented by the people or the government, it was invented by the insurance industry.** Vermont outlawed that practice years ago, but other states still allow it. We are all ONE group, we should be insured as ONE group and share the benefits and responsibilities together.

**Malcolm,  
Marlboro, Vt.**

## ***HEALTH PROFESSIONALS WANT A CHANGE***

*Tens of thousands of doctors support a single-payer health care system, as well as the largest nurses unions in the country. These health care professionals do so not just because they are outraged by the lack of coverage Americans experience, but because they are sick and tired of wasting their valuable time arguing with insurance bureaucrats about how they will treat their patients.*

*– Sen. Bernie Sanders*

It is inexcusable that over 30 percent of our health care dollar is wasted on bureaucracy. It is tragic and wrong that over 20,000 Americans die each year and many more are injured and bankrupted because they lack insurance. **It is infuriating to have our hands tied by insurance companies, to have to jump through hoops to get what we know our patients need.** No wonder the number of new primary care physicians is plummeting! We waste huge amounts of time getting approval for routine medications and treatment, leaving us much less time to actually see patients! It is infuriating to have to play "Mother, May I?" with bureaucrats to get basic, necessary care authorized. If we want our health care system to survive, we have to get rid of insurance companies and let the clinicians practice medicine!

**Dr. Susan,  
Colchester, Vt.**

I treated a self-employed hard-working father of three. He jumped from a front end loader to avoid a fatal injury. He had bilateral lower extremity fractures, requiring surgery. **He was crying. I asked if he needed more pain meds. "No I don't have health insurance now I will lose my home."** I have been a health care provider for 23 years, a physician assistant for 20 years prior to attending medical school. I am now a resident physician in emergency medicine and a graduate student in an MPH program. The solution is simple let's stop kidding ourselves. Fifteen percent of the gross domestic product could buy a lot of health care for EVERYONE. Instead the money goes to the share holders of publicly-traded health insurance companies, and



pharmaceutical companies. I am tired of making medical decisions based on the profit motives of an insurance company. **I want to treat patients not fill out insurance forms.** I want to be able to refer my patients in the emergency department to a primary care provider they can afford to see and get to see in a timely fashion. If all the reviewers and administrators employed for the sole purpose of denying care were retrained to provide care or support services there would be plenty of health care providers. In a market driven system the goal is to make a profit not improve health until we change the goal we will not improve the health of the citizens of this country. Everyone deserves decent health care.

**Dr. Ellen,  
Stony Brook, N.Y.**

I want to relate my positive experience with Medicare as a health care provider. **I saw a number of patients who were Medicare recipients and I had no trouble with billing and receipts.** In contrast, working with private insurance companies involved more work, filling in review forms, justifying treatment to their staff, and often having to re-bill for services. Top that with the difference in overhead costs, both to me and to Medicare and the insurance provider, the government-run payment system was much more satisfactory.

**Dr. Marc,  
Starksboro, Vt.**

I am a family physician in Chicago who quit over this issue of the health insurance companies controlling our health care four years ago. **I just could not stand it any longer to be told over and over where, when and whether I could send my patients for care or not. I had fights with the bean counters every day, every day! It was just ruining my love for caring for my patients!!!** Also it got more and more desperate for my patients, who were not able to afford their medications or their co-pays or their deductibles. I ended up sending many of my patients out of the system where I worked to the county hospital just so they could afford their health care and medications.

**Dr. Laura,  
Chicago, Ill.**

No question, just a statement. I am a physician and I cannot continue to practice with the current insurance system. **I am spending up to two hours a day on the**

phone or writing to insurance companies for prior authorizations for medications or services.

**Dr. Roberta.**

**North Bennington, Vt.**

I practiced medicine for 35 years in Calif. and watched with dread as fee-for-service was swallowed up by HMO's. During fee-for-service days we doctors would donate at least one morning or afternoon clinic to take care of indigent patients. The problems now are too complicated and huge for that to work. **Now we MUST have basic medical care for all citizens as all the other civilized countries have. The insurance companies with at least a 35 percent overhead and unbelievable CEO compensations are raping our country.**

**Dr. Arthur,**

**Jacksonville, Ore.**

**I have been a family physician for over 30 years.** During that time I have watched us spending more and more time dealing with insurance denials and pre-authorizations from all the private insurance carriers. However, those covered under Medicare have never been denied coverage for a test or procedure I have ordered. In my opinion, health care reform is most simply expressed by just three words: Medicare covers everyone. Thank you, Bernie, for moving us toward this important goal.

**Dr. Richard,**

**Charlotte, Vt.**

Every time I speak I hear heart-breaking, gut-wrenching stories. I hear about the people who die or are dying, because they did not get or cannot get health care - such as the Kentuckian who finally took his own life because he had been bankrupted to pay for his cancer treatment, and he couldn't face more treatment and expenses, even though he was in remission. **He is among the 22,000 that die in this country every year because they can't get health care.** I am embarrassed for the United States of America.

**Dr. Garrett,**

**Louisville, Ky.**

**I have been an emergency physician for 30 years, and see the results of our current system every day I work.** As the number of patients with little or no insurance grows, I am fascinated by the contrast between the public debate as it occurs in newspapers and other media, and the private anguish experienced by our patients. Sure, we can take care of their emergency, and admit them to the hospital if needed. But for those patients who need definitive, non-urgent care, they exist in a medical purgatory... When medical care is desired, there is no line for our elected officials, our regulatory bodies, and our well-insured pundits. I wonder how much this affects the public debate on health care reform. If they felt only a small portion of the desperation we see every day in the hearts of our patients, the debate on health care reform would have long ago been finished and put to sleep.

**Dr. Asa,  
Saint James, N.Y.**

**I'm a physician and I'm tired of doing wallet biopsies on my patients who need care and are denied it by our broken system.** The only way this country can afford universal coverage is via the publicly funded, privately delivered system you propose.

**Dr. Wayne,  
Keyser, W.V.**

I am a Canadian-trained psychiatrist, and **when I compare my experiences as a physician in Canada with what I have observed here in the U.S. I am profoundly disturbed and saddened.** In this country those who are sickest and most in need get the fewest resources. My program has been moved to smaller and smaller quarters and has been forced to function with less staff while serving more and sicker patients. Even the two dollar co-pay for medication at our facility is a hardship for some and prevents patients from filling their prescriptions and thus getting needed care. We need a rational, equitable system that is publicly accountable and provides for the needs of all. Single payer is the only cost effective way to extend health care to the whole U.S. population.

**Karen,  
Decatur, Ga.**

**As a mental health counselor I have seen people put through the wringer emotionally when they have an injury at work.** They suddenly become a pariah at work. The company they work for tries to paint them as malingerers. If we had a single-payer system then workers could at least have access to care while the lawyers fight over compensation for disability. It would decrease workers comp insurance costs.

**Bert,  
South Burlington, Vt.**

I work in community mental health where most of our clients are on Medicaid. If it were not for that system, these often very ill people would not be getting help. However, as I consider moving into private practice, I am very concerned about the folks who do not have top-notch insurance plans and do not have Medicaid and therefore can absolutely not afford mental health services. **Is it in the interest of our society to allow these folks to fall through the cracks?** In my opinion, that's a no-brainer.

**Wendy,  
Seattle, Wash.**

**I am a registered nurse in Burlington and yet even I don't get the necessary health care that I need because I can't really afford it.** My work at the Visiting Nurse Assoc. gives me an MVP insurance plan that has a yearly \$2,000 deductible before they start pitching in. This is basically useless unless I'm hospitalized.

**Dana,  
Burlington, Vt.**

I have been a health care lawyer for 30 years working with physicians and hospitals on regulatory and contract matters. The administrative costs and time they spend on billing all the insurance companies and dealing with denied claims and coordination of coverage is extremely wasteful. **This time and money could be better spent providing health care.**

**Nancy,  
Philadelphia, Pa.**

My husband is a neurologist and specializes in treating Multiple Sclerosis. For about a year now, he's been telling me of patients who are taking only half or less of their essential medications for controlling MS because they cannot afford even the co-payments. Also, he is involved in many international drug trials for MS treatment. We have grown accustomed to telling docs from other countries - Germany, England, Canada, Israel and many more - of the horrors and hurdles U.S. citizens face in trying to obtain that most essential need for themselves and their children: medical care. Are we not striving for LIFE, liberty and the pursuit of happiness? **What does "life" mean if not food, shelter, and health?**

**Adine,  
Williston, Vt.**