WE WON'T BE PACIFIED UNTIL OUR **BROKEN** HEALTHCARE SYSTEM **IS FIXED!**

MOTHERS KNOW BEST:

MomsRising members share their personal healthcare stories.

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Recently, we asked our over a million MomsRising members to share their personal stories in order to educate our leaders and the public about how the current healthcare system is failing to meet the needs of children and families. The response we got was overwhelming. In the following pages, you will find hundreds of stories from MomsRising members across the U.S., in their own words, and straight from the heart.

Frankly, too often the stories and needs of mothers and children are ignored. But when we ignore them, we all lose out. As you'll read, these stories are not only testimonies to the courage of mothers and fathers, but also provide valuable real life lessons about the shortcomings of our nation's healthcare system.

Listen to Nancy in Florida, mother of three and a cancer survivor, who lost her job and now cannot pay for the potentially lifesaving test to determine whether she is in remission or not. Or Elizabeth in Michigan whose husband works for one of the Chrysler dealerships that just got "the letter" and fears bankruptcy because of continuing medical problems due to meningitis and encephalitis. Or Renee from Ohio who runs a small family business and has a beautiful 5 year old boy with hydrocephalus who needs a shunt to drain fluid down from his brain to his belly, and is without healthcare because no insurance company will insure him.

Listen to their voices because they are the voices that will lead us to a new and healthier America. Heed the best advice you ever learned from your mom: "Mothers know best."

Kristin Rowe-Finkbeiner
Executive Director
MomsRising.org

P.S. Below is an index of stories by state. These moms and dads are an invaluable resource. If you would like to meet with them or get more information about their stories, please contact us at healthcare@momsrising.org. They are eager to share their firsthand healthcare experiences.

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Personal Healthcare Stories from MomsRising Members

TEN THAT TELL THE STORY

Lakresha (AR)

When my husband wanted to start his own business the our first concern was health care. Not will it succeed, do we have enough capital, etc? We were on pins and needles waiting to get approved for health insurance through a broker after a number of companies said there is no way I would be covered because I had heart surgery at the age of 3, 31 years ago. The fact that I take no medications or have since had no complications didn't matter any of the companies I spoke with in Arkansas because the state allows insurance companies to deny coverage.

We did get coverage at $300 a month with a $6000 annual deductible with no maternity care. At this point we have not considered expanding our family because we don't have maternity coverage. We only send our son for preventative care because we are basically paying for everything ourselves. And health care is the largest expense my husband and our family face.

How is this working? We know preventative care is the most affordable way to reduce health care costs and yet many don't use it at all. We also know that we need a strong younger generation to hold up the older generations, but many like our family are reducing family size because of health care costs. And finally we know that small businesses are a driving force in the economy, but many are being squeezed out of this option by health insurance companies refusing coverage, or benefits and from the huge costs of self insuring.

Connie (AZ)

I have MS and live in fear of not being able to make an insurance payment. If I miss one I could have my insurance completely revoked, then trying to renew with any insurance company, my payments would be astronomical, due to a preexisting illness. If I were to get sick, unable to work – I am a self employed muralist – how can I make the money to even cover my health insurance? Talk about "stress," for an illness that is largely inflamed by stress. These are pretty sad statements for citizens of the wealthiest country in the world to make.

7 OUT OF 10

working-age women have no insurance, are underinsured, or are in debt because of medical bills.

S. D. Rustgi, M. M. Doty, and S. R. Collins, Women at Risk: Why Many Women Are Foregoing Needed Health Care, The Commonwealth Fund, May 2009.

Jane (CA)

I am about to be laid off from my job which provides healthcare for my family. I can't afford COBRA because it's over $1000 a month. It's a joke - who can be unemployed and afford that?? I also have a pre-existing condition and I NEED insurance. I've been at my job for 21 years. This is a huge shock. How can I take care of my family? As anyone can see, there are many, many of us for whom the system is not working. Please help!!

Nancy (FL)

I'm 46 and married and have 3 kids, and never had to worry about health care until I lost my job. My husband is self-employed and he and I both have pre-existing conditions (I'm a cancer survivor) that make it impossible for us to find private insurance. We bought it for our three kids, but it's expensive and the loopholes and deductibles are so crazy, sometimes it feels as if we're not paying for anything, really. Next year it's time for my cancer scan, to make sure I'm still in remission. I can't get it. I also can't afford all but the most critical drugs to keep myself alive. I also worry that myself or my husband will be in a car accident. Trying to private pay a hospital bill would destroy our family.

If Congress doesn't stand up to the insurance companies and find a workable option for American families, the world will keep turning. But good people like me, and my husband, and millions of others, will just suffer ill health and die sooner than we might have, leaving our children orphans. I'm not being overly dramatic here. It really is a life or death issue for me, and millions like me.

Elizabeth (MI)

My husband works for one of the Chrysler dealerships that got "the letter". After 11.5 years he's being laid off June 9th without so much as two weeks severance. After his ten year anniversary, our healthcare, as bad as it is, was being paid by his employer. Now, his employer is cutting out dental as of June, so with COBRA we can

get our menial healthcare, but no dental. Also, when we lose the $700 a month income from the employer paid premiums, we will lose our house.

I have been in and out of the hospital since March of 2008. I have had three surgeries, meningitis and encephalitis, and am looking at a fourth. I have to see a pain specialist on a regular basis and I have to have epidural injections and sciatic rhizotomies done. We owe thousands in medical bills and will probably be facing bankruptcy within the year because of them. In the "wealthiest" country in the world this should not be allowed to happen.

Jamie (MS)

Last fall, my husband thought he may be having a heart attack. It was late at night and the only care available was the ER. My husband struggled with whether or not to go to the ER because he didn't want to have to pay our $500 dollar deductible plus our co-pay at the ER, if it turned out he was not having a heart attack. This is a sad state of affairs.

> "My husband and I have skipped yearly exams and have stayed home and suffered when we were sick because we simply can't afford additional doctor's bills."
>
> *Kari, North Carolina*

Kari (NC)

My husband and I are self-employed and institution-hired teachers, and we each work around 50 hours a week. We are conscientious consumers, and we make enough money to hold down a reasonable mortgage and feed and clothe ourselves and our 3-year-old son. Both of our cars are paid off and over 15 years old. We cannot afford a full coverage health plan. We've been paying $180 per month for several years for a health plan that only covers catastrophic illness or injury. When I had a bicycle accident last fall and broke my jaw, we accrued medical debt of about $2,000. All of that will eventually come out of our pockets, because the catastrophic health plan has a $5,000 deductible. That plan was all we could afford, and we've just cancelled it.

If we had saved the amount of the premium for those years instead of paying for a plan that has never covered our needs, we would have had more than enough to pay for my ambulance and hospital bills last fall. My husband and I have skipped yearly exams and have stayed home

and suffered when we were sick, because we simply can't afford additional doctor's bills. We'd love to have health insurance, but it's a luxury we simply can't afford.

Renee (OH)

I have a 5-year-old little boy with hydrocephalus. He has a shunt that drains the fluid from his brain down to his belly. With that said, he is a healthy, smart, and extremely happy little boy. Our neurosurgeon says he is truly "best case scenario" – very healthy! However, no insurance company will take us... no quote, no interest in looking at his medical charts, nothing!!! So we are left with truly no options for healthcare unless my husband or I close down one of our small businesses and go to work for corporate America...how much does that suck! So much for the American Dream!

Monica (PA)

I lost my job and therefore my benefits a few months ago. Fortunately unemployment has enabled us to avoid dipping into our savings to pay our regular bills. But there is no way we can afford a $,1200 monthly COBRA payment. My husband is self-employed. We found an insurance plan for a little less, but you get no well-visits for the first 12 months! I have two toddlers. So none of their vaccines would be covered. Pennsylvania has CHIP. We're very thankful for that. But in order to be eligible for CHIP, you need to be uninsured for a full 6 months prior to application. That's quite a gamble. We're truly in a fix about what to do here.

When insurance is as much as a mortgage payment, something is terribly, terribly wrong! I know there will always be the haves and the have-nots. I have no romantic notions that we'll all rise and prosper. But I do believe that healthcare and education should be considered inalienable rights for every citizen of this country. And that quality in both is of benefit to every class of people.

Sylvia (WA)

Both myself and my husband worked for the same company. Last October our company was bought out and dissolved, thus laying off all the employees. We lost not only insurance coverage on ourselves but our two children, ages 3 and 13. We are now both receiving unemployment benefits and are paying for insurance for the family. However, we only opted for medical, a scaled down version of what we previously had and we are risking ourselves by not having vision or dental coverage. We can't afford Cobra, even with the supplement from the stimulus money. To pay for a family of 4 on Cobra, would still take too much money from our already stressed unemployment funds. We need help.

A recent survey by the National Women's Law Center found that the **vast majority** of individual market health **insurance policies did not cover maternity care.**

National Women's Law Center. Nowhere to Turn: How the Individual Health InsuranceMarket Fails Women, 2008.

STORIES BY STATE

ALABAMA

Cheryl (AL)

Having health insurance is no guarantee of having health care. Even if you have good insurance that will actually pay for needed care, the copays and deductibles can be overwhelming. A few years ago, I needed a series of tests. Although I didn't need any operations or other aggressive treatment, the copays and deductibles for tests & medicine totaled over $6000.

Shirley (AL)

In 1985 I was a stay at home Mom with 4 children. My husband went on Disability (OWCP) and I had to go to work just to have insurance. In these days you cannot afford to not have insurance. There has to be something Congress can do to make it more affordable. When my BC/BS pays the doctors and hospitals, they take about a fourth of what is charged, but when you do not have insurance they charge the patient the full amount. My daughter was charged $1,500 for a procedure that my husband had and BC/BS just paid $450 for his. Please make sure that everyone has access to affordable insurance.

Kyesha (AL)

I have an HSA (Health Savings Account) at my current job. It is basically a program where you save money every month in to an account to pay healthcare costs. There is a plan attached to it that pays "preventative" care and that's it. My employer doesn't offer any other type of healthcare. I realized how horrible this health insurance is (if you can call it that) when my daughter had a horrible accident last August. When I called this insurance company I was told that the HSA doesn't cover "accidents". What kind of health insurance doesn't cover accidents???? We are now thousands of dollars in debt and still having to pay hundreds into this insurance every month! We need HEALTH CARE REFORM NOW FOR OUR CHILDREN!

ARKANSAS

Roxane (AR)

I am widow with 3 grandsons. Get this health care fixed and stop entertaining yourselves with tax (my money). Become accountable, moral, trustworthy and clean up America's flaw to take care of its own. Time is running out, and we DO watch and we DO vote. Surprise us – do something really worthwhile!

Holly (AR)

As a Nurse I see what the lack of a decent healthcare system has brought about in this country. We would have less of a financial drain on the Medicare system if this country had a quality healthcare system to cover ALL ages!

Rachael (AR)

When my husband began working for his company 6 years ago, it cost us $200 to have our first child. Now, with our third child on the way we have a deductible of $3,500 with all payments out of pocket until then. Even after we meet our deductible we pay 20% coinsurance. And our premiums have more than doubled!!! My children are no longer insured since they are healthy and we could no longer afford it. We are hoping to get them on state insurance when they become eligible. Hopefully nothing horrible will happen in the next 3 months!!

Lakresha (AR)

When my husband wanted to start his own business, our first concern was health care. Not will it succeed, do we have enough capital, etc? We were on pins and needles waiting to get approved for health

insurance through a broker after a number of companies said there is no way I would be covered because I had heart surgery at the age of 3, 31 years ago. The fact that I take no medications or have since had no complications didn't matter to any of the companies I spoke with in Arkansas because the state allows insurance companies to deny coverage.

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How is this working? We know preventative care is the most affordable way to reduce health care costs and yet many don't use it at all. We also know that we need a strong younger generation to hold up the older generations, but many like our family are reducing family size because of health care costs. And finally we know that small businesses are a driving force in the economy, but many are being squeezed out of this option by health insurance companies refusing coverage, or benefits and from the huge costs of self insuring.

ARIZONA

Carol Anne (AZ)

I had to quit paying for health insurance for my husband and myself last December. The money just wasn't available for the premiums – it was a choice between eating and having health insurance. Now, we are 49 and a 64 years old, with no health coverage whatsoever.

Chris (AZ)

As a senior who gets Social Security and Medicare, I can't comprehend people who call national health care socialism, because if that's socialism so is Medicare and Medicaid and those systems work well. My wife who is a heart patient and I see doctors of our choice and receive timely and excellent care while my youngest son who goes to college while he works as a waiter has no health care at all. We try to help him as much as we can but we realize that, god forbid, a major illness hits him or he requires hospitalization we will not be able to afford to pay for him and this is a scarey thought for any parent.

A recent study showed that **62%** of **bankruptcies** filed in 2007 were **linked to medical expenses**. Of those who filed for bankruptcy in 2007, nearly **80%** had **health insurance** that proved **inadequate** when illness or injury struck.

Himmelstein, D.U., et al., "Medical Bankruptcy in the United States, 2007: Results of a National Study," The American Journal of Medicine, June 2009.

Celeste (AZ)

I'm a stay-at-home mom. I forego health care coverage so my kids can have it through my husband's job. We can't afford to pay.

Connie (AZ)

I have MS and live in fear of not being able to make an insurance payment. If I miss one I could have my insurance completely revoked, then trying to renew with any insurance company, my payments would be astronomical, due to a preexisting illness. If I were to get sick, unable to work – I am a self employed muralist – how can I make the money to even cover my health insurance? Talk about "stress," for an illness that is largely inflamed by stress. These are pretty sad statements for citizens of the wealthiest country in the world to make.

Laurel (AZ)

My district, Marana Unified School District in Arizona, is facing a $13 million dollar shortfall for next year. We're laying off about 10% of the work force. People who aren't RIFed are facing forced furlough programs and reductions in health care insurance. Since I already pay over $300 per month out-of-pocket for insurance for my daughter and me, it's hard to imagine how they will continue to offer insurance benefits if they rip anything else out. I'm grateful for the job. But if it won't pay the bills, keep food on the table, or protect my family from crippling health costs, I'm not sure I can continue to serve my community through teaching.

Mary (AZ)

It is time to have all Americans covered under good health insurance – not just the poor and the illegal aliens. (Emergency services – we pay for all the babies born here illegally and always have.) It is well past

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the time that our taxes go to our needs for health care coverage, the middle income that really have nothing in health care coverage and if you do, the premiums, co-payments and deductibles are ridiculous high. And perhaps managed care is the culprit for rising costs? As it creates a middle man to health care coverage? Cut out the middle man and costs should be lower? Would seem something to explore.

I am a highly educated woman who has had years of experience working with managed care, Medicaid, Medicare.

Linda (AZ)

Hello, and Thank You For your unconditional consistency to make the world a better place for all of us. Not just women and children, but for the entire family unit and those they also have to help take care of. I raised my daughter on my own since she was two years old, and had many moments where I wasn't sure if I would be able to get the proper care for her. She is now a beautiful young woman. I still love reading your messages and try to help as often as possible to pass on the words of wisdom.

I BELIEVE your efforts are making a huge difference and I truly hope we will see the progress being made sooner than later. Thank YOU!

Theresa (AZ)

HMO health coverage options have pretty much dropped off the list when it comes time to choosing which health plan works for you. My company no longer offers HMO's, we have PPO coverage left to choose from. Maybe others can afford to pay a high deductible and then 20% of the cost to see a physician or lab work, hospital, etc. I am not one that is fortunate enough to cover these costs. We need better health coverage options that are affordable for the people that have low to mid salaries.

CALIFORNIA

Susan (CA)

I had a colonoscopy when I had no insurance – cost was $4,000 for a one hour procedure!!! I am still paying for this outrageous cost 2 years later. This is crazy – it needs to be included for all folks over 50.

Erica (CA)

Recently I quit my job in order to attend school full time. I currently do not have any health insurance. I tried to obtain some type of insurance but simply cannot afford it.

My mother, who is a diabetic, lost her insurance because her Cobra coverage expired. She recently became extremely sick and went to a state clinic to obtain medical treatment. The clinic informed her that they could not service her since she was over the age of 60. After much persistence for my mother to be treated by a doctor, the clinic informed my mother "you can be seen but just this one time". When she was seen it was by a nurse and they sent her home stating that it was just a cold. My sister, sensing that something was wrong, took her to hospital. At the hospital the doctor informed her that she had bronchitis and needed medication.

This type of healthcare service is unacceptable in the United States. No matter what, each and every per-

son living in the U.S. should have the right to health insurance. No one should be turned away because of their age, having a pre-existing condition, or any other matter. Health insurance is quite expensive and many simply cannot afford it. There needs to be some type of plan to cover each and every person living in the U.S. Focusing more on preventative health care rather than speciality care will help immensely. Having better food choices such as a fruit and vegetable market in every corner rather than a fast food restaurant. And more programs to educate the public on healthy eating habits. The uninsured are hard working Americans who simply cannot afford the cost of healthcare and whom have pre-existing conditions and are denied the right to health insurance. Please take into account our comments and do not dismiss this serious issue. Where there is a will, there is a way.

April (CA)

I did not have dental insurance for over 10 years and I'm paying for it now. Even WITH insurance, I have an outstanding bill of nearly $1,300! We all know that regular dental check-ups are necessary, but they're simply not viable for many people. My own children did not have dental care until they were 3 and 6 because I did not have insurance. I still feel guilty about that, and am merely thankful that I am able to provide them with it now.

Theresa (CA)

We own/operate a small business and are horrified at how much our health insurance costs have climbed! We had to choose between making our house payment or paying our health insurance. We chose to keep a roof over our heads. Now, like so many, we are one hospital visit away from bankruptcy. Americans deserve better! Demand healthcare for all! To Hell with the insurance industry.

Frederick (CA)

I am on Social Security Disability. It is my only source of income and benefits. I receive Medicare because of my disabilities. This economic downturn has cost me the coverage I had with Medical for my portion of Part B Medicare. I now have no medical insurance coverage under Part B. I could not afford to assume the nearly $100 out of pocket that the continued coverage would have cost me.

> "We had to choose between making our house payment or paying our health insurance. We chose to keep a roof over our heads."
>
> *Theresa, California*

Laurens (CA)

What Health Care Coverage? I can't even go to the V.A. without bankrupting myself.

Jennifer (CA)

Recently, I took my adult son to the ER. There was a single non-English speaking mother with her young son who clearly had a broken arm – they did not have insurance. There was a mother with her young daughter who had a sports related back injury – they did have insurance. The young boy was cold, tired, in pain and offered nothing to comfort him. The young girl was given two pillows and a large warmed blanket and updates as to the type of care and how long to wait, etc.

Using my broken Spanish, I requested treatment information as the Hispanic mother didn't understand that she needed to wait for an orthopedist and was preparing to leave very much confused and requested a blanket and pillow for the boy. To be treated differently in healthcare today, especially in emergent situations? We must push for equal opportunities for healthcare with NO barriers.

Letty (CA)

Something must be done to make healthcare affordable in the U.S. My daughter just cancelled her medical coverage with Blue Cross so that she can afford to make her school loan payments. How sad is it that we're in America and we can't provide adequate care. This is sickening to me.

Claire and Walter (CA)

Our out-of-pocket expenses, after Medicare and our secondary insurance paid the bulk of it, were over $90,000 in 2007. The figures for 2008 were just as alarming. How long can we keep this up? We Americans do not have a health care "system." We have health care chaos with the alternatives of excellent care for those who have access to and can afford good insurance or no health care at all. Our seniors are facing difficulty finding a physician that will accept them, because Medicare does not pay adequately in high cost areas. An internist in our area earns less than many plumbers. I have lived for many years in Europe, where everyone has access to care. If Germany has had universal health insurance since 1870, why can't we manage to insure every American in the second millennium?

Jane (CA)

I am about to be laid off from my job which provides healthcare for my

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family. I can't afford COBRA because it's over $1,000 a month. It's a joke – who can be unemployed and afford that?? I also have a pre-existing condition and I NEED insurance. I've been at my job for 21 years. This is a huge shock. How can I take care of my family? As anyone can see, there are many, many of us for whom the system is not working. Please help!!

April (CA)

Although we currently have insurance through my husband's employer, too many times we've been without. It was only because we had no insurance when my daughter was born and had to go to the NICU, that we scraped together money every month to get my children insurance during my husband's freelance days. I didn't want to be without again. My daughter was later diagnosed with Type 1 Diabetes. I can't even imagine what would have happened if we still had no insurance.

Over the years, no matter how poor we were, we continued to pay her insurance, oftentimes borrowing money in order to do so and going without for us and my other kids. I'm so afraid of losing our group plan (a valid fear considering that education funding is still being diminished and contract negotiations typically center around cutting our insurance), that we still pay her private insurance, though the costs rise every year; if we lost our group insurance, my daughter would be uncoverable due to her pre-existing condition. In addition, the costs of her insulin and test strips are astronomical. We spend over a thousand dollars per year on supplies necessary to sustain her life. How do the uninsured get their life-saving supplies?

Sophia (CA)

Through my work I have insurance coverage for me, my 3-year-old son and my husband. The premiums keep rising. The deductible keep rising. The co-pay keeps rising for treatment and medications. Oddly, the care continues to decrease. Hmmm? In May I will see another increase in my premiums. I am already paying nearly $1,300 per month for our coverage! Soon I will be paying my employer to work for him just so I can have health care for my family. American families, American individuals! All Americans need and deserve affordable, quality health care NOW!

Nancy (CA)

My employer pays for my healthcare, and it costs them over $400 per month for each employee (but not for my husband or child). But I know that of every $400 paid to the private insurer for healthcare, only $50, at most, goes to my doctor. This is absurd. Under a single payer plan, my employer and I might pay slightly more taxes, but my employer would save a ton on money – and the quality of care would probably not change a bit. Affordable coverage could only help my employer and maybe even allow it to give me a raise.

Michelle (CA)

Our adult daughter lost her job last year; we've been paying COBRA till she finds another job. Its almost $700.00 every month, not including the co-pays. Its just out of control costs. Other countries have managed to work out solutions. But it seems in America, fear mongers have halted any progress. My hope is that a solution can be found.

Serena (CA)

I spent the day of my 60th birthday party in the ER. It took 5 hours just to get out of the front waiting area. I was having heart palpitations and dizziness. They wanted to keep me overnight – after finding nothing except arrhythmia – to monitor me but I opted to leave against doctors' orders and signed the form to relinquish them of liability because I couldn't afford it.

I eat well, work out 3 times a week, and have done everything to stay healthy including annual exams paid for out of pocket. I have no insurance because I have been staying home (and working from there) with my disabled son who had 4 years of treatment for leukemia. He is covered by his father's insurance. My client base has dwindled and the downturn has seen clients lose jobs, cut back, and move elsewhere. There are no part-time jobs as a hairdresser because everyone else is in the same boat.

I have no idea what a CT scan, x-ray, bloodwork, etc. will cost, but I will be paying for it for a long time given my situation. Twelve hours at an ER for tests is awful. The place was packed. I had to pay a sitter to watch my son. Now I can't afford the stress test they want me to have. No wonder I have stress! Hard working people should not be forced to ignore symptoms until they are really sick in a country like this.

Ian (CA)

GRIEF Health cuts bring many sneezes. Health cuts spread bad diseases manana, tomorrow another day, For now, don't bother, let's just play. Diseases cause us ills and death. Without our pills we lose our breath. Infections are free for everyone. There's no one around that they shun. Equality for all do they portray. They're Constitutional every day. Untreated a child falls deathly sick and a baby lies mute without a kick. But they're just numbers on a paper, ignored as health care we gladly taper. We must not tax the very rich or they'll be in such a snitch. They need their yachts and their planes, their holiday trips and their party games We must not really spoil their pleasure, or disturb their worldly leisure. So let's not worry about health care, or what's right or really fair. "We can't afford to treat the sick". "The economy" gives us an answer slick. Manana, manana, another day. The

undertakers will get their way! Grieving mothers and fathers will say: "We had no help for we couldn't pay."

Marilyn (CA)

My husband and I are both currently unemployed and our insurance cost us about $1,200 a month with a $3,000 deductible. I have not gone to the doctor in over a year because I can't afford the out-of -pocket costs. I resent paying this much for junk insurance. Fortunately, both of us have been very healthy and have not needed to use our healthcare. We are using more and more of our retirement money every month on this ridiculously priced healthcare. (We are 58 and 61.) At this rate we will have no money left for our actual retirement. The help in Obama's stimulus plan will not affect us, as we have been unemployed too long. Healthcare needs to be changed, and I prefer single payer and preventative care.

Sharyn (CA)

I am approaching 60, and have taken care of others my entire life. Now that I need help, there is no one. I have a small one-person landscaping business, and cannot afford health insurance, no matter how hard I try. I went back to school to try to change careers and be a highly productive member of society, and during that time, I purchased health insurance within my student group. I had to stop school when the economy plunged, and I lost almost all my clients. Last summer, I had to have a colonoscopy to find the origins of rectal bleeding. This was during the tail end of my insurance. I had a polyp removed, but still have the bleeding.

At this point, I have no insurance, and must fear going to the bathroom, should I see the bright red tell-tale of danger to come. There is nothing I can do, but wait for health care reform. I can only hope it comes in time.

Cherie (CA)

I have been paying Blue Shield more than $385.00 per month for myself; my two sons, $325.00 per month, and we barely used it. When it comes to a check-up or visit we end up paying the deductible, co-payment, and on and on. So I discounted it all together. This is not fear. We must put end to all those insurance rip offs. Please, we need to have a reasonable amount of insurance without all those unreasonable deductibles and hidden fine print.

Heidi (CA)

It is sad that so many people go without healthcare because they cannot afford it and no one is willing to make it happen. My mother hasn't had any health care for quite some time now, along with my mother in law and it's time that people don't go without... The rich are feeding the rich and forgetting about the little people and it's unfair!!

Skye (CA)

I had a bout with cancer and a mental disability. I am concerned about health insurance policies that exclude people with pre-existing conditions.

Even after the implementation of the Children's Health Insurance Program (CHIPRA), at least **5 million children** are expected to remain **uninsured.**

Children's Defense Fund, Give Voice to Children in the Health Care Debate, http://www.childrensdefense.org/helping-americas-children/childrens-health/health-coverage-for-all-children-campaign/give-a-voice-to-children-in-health-care-debate.html

Sue-Anne (CA)

Coming from Australia where we have public health coverage for all under our government-funded Medicare system, I am appalled that a country like the U.S. is allowing so many of its citizens to live in third-world conditions when it comes to health care provisions.

Surely, as one of the still wealthiest countries in the world, we can provide a better system for those who cannot afford to support themselves. How many women, men and children are suffering because they cannot get basic health care and just put up with being sick or not visiting the dentist because they cannot afford to pay the outrageous costs of medical care here if they cannot afford health insurance? Let alone emergency care!

The Government readily finds funds for War but cannot find the funds to fix problems for its own people.

Thanks to those who put this petition together. Let's show that we the people still have a conscience and as tax payers can unite and demand that the elected Government find a solution to providing what should be a basic right today: cost effective healthcare for all, especially those who can least afford it.

Anne (CA)

Everyone should have health care, no questions asked about income.

I'm one of the lucky ones to have healthcare, but even with a good salary, I can only afford an HMO, which seems to care more about cost than health. My 12 year old son has had migraines since he was 8, now increased to 2 times a week.

They are debilitating to him, yet every time I ask for an MRI to be sure there is no tumor or other organic problem the HMO denies it. It shouldn't be this hard to get good care, especially for children! I agree that in a country this wealthy it's disgusting that so many people are denied care, or pay for sub-standard care dictated by the big business HMOs who are dictating what doctors can recommend.

Patricia (CA)

The people of this country have been demanding affordable health care reform since Harry Truman was President. It has been effectively stopped by lobbyists for greedy insurance companies ever since. I personally know 2 sales reps who worked for Cigna who made over $1.5 million in commissions for selling health coverage to corporations. This is obscene.

We need universal health care for every citizen of this country. It is long overdue and I personally will actively campaign against any legislator, State and Federal who will not help out the citizens of this country.

We will throw Senators, Congresspersons out of office who do not respond favorably to this all important subject. IT'S TIME.

Kari (CA)

It always astounds me that people are willing to advocate for children and not their adult caregivers. Children do not exist in a vacuum. They are members of families who care for and love them. All family members must have real access to high quality health care so that they may be healthy enough to tend to the health of children. Just my two cents.

Deborah (CA)

As long as I was working, my medical bills were paid. Now that I receive unemployment I have to pay a share of cost – $397 per month. That is half of my income and I have medical issues. My doctors don't understand that and I don't either.

Tooth decay is the most common chronic illness affecting children, causing kids to **miss 51 million school hours** every year and increasing their risk for serious health threats like diabetes, and heart and lung disease.

Children with dependable health coverage through CHIP and Medicaid are about 50% more likely to have at least one dentist visit in a year than uninsured kids.

Dental Coverage and Care For Low-Income Children: The Role Of Medicaid And SCHIP, The Kaiser Commission on Medicaid and the Uninsured, July 2008. Accessed at http://www.kff.org/medicaid/upload/7681-02.pdf.

Susan (CA)

The "doughnut hole" is a travesty! Basically, it precipitated my mother's death. When she hit the hole her financial reserves were quickly depleted. I had to move her from a board-and-care home where she was content to a nursing home even though she was capable of taking care of herself. Feeling her life as an independent adult was over, she made a conscious decision to stop eating and ended her life within three months.

Amy (CA)

I was laid of 12/26/08. I am on unemployment and now have the best insurance I've ever had for my children through the Healthy Families program. I find it absolutely ridiculous that when I worked 50 hours a week at the job that I went to college to get a degree for, I had the worst healthcare even though I had private insurance. Now that I'm on the government's dime my kids have $5 copays and their medicine is free. I am still looking for work and the unemployment will run out eventually, but I'm starting to see why so many "slackers" suck off the welfare program. It's easier and you have better health coverage! Laziness should not be rewarded! Those with full time jobs should have, at the very least, as good or better health care than those who don't work.

Jayne (CA)

Why do we need Health Care Reform? Let me count the ways!

Actually, I'm not much of a typist and so, I'll mention only two.

1.) In 1991, I found myself (previously a stay-at-home wife and mother) divorced and raising my two sons alone.

I reluctantly turned to the state of California (of which I am a native) and the only thing they could do was to offer my sons Medi-Cal. The main problem with that was no physicians or dentists in our area would accept it. Not even the family dentist whose practice my parents had poured thousands of dollars into – what with five children and three adults (our Grandma lived with us).

No insurance meant all medical care was out-of-pocket. Needless to say that I held my breath whenever when they went out to play.

2.) Fast-forward seventeen years – I am self-employed and business is flourishing. I decide to quit my second job (there, for the health insurance) because I am actually losing money by not buying my own insurance.

I find it easy (albeit expensive) to insure myself but no company will insure my healthy and athletic nineteen year old son because he once took medicine to clear up his skin. Imagine, a teenager with pimples – how unusual.

Stressed out and frightened, I immediately put him on COBRA. Instead of paying $84 dollars per month, I have to pay $271 per month. He's still on COBRA because a period of twelve months (and one day) must pass since his last prescription.

By the way, I reached out to our California government leader and received a nice template letter in reply. Our existence has always been hand-to-mouth and because of that, I cannot relate to the people who are complaining about the current economic recession. Quite frankly, our lives are the same as always.

I have two words in regards to our (we ALL need to help) efforts at Health Care Reform: God Speed.

Jeanne (CA)

We've got to start at the BEGINNING – with the way we birth!

Every country that provides universal prenatal/maternity care has a LOWER infant mortality rate than the U.S. In those countries, 75% of those births are attended by midwives – mostly in homes or birth centers. In the U.S. only 4% are attended by midwives.

The average cost of a midwife attended birth is about $1,200 whereas the average cost of a physician attended hospital birth is about $4,200. And we know that nearly 1/3 of births attended by physicians end in major abdominal surgery upping the monetary, health and emotional costs tremendously.

If the U.S. used the midwifery model of care, it would save about 8.5 billion dollars annually.

By using the midwifery model of care, the cesarean rate would drop to the safest rate recommended by the World Health Organization and the U.S. Healthy People 2010, saving another 1.5 billion dollars annually.

Sarah (CA)

I fell and broke my glasses a year or so ago. I have Advantage Plus through Kaiser HMO. My coverage paid the complete cost of the new glasses, $231. However, if my vision changes or I break my glasses again I am completely responsible unless it is 3 years since they were covered. I have minimal dental coverage and hearing aid coverage. I am hard of hearing and my hearing aids cost me $3,750 a few years ago. My coverage pays a very minimal amount. I am 90 years old and could not afford to replace anything at this time. So I hope I do not need anything replaced.

Abigail (CA)

I believe in public health, and I'm proud to say I've benefited from having access to it as a student at a public university in the U.S. as an American student in Canada and as a self-employed low-income mom in California. Both of my children were born at San Francisco General Hospital under the excellent care of certified nurse midwives and without drugs or other interventions (though these were readily available at the request of myself or my midwife) just the way I wanted it. Since their births, they and I have received great care at SFGH's Family Health Center. As a wage-earner on Kaiser before I had kids I had 10-minute appointments with doctors I didn't know who always wanted to prescribe drugs I didn't want to take (sometimes because it was cheaper than physical therapy, for instance).

I know countless mothers who felt their rights and choices in childbirth were taken away from them because of restrictions imposed by their insurance. I pay low co-pays and premiums for our public health plan, and it's the best health care I've ever received. When everyone has access to health care, everyone is healthier. What are people afraid of?

Barbara (CA)

For those of us who are insured, we resent having to pay for all those who are not. For example, a short visit to the emergency room recently cost my husband over $1,000 (we have a high deductible insurance). Surely, if universal health care were available, our costs would be reduced, right?

Alyson (CA)

I hope healthcare for families will include ALL families so that the children of gay and lesbian people in relationships unrecognized by certain states will still be eligible for health insurance as a family. The gay marriage issues affects all aspects of life for LGBT people – yes, including health insurance, health spending accounts, and coverage for depen-

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dents. Whatever you think of gay people, no one else's 'morality' has ever been used to deny them health insurance, family protections or other freedoms that plenty of 'immoral' people enjoy.

Cristin (CA)

Right now my family and I are looking for health coverage because I have gone to part-time teaching in order to spend more time with my family. We are finding it very difficult to find reasonable coverage that meets our needs.

Here are my concerns/gripes:

I am a very healthy 40 year old woman, yet I have a preexisting condition that requires a quick (20 minute) visit to an ENT (Ear Nose Throat doctor) once a year. This one condition has resulted in either A) denied care or B) increased premiums for myself.

We have had Kaiser (a big non-profit HMO) for at least 6 years, yet since we are no longer part of a group, we have to reapply as individuals. (And will likely get declined due to above pre-existing condition).

We are currently paying the outrageous amount of $1,264 a month via a COBRA plan; and we qualify for COBRA for only 18 months.

We pay this incredible amount of money even though we, as a family, have been to the doctors less than 10 times this year.

We will likely pay between $700 and $1,000 for a high deductible PPO plan once we can find an insurer willing to cover me.

It seems insane to me that healthy people like myself and my family have such a difficult time finding health care coverage. I can only imagine the experiences of other families with real health care concerns and those with lesser financial means. It's no wonder people use ERs for their primary health care when it costs more for monthly health insurance premiums than a mortgage or rent!

> "It seems insane to me that healthy people like myself and my family have such a difficult time finding health care coverage."
>
> *Cristin, California*

Janet (CA)

Having had a husband and now a daughter diagnosed with M.S. which will require treatment the rest of their lives and making them uninsurable under the current system is ludicrous and inhumane. Having to worry about reaching a lifetime limit, being denied diagnostic tests, having to pay our-of-pocket over $5,000 in a calendar year to get a diagnosis only adds to the gut-wrenching agony these people go through. If given the proper medical treatment, these people can continue working and live full lives.

I also have a sister who doctors refuse to diagnose with Lyme disease because of the high cost of the antibiotic treatment that is required to treat it properly. Doctors having to bend to the demands of insurance companies and pharmaceutical companies that charge us many times more for a prescription that costs much less in Canada or Europe is a ripoff to hard-working Americans.

Enough!! Insurance and pharmaceutical company profits vs. quality health care for everyone without insurance companies... there's only one choice. It's time for our government to do the right thing. The Washington bureaucrats should be forced to have the kind of healthcare most of us have... I bet things would get changed fast.

Vicki (CA)

I am 47 yrs. old and to date have has no serious health issues. I do not drink or smoke. I am not overweight. I have no family history of cancer (so far). Our family, 2 adults and 2 children, is now self-insured due to my husband and myself owning our own business. Previous to that we had Cobra coverage for as long as we could from my husbands last employer (ridiculously expensive).

When we had to change insurance due to Cobra running out, I had recently had couple health problems that are somewhat serious but, in fact very common for women my age. Now I cannot get any insurance except through a very expensive (and just awful) HIPPA plan.

I want the insurance companies or whoever ends up providing health coverage to actually cover heath costs if people pay their premiums, instead of dumping their part of the bargain when someone actually gets sick.

I want preventative and informative care to be covered so we don't get in so much trouble in the first place.

I want the health care providers to actually have time to talk to patients and figure out how to help them instead of just "mailing it in," charging for "something" to say they have done their job, and moving on. There is no incentive for them to keep their clients healthy or even care.

Monica (CA)

I am totally for this type of healthcare system, provided – and this is a very big deal to me – this coverage is ONLY for citizens of this country. My family with four children pays a fortune in medical bills, prescriptions, etcetera – and living in Southern California 15 miles from Mexico, we see illegal immigrants from Mexico getting free care ALL THE TIME when one of our children over age 18 does not 'qualify' for assistance of any kind when they need emergency medical care.

All U.S. citizens should be entitled to medical care and, most especially, unlimited care for those who fought and/or fight for our country. If this will help I am ALL FOR IT.

Marilyn (CA)

My 78-year-old brother lives on limited Social Security income, paying rent and other living expenses plus over $300 monthly for private health insurance. On top of this, each office visit costs him $25 plus $25 or more for each prescribed medication. He has no dental insurance and because he cannot afford dental care, his teeth and gums are in very poor condition. He is too proud to accept help from family members and, at one point, nearly died rather than seek immediate medical attention for a condition which put him in jeopardy.

Our country needs a comprehensive, quality, health care system for all now!!

Linda (CA)

What it would take for health reform to be meaningful for my family.

1. Limit / restrict insurance co. lobbyists in DC

2. Affordable premiums (sliding scale)

2. Does not move with employer; available to all regardless of employment status.

3. Free or very low co-pay on 'Well Baby' care for children 2 and under.

4. Prenatal care

5. Mental health care benefits included

6. Choice of doctors

7. Preventative care is stressed, rather than 'triage' care.

Roberta (CA)

Real health care means not having to stress about whether or not we HAVE health care. It means not being afraid to get health issues looked at by a doctor, for fear of becoming uninsurable. It means not having financial conversations before having medical conversations. It means good health care for everyone – including self-employed, unemployed, and part-time workers. It means not having a pregnant woman left without decent health care because their company goes broke during the pregnancy. There is so much wrong with this system; it's hard to believe it is the way a first world country functions.

Adrienne (CA)

Having worked since I was 10 years old and supported myself and my daughter with no governmental help, I now find myself tired and wanting to retire. Unfortunately, I can't. About 10 years ago I was diagnosed with a genetic, autoimmune disease that has no cure. It can be treated, unfortunately, the medications (just one of which costs over $2,000 per month) cost far more than I would receive in social security, leaving nothing to live on. As long as I work, I have company covered prescription benefits.

Do I have to die in this job? It isn't just the health care we need, we need responsible pricing on prescriptions.

Tracie (CA)

We must have Health Care reform. We are far behind other industrialized nations in this matter. We should not have to go broke just paying for health insurance. I have had to pay $1,200 per month for my families' insurance and it is breaking us. Luckily, my 2 girls qualified for CA's Healthy Families insurance and now I only pay $18 per month for them. But, it doesn't cover my husband and me. So, we are still paying $700 per month for us. That's 1/3 of my salary. I used to pay $118 per month (after my employer's contribution) for a PPO and much better coverage. That was 5 years ago. My premiums have sky rocketed in a very short time. Something is not right!

Cynthia (CA)

Our healthcare system in this country is a drain on any working person's budget to say the least, especially if you are a single parent such as I. The insurance I presently have through my employer is inadequate even though I pay over $200 per month for this coverage. The $40 co-pay is very hard to come up with each time one of my children or myself visits a doctor's office, not to mention the $500 deductible for each person before insurance pays 65% of the cost and the $500 deductible per person on prescriptions before insurance pays and then only a portion is paid. This is particularly hard at the beginning of each year as my blood pressure medication is $90 per month without insurance and until I meet my deductible each year this is what is costs me each month, when the deductible is met, the medication is $25 per month.

My healthcare horror story:

On Thanksgiving weekend 2007, I was not feeling well, so went to the local clinic where I was told to go to the local ER to have my blood pressure checked and monitored. I was kept in the hospital overnight for observation and later received a bill for $7,000 which was impossible for me to pay, obviously. I contacted the local hospital and was told that I make too much money ($49,000 per year) to qualify for any program for payment of my bill. After being threatened with a lawsuit by the hospital, I cashed in my profit sharing plan at the office to pay this bill which cost me a large penalty and taxes at the end of the year. Insurance companies are taking our money and not giving much back that is for sure.

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Marcia (CA)

I am 80. I have watched the medical system disintegrate. We desperately need a Public Health System, with standards for the professionals and regulation of services.

IT IS BROKEN!

Insurance companies do not belong making medical decisions. All they are interested in is the bottom line. They are salesmen, who are okay people, but not selling our lives and health away.

Med schools have to start teaching people skills to their students and prepare them for the elderly, in particular. We are 50% of the population and only about 100 people all over the country go into Geriatrics. I WANT SOMEONE WHO KNOWS ABOUT ME! AS A WOMAN AND AS AN 80 YEAR OLD.

I want medical people to again make home visits instead of making people come out in the middle of the night with sick babies running a fever or adults in the same situation. The professional goes to the sick. Not the other way around.

Change the facilities. They are user UNFRIENDLY

All that money going into those ugly prison-like facilities. Hire a great architect and have him/her design people friendly buildings that encourage WELLNESS instead of making you sicker. Now, they are sick-making.

As I said, THE ENTIRE SYSTEM IS BROKEN! It needs a lot of fixing. A lot of input from conscious people who need medical care in a healing environment with people taught to HEAL. That is nowhere to be found in this medical system.

If the President and Congress receive optimum treatment by specially trained professionals, then that is exactly what the people of this country deserve. WE PAY FOR IT ALL WITH OUR TAXES. I know there are philanthropists who build special hospitals. I applaud them. But 'tis just a drop in the bucket, as they say.

Please get with the 21st Century. It is about time we truly take care of our people... ALL of our people.

William (CA)

I am single, a retired school teacher. I qualify as a "mom" only because in my former life I was definitely "in loco parentis." My concern is my students (or former students.) and their families. I worry about how a lack of medical care affects their ability to perform in school.

Also I'd urge everyone to Google and look up infant mortality rates by nation. Why does Cuba have a lower infant mortality rate than the US? Why is our infant mortality rate two and half times higher than Sweden's (with its socialized medical system.) What do these rates tell us? Why isn't infant mortality part of the "debate"??

Elyse (CA)

I am a pre school teacher who works for a private school. I have major back issues that I have from a birth defect. I had the corrective surgery 11 years ago and I was left with some severe upper shoulder pain. I have tried numerous injections, therapies. Some out of pocket too. After searching for relief for ten years my pain specialist tried Botox in the muscle and it work. First time I was relieved of the pain in ten years. And you know what? My insurance company, NOT MY DOCTOR, said it wasn't necessary and refused to pay for the Botox injection. If they put anything of the drug in the needle it would have been covered. Amazing, that's the insurance company can tell a Doctor what to prescribe. They are out of control in this country. How did they get so much power?

Another thing is that my husband has also started his own business and we are still on Cobra. I am so worried that we will not be able to get insurance when our Cobra is finished.

After my daughter graduated college, she found a job working for a TV show in Hollywood. A major show, no insurance. We had to find her insurance that we paid for. Mind you, a healthy beautiful young women and I had to put down that menstruation was a problem. I called the insurance company to argue with them. I said menstruation is a healthy part of a woman's body, this is not a disorder. Why do I have to check this box? They said, do it or no insurance, so I did.

What is wrong here??

These things need to be changed.

Ursula (CA)

My sons and their families cannot afford health care. They need a plan that doesn't increase each year. They have jobs but don't earn enough to support families and medical care.

Heather (CA)

My husband started his own business about a year ago. We started the process of looking for our own health insurance a bit before he quit his job. We're both young and in good health.

But we were both initially denied for coverage. Why? Because we had "used" our previous employer-provided coverage to investigate potential health problems, and found that there were no problems.

Except for the problem that it caused a red flag for our insurance application.

My husband went to a cardiologist to check out a minor heart murmur that was acting up more than normal (at my urging, ironically). Result: normal.

I got a sore neck taken care of at the chiropractor after sleeping in awkward positions with our newborn. After three visits, the sore-

ness went away. Nothing too earth-shattering.

I worked with our chiropractor to contest the denial and got accepted, along with our daughter. But the cardiologist proved unhelpful, and the denial still stands today. We're hoping we can get it resolved before time runs out on our COBRA coverage. Otherwise, we'll either have to fork over hefty $$ for guaranteed issue coverage or go without.

What makes me angriest about this is my husband is an entrepreneur. His new company provides work for two other families. Not only that, but it is succeeding in a down economy – providing tax revenue for our bankrupt state and federal governments. If he had a serious health problem (or I did) we never could have considered him starting this business.

Does the health care reform opposition really want to cause such a chilling effect on small business entrepreneurs across the country? Shouldn't we make it easier, not more difficult, to take a chance and build the American dream?

Patricia (CA)

As a professional provider of mental health services as well as a health consumer, I've seen our health programs decrease in effectiveness and availability over the years. There is no real reason for this except the financial pressures related to profit margins. With the addition of 'managed care' a new administrative layer has been added, which is very costly... not cost efficient.

It is time to take a fresh and long look at our entire system and ask what works and what doesn't work... followed by action that is not dictated by current policy or profit margins. There is plenty of money to go around if we approach this issue with an open mind and creativity. We do not have to continue doing things in the same old way.

Jean (CA)

My brother went to the hospital for a routine angiogram. He was there for five hours... total charge for the procedure was $31,000. THIS IS NUTS!!!

Carl (CA)

My dental work, which was done when I was a teenager has started to break down and is cracking my teeth. So what was considered a fix back then has now become 35 years later a crucial problem. I have no insurance, medical or dental, and don't see how to afford any in the current environment. Health and dental care should be a requirement given to all Americans. It should not be a vehicle for commercial gain. Health care is necessary for living and should not be a privilege.

Laureen (CA)

I have had a cesarean, and two natural births after that, and I'm not insurable, due to a pre-existing condition! If I was willing to be sterilized, I'd be insurable, but because the medical field (not me) thinks "once a cesarean, always a cesarean," they're willing to throw me out.

We live on a boat, and are planning on beginning a world cruise in October. I can get full, global coverage for my entire family for the cost of *one month* of coverage here in the States.

It's madness and lunacy every way you look. The system has got to change.

Lisa (CA)

UNIVERSAL HEALTHCARE FOR ALL! Get rid of corporate profit from healthcare. Capitalism is fine, but not in healthcare. That is the only way to go! We have now been talking and talking and no action for over 20 years and it is only getting worse!

My husband is Canadian. I see the level of care they receive, no worries. What they try to say about Canada's system down here is all scare tactics and not reality.

My husband was at a start up company almost 14 years ago and they were debating plans to purchase and his healthcare plan had lapsed. Young and healthy he broke his neck in a ski accident. $100,000 later...

Louise (CA)

California has a great healthcare support program for kids of low income families (I lost my job & needed the help). BUT, it's for kids only. We still have to pay about half the price of our monthly mortgage to insure my husband and I – and it took 8 months to find a company that would insure us. My husband had slightly high blood pressure on his last visit to the doctor, and I had skin cancer removed TEN years ago! Ridiculous! It benefits the whole country to keep people healthy, and better to instill good health maintenance. Instead the costs are higher the less you have and the more you need healthcare. Socialized medicine is not perfect but it is 1000% better than what we have here.

Katy (CA)

In my case I am a part-time employee and I do pay for insurance for my family through my employer. However, I had a very unfortunate experience after the birth of my last daughter. I seriously called my employers office three times and mentioned that I did not know who I needed to speak to but that I needed to inform them of the birth, knowing that I only had 30 days. Well, after my three calls I was under the impression that I had done what I was supposed the do, but apparently, they never did transfer my call to the proper person, and as a result my daughter has not had coverage for her first year of life, until I can get

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her added during open enrollment. I even tried applying for Healthy Families coverage for her and was denied.

COLORADO

Tom (CO)

I just got my bill for hospitalization and even with my insurance covering most of the $47,000 bill, I still owe over $3,000. This is a crime for Americans to have pay this amount or face economic turmoil in paying these kinds of bills and still be responsible. You Congress people do not have to pay this or face these bills, but you expect us too! I'm fed up with your inaction!

Liz (CO)

A year ago, I decided to return to school full-time to finish my degree when we moved to Denver for my husband's job. So, we have health insurance through his employer, but when Open Enrollment came around last fall, we had to drop to a lower level of coverage, which has a lifetime cap of $50,000. At today's inflated rates, we would burn through that within a few weeks if one of us were to need hospitalization, God forbid. However, last year my husband suffered a minor injury at a local restaurant, and when he filed a claim their P&C insurance company said to get treatment and they would then reimburse us. So the x-rays, specialist visits, MRI and prescribed physical therapy (which he hasn't done yet, because we can't afford it) have all been through his health plan, with us paying out-of-pocket copays and having to make monthly payments for the medical bills. Meanwhile, our child needed $1,000 worth of dental work and we are on a payment plan with the dentist for that as well.

If we get behind, then our good credit rating will take a nosedive. Plus, his company is talking about layoffs in April, and there's no way we can afford COBRA and keep our house. We would welcome a single-payer system that provides affordable care for everyone, provided that everyone funds that system equally!

Jayme (CO)

Those in the healthcare profession cannot serve those who need them due to Health Insurance stranglehold. We have the most inefficient system in the world, where insurance and hospitals pay millions to negotiate thousands of rates. It's time to do what countries who have converted from our type of system have successfully done: require health insurance companies to go non-profit. I'm working harder than ever, but my income and benefits are much worse than they were in the 70's. Time to help those of us who work for a living, rather than bailing out bungling executives.

Lisa (CO)

Our young, healthy family of 3 pays more than $700 per month AND has a $5,000 deductable. Nearly one-third of our total income is spent on premiums and copays. RIDICULOUS!!!!

Dawn (CO)

Perhaps my experience living outside of the continental U.S. has given me a different perspective on this issue: I would like to pay for health care just once in this country.

Allow me to explain – As a tax paying citizen of the U.S. my tax money goes, along with all others' tax monies, to the great wallet of the federal government.

All advancements, discoveries, education, etc and so forth are developed through the Research and Development (R&D) departments of all these giant med/drug companies. These projects are funded primarily with grants (federal monies not required to be paid back)

Citizens who use the technologies from these advancements pay for the service. That would be, you know, all of us – the population of the nation.

Most think that this set up sounds reasonable.

This is where I get a little cranky – shall I put it in 'mommie' terms here – that's like bringing the peanut butter and jelly (and bread) to the restaurant and then paying for your sandwich! Oh, don't forget the tip. Ouch!

Now here I get a little more cranky – We pay the insurance companies (usually cooperatively through our employers). Ouch. We pay a co-pay when we get to the docs office. Ouch. Then we pay again at the pharmacy for the drugs that were developed... using R&D grant monies. Ouch again!

So, now politicians are going to find a way for all of us to have affordable health care – Isn't 4 times enough? If we pay again will we have the right to go to any doctor, or will we still be regulated to see one of the approved doctors on some arbitrary list – whether or not that person is capable or compatible with the patients sensibilities. Ouch, ouch, ouch.

I have no issue with doctors making a living nor med/drug companies making reasonable profit. I have issue with paying for something over and over and over and over again.

Lend R&D monies at a reduced rate of return (if I borrow money from Mom, she requires repayment), use that return for more civilized and compassionate social programs. Perhaps providing the American citizen with the same coverage that the Senators and Congressmen on Capitol Hill receive would be a nice place to start. But no, we shouldn't have to pay any more at all.

Jesse (CO)

Health reform is health care provided to everyone. The poor are treated the same as the wealthy when it comes to health insurance and living healthy lives. Preventative

health care is available to all. Paying for health care should be like paying taxes: a progressively sliding scale.

The right to be healthy is a human right.

As a lawyer and member of the upper-middle class, I believe it is the duty of all citizens to care for those who are less fortunate. I will gladly pay my part. I am honored to do so. But if others similarly-situated do not find such comfort in taking care of the poor and unhealthy, I think they should be compelled under penalty of prosecution and imprisonment. I say again: just like taxes.

Alicia (CO)

As a public school teacher I see so many families every year with no medical insurance at all. The bills they pay when someone breaks an arm or leg cost an arm and a leg and they can barely get by. This is so important and should have been done years ago.

Aladee (CO)

My husband and son all have extensive collection agency bills due to the lack of public health care. Even though I have insurance for my husband, he has no credit due to bills for his quintuple bypass operation. My 19 year old son has no insurance and has had surgery on his shoulder that still comes out of socket regularly. HELP keep this from happening to more and more people.

Jeff (CO)

Unicare pre-approved an optional surgical procedure fro Nov 7, 2008. On December 1, I received a letter from Unicare letting me know they had cancelled my policy on Nov 1, BEFORE the procedure. They were refunded the medical payments they had made and stuck me with almost $10,000 in medical bills. Being an optional procedure, I would have cancelled it had I know I was not covered. What they did should be illegal.

CONNECTICUT

Joanne (CT)

We have a very small business and can no longer afford to pay healthcare for employees. We employ hard working people who need healthcare for their families. HELP!

Mike (CT)

I have health insurance through a same-sex partner group-sponsored plan, which his employer is generous enough to offer, however, there are several problems: Even aside from comprehensive health care reform, TAXATION FOR HEALTH INSURANCE OFFERED BY EMPLOYERS FOR SAME-SEX DOMESTIC PARTNERS (even married same-sex couples in states where marriage is allowed) MUST CHANGE NOW!

Here's are the problems and discrimination/double-standards facings same-sex couples, even when being offered health insurance by a generous company:

1. The employee's premium is deducted on a pre-tax basis, to help save on taxes – just like a heterosexual employee.

2. However, the portion of the employee-paid premium for the a same-sex partner (even legal, same-sex spouse) is deducted POST-TAX, thus losing any tax savings on health insurance premiums afforded to married HETEROSEXUAL couples. THIS IS AN IRS REGULATION WHICH CONGRESS MUST WORK TO CHANGE. Regardless of one's position on same-sex marriages, I HOPE that one could agree of ALL things that should be taxed, health insurance is NOT one of them.

3. To add additional insult to injury, financial, fiscal, literal and figurative, the EMPLOYER'S share of contributions for the same-sex partner or legal same-sex spouse (which adds up to THOUSANDS OF DOLLARS per year) are reported on the EMPLOYEE'S W-2 as "Imputed Income" and are ADDITIONALLY TAXED by the IRS. So, not only is there no tax savings on employee paid premiums as outlined previously, there is an ADDITIONAL TAX on Employer Paid premiums -- only for same-sex couples. Heterosexual married couples are not subjected to this tax hit because the IRS recognizes a spouse as a "dependent" but NOT a "domestic partner" (or even a same-sex legal spouse). CONGRESS MUST ACT TO CORRECT THE TAX CODE TO ELIMINATE THIS UNFAIR TAX ON HEALTH INSURANCE FOR SAME SEX COUPLES! Again, regardless of one's views on same-sex marriages, I hope we can ALL agree that of anything we might tax, health insurance is NOT one of them – no matter WHO IT IS FOR!

Rita (CT)

My sister, Laura, is 55 years old and has been stricken with a degenerative brain disease which has all but incapacitated her. She is living with my 74 year-old mother. The paperwork is overwhelming, and the health plan (Medicaid) is nearly impossible to work with. Just when she thinks she has it figured out, something changes. She went to pick up a RX that Laura has been on for the better part of a year, and suddenly it's, "This isn't covered....(or) you're in a spend down." If my sister gets an aid to come in two or three times a week, she'd better watch what she does: if she is lucky enough to fit into a PT program twice a week, she'll lose the aid.

I can't tell you in this small space what an insurmountable hardship this is. Please fix it.

DELAWARE

Kathy (DE)

My twin sister suffered a fall this past fall and severed her spinal cord. She is only 49 years old. Without specialized rehabilitation

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offered, she had no chance to gain any ability to get some quality of life. Today after nine months, she is a quadriplegic and is on a ventilator. She only has Medicaid and has now been bounced from one long term care facility to another each time she is admitted to a hospital for intensive care conditions. The care in all of these facilities sadly atrocious. With public insurance, she would have had an opportunity for rehabilitation.

Mrs G (DE)

I agree with you as well. I am a mother of five who are now faced with the high cost of health care for themselves and their families. My husband and I too are faced with the same challenges as well as we are both dependent on the health care coverage that is provided by his employer. We are faced with having to care for our grandson and unable to afford health care coverage for him. His mother and his father are both on disability and my son is unable to afford health care coverage for him.

Were there an affordable plan available I am positive that we would be able to provide health care coverage for all of us that would cover our medical cost now and in the future. Most people, when in good health, are not overly concerned with health care coverage. It strikes at the heart when it becomes personal and the inability presents itself. Personally, I believe in what our president is trying to accomplish and if everyone tried diligently too, we can provide for our own.

FLORIDA

Betty (FL)

I am dying because I can't afford my medication and food for my diabetes. I only can afford to buy one or the other. Either way, I need both medication and health food to live. People like me don't have any choice but to end up in the hospital from high blood sugar or low blood sugar from not having medication or food. I live my life in total fear. Even with me being on Medicare, I can't afford $6 co-payment off $800 and $14 in food stamp. I feel powerless, and no one is hearing my concerns. I need help now.

> "None of us chooses to be ill and with better availability to preventative care and health education, perhaps less of us would be."
>
> *Natalie, Florida*

James (FL)

My wife owns a private school, and has lost one wonderful student to the economic down-turn. That student's child will not benefit from a bank loan. They need temporary debt forgiveness and cash in their pockets, perhaps to have their taxes deferred in the short term. I am a mental health counselor just starting out. I am not perceiving any trouble getting new clients. My more experienced colleagues tell me that things are just bad enough that people are willing to pay to have counselors help them deal with stress and find solutions related to financial uncertainty. When times get worse, some tell me, clients will not be able to afford me, and will even have to forego medical care.

Terrie (FL)

I am self-employed and I am drowning trying to pay for health insurance and my coverage is not that good because I had to choose a plan to have a lower premium.

Gloria (FL)

I'm caught in the insurance donut hole. After only 4 months, I've used up all my coverage and my prescriptions cost almost $1,200 per month. I am searching for any help I can find because these prescriptions are necessary.

Nancy (FL)

I'm 46 and married and have 3 kids, and never had to worry about health care until I lost my job. My husband is self-employed and he and I both have pre-existing conditions (I'm a cancer survivor) that make it impossible for us to find private insurance. We bought it for our three kids, but it's expensive and the loopholes and deductibles are so crazy, sometimes it feels as if we're not paying for anything, really. Next year it's time for my cancer scan, to make sure I'm still in remission. I can't get it. I also can't afford all but the most critical drugs to keep myself alive. I also worry that myself or my husband will be in a car accident. Trying to private pay a hospital bill would destroy our family.

If Congress doesn't stand up to the insurance companies and find a workable option for American families, the world will keep turning. But good people like me, and my husband, and millions of others, will just suffer ill health and die sooner than we might have, leaving our children orphans. I'm not being overly dramatic here. It really is a life or death issue for me, and millions like me.

James (FL)

I'm on disability and have Medicare but my wife can't get healthcare. We are both unemployed and have health issues. All insurance companies say she doesn't qualify or they cost too much for us to afford on my check.

Natalie (FL)

I'm a Brit living in the states and though our systems is far from perfect, nobody is ever left untreated in an emergency situation. The rich

guy in bay one of the ER gets exactly the same level of care as homeless man in the next bay. Yes, sometimes we have long waiting lists for non-emergency procedures but they are working to improve this and it has been getting better generally. Everyone can see a dentist twice a year for a check up for a relatively small amount of money. Kids, the elderly and low income families – it's always free. All treatments are free, but not fancy cosmetic stuff that is seen as a luxury, not an essential.

The National Health Service is not perfect nor the one in Canada and other countries around the world. However with all the resources and great minds in the U.S., I'm sure there is a way to create a system that is fair and true to all the people of America – rich, poor, baby, elderly, previous history or not.

None of us chooses to be ill and with better availability to preventative care and health education perhaps less of us would be. I see it as a question of what's more important – the Money the Medical Insurance Companies make and the power that has bought them, or the family who have lost their income and can't afford to take their kids to the hospital when they know they are very ill.

In 2009 in America no parent should have to decide whether to feed one child or take the other to the hospital for essential care.

Jennifer (FL)

Last fall my daughter, who probably has asthma, became very ill with a respiratory infection. We had to rush her to the ER in the middle of the night when she started gasping for air. It turned out she had croup, which we could have treated if we had a family doctor that knew her and would have prescribed a nebulizer. But I had lost my job, and our insurance, the year before. We had just moved to find work and could only go to the doctor when someone was desperately ill. The ER visit was two days before our new insurance kicked in. The bill was $1,400. Even though I have been paying $20 a month since then, the hospital is sending us to collections. We just had another ER visit, for another respiratory problem, in March. The insurance company we now have paid a total of $270 for the same care that we were billed $1,400 for. HOW IS THAT FAIR?

It is a crime that those least able to pay are the ones being charged the most for the same care. We need reliable and fair coverage for everyone, NOW. I don't know if single payer is better or not, but congress could at least make the existing companies competitive by outlawing exclusions (pre-existing conditions, maternity, mental health) and allowing anyone to purchase a policy from any company, regardless of who they work for or where they live. Things have to change – people are dying in the richest county in the world, all for corporate greed.

Rebecca (FL)

I am a 28 year old female that is living with cancer due to a genetic condition that I will live with forever. Not only is my single payer premium outrageous, but my rates increase on a consistent basis, and the insurance company denies basic testing I need to monitor my condition. I am so tired of feeling tired because I can't afford to pay for very much needed medical insurance.

Tekah (FL)

I am a single mother. Healthcare seems to just take over my payroll checks and to add one 1-year-old little boy, it will cost me almost an additional $100 per week. Can't we see how cruel this is when you have to pay bills! Now it has come down to me or him. This means I will be without coverage so that my child can be safe. This is ludicrous and as you can see people are crying out for help. Help us because we are sick and tired of being sick and tired!

Lisa (FL)

We are self-employed and had health insurance for a while. However, it wasn't paying for anything. We were paying insurance premiums for nothing. So, we cancelled it. My husband has health issues that have gone unexplained for over 7 years, with and without health insurance. Our medical bills are our biggest debt and we still don't have the resources to get him treated. We have 3 small children and put them on our state's children's health care program. It's not great, but it covers when it needs to. This last holiday season, I thought I had appendicitis and had to go to the ER. Two hours later, I leave with a $10K bill to find out I had fibroids. I had to file for Medicaid to avoid that added debt. Well, the Medicaid is actually screwing up our ability to have my husband treated.

I am frustrated and don't know where to turn. We are stuck between a rock and a hard place. Right now, the only solution has been to leave my husband on prednisone, which has horrible side effects, so that he can continue to work. Our health care system and health insurance system is horrible.

Gerri (FL)

Because we do not have employer health insurance, our family pays nearly $900 a month for three of us, and we are all healthy. Our deductibles are $3,000 each and we have no prescription coverage. This is one of the most important financial issues facing Americans. It must change now.

J. (FL)

Yesterday, I had to take my son to the hospital. We're lucky enough to have health insurance, even though it's HALF our monthly net income of $2,800 (for a family of 4) to pay for it. The pediatric waiting room of the hospital ER was packed wall to wall

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with people who were there because they had NO health insurance but desperately needed care for their sick or injured children.

Is this what health care in the 21st century is supposed to be like? So unattainable due to insurance costs and cherry picking their insurees that hardworking people have to use the ER like a pediatrician's office? Shameful.

Leonora (FL)

I am a mother of three and a grandmother of four. I am concerned about the rising costs of healthcare in American. Not only are the costs of private healthcare exorbitant and many times prohibitive, but the drug costs, etc. are extremely high as well as not getting any better.

My husband has had a very small business for a number of years. In order for him to get health insurance for himself and family, it has cost as much as $1,500 for the monthly premium alone, with a high deductible. If we are paying this much for health insurance alone, let alone drug costs, etc., what does it cost for a family with children and when will it stop going up. There has to be a better way.

Rachel (FL)

I believe that everyone should have health-care, no matter what their status in life. There are a lot of Americans right now who are out of work and have no access to healthcare, especially their kids. Why should they be made to suffer?

Cristina (FL)

Thank you for the opportunity to participate in this important subject. I had my sons insured through my job. After they turn 21, the Corporation I work for told me that I can no longer have them covered under my insurance any more. They have to get their own insurance. They are full-time students at a local University and they work part time, therefore they can not get insurance through their jobs. At this time they are uninsured and it breaks my heart that I can not provide insurance for them any more because my job does not allow me to do so. I worry so much about their health without insurance. I strongly believe it is the important for affordable health coverage for everyone in USA.

Joyce (FL)

Children are so very important to the quality of a country's present and future stability. In this country we do not recognize that children of all ages need to be covered by some type of health insurance. Too many children are suffering from the blights of disease. Why is that when we are supposed to be one of the greatest countries in the universe? I believe that we should begin caring about our children and make sure that they receive proper health care coverage.

Monica (FL)

I have no insurance. I have a lump in my breast. I go to the doctor. They send me for a mammogram. They run a test. They see I have a lump in my breast. They send me for "a special screening." Now I have to pay to go back to my doctor. They say "we don't give results over the phone." What they MEAN is "We CAN'T CHARGE FOR RESULTS over the phone." The results are, we need to check this again in 6 months. So, $330 later... who cares what my problem is??? I can't afford to care. The reason we have so many quacks and so few actual doctors: most have no affinity for people, or health. They just selected a job to turn a profit. If it's not easy to diagnose... it's in you're head. Can't help ya. NEXT! (Pay at the counter before you leave.)

Kim (FL)

As a parent of a child with multiple disabilities and chronic conditions I have come in contact with many families whose life is much more complicated than it needs to be because of the lack of prompt and effective medical care. Families who are forced to live below the poverty level in order to qualify for Medicaid. People who have to work for insurance and then find out that the coverage is insufficient or are denied therapies that can help their child become more independent. This cycle causes more long-term health problems and expenses for not only the child but in many cases for the families that take care of the child such as divorces, depression, and other stress related illnesses.

Barbara (FL)

Heathcare must be for everyone – pre-existing conditions must be covered. I have a granddaughter with diabetes and a daughter with Addison's disease. They must be covered under affordable insurance!

Mary (FL)

I am a pediatric physical therapist. By far, most of my clients healthcare is funded through FL Medicaid. I have worked for over 20 years in this region and have seen Medicaid grow in its services to children with special needs. Unfortunately, over the past year, many services have been threatened to be cut, and the funding for equipment such as wheelchairs has become more difficult to access. For example, a recent wheelchair that was ordered for a 4-year-old girl with cerebral palsy was approved, however some of the essential parts of the chair were denied, such as hardware to hold the headrest on the chair, hardware to hold the back of the seat on the frame, and the transportation brackets needed for the chair to be safely tied down on a bus. I hope that any health care reforms will have special provisions for children with disabilities, as they grow and need new equipment and services to become as healthy and independent as possible.

Janet (FL)

We would be very pleased if Congress extended to the USA's citizens the same level of healthcare they enjoy at the expense of the USA taxpayers.

Patrice (FL)

After relocating to Florida, I decided to be a full-time CEO of our household after being in Corporate for over 15 years.

Reality hit last month when my hubby left for work at 11:30am on a Friday and was back at home at 12:15pm with a letter that stated his Director's position was abolished immediately! Well, all sorts of emotions came over me but the strongest one was fear of not having health care for the family. My husband was diagnosed with Rheumatoid Arthritis (RA) over a year ago and the medications that keep him from being in debilitating pain on a daily basis costs over $1,800/month – and that is just one of the meds. HELP!!!!!

Diane (FL)

For 18 years, I also was a public servant living in a protected "bubble." Of course, it was not as cushy and protected as your bubble but nonetheless, it also was a "bubble." For the past 12 years, I have been living on commission only as a commercial realtor and must pay for my own health care and it costs me about $12,000 a year to just pay the premiums and I am extremely healthy for a 63 year old woman.

As a former countywide elected official, I understand the need to raise money to win elections. However, too many of our Congressmen and women have allowed the insurance companies to destroy this country and especially the state of Florida with their "Let's gouge the consumer" and well, they have, with your help or lack of regulation. Wake up or risk losing your life in the "bubble."

Ed (FL)

I am in the Veteran's system and it works great. We are the only nation out of the top nations to not have a health care system for our citizens. I think that it is a basic right. If you use preventative medicine instead of reaction when someone is real sick, it winds up costing less money. That is what we need to thrive for.

You hear all of these people talking about Canada and waiting lists. That is a bunch of bunk. Their social system goes according to the money in the Province. So if the province is rich, they have great care. If it is a poorer province, the care is ok. No wait. You get taken care of. If you have a heart attack, it is immediate and if you need an operation say to remove a cyst, you may go on a list.

Andrea (FL)

We can not afford to pay our mortgage AND have health insurance, so we have opted to pay the mortgage to protect our only asset. I have needed dental work for about two years, that I have not been able to afford, because I have been paying my mortgage, insurance and taxes. Recently I was sent a link to information about the Loan Modification Program that is part of Obama's stimulus package. When I called my lender about it, I was told that I am current on my mortgage, therefore there is no help for me.

In other words, since I have been doing without things that I need, DOING WITHOUT HEALTH INSURANCE, doing without the pleasures of having my gray hair dyed, my nails done, riding in a newer car, so that I could remain current on my mortgage, AND there are others out there who have been living beyond their means and are now in default on their mortgage, they can get help but I can not!

Healthcare is not the only system that needs reform!

Catherine (FL)

I am a realtor, mortgage broker, and property manager. As an independent business woman, I have had to pay exorbitant medical insurance premiums for my family. Now, since the real estate crisis, I am 54 yrs old, my husband is 61, without insurance. It took me 9 months to get our two kids Florida Kidcare. We have 45,000 realtors in 2 counties; majority are women. We all struggle with this issue. I personally know 12 people with cancer, who are wrestling with medical bills driving them to lose all their assets and poor credit. There's got to be a national health program!

GEORGIA

Sonya (GA)

My nine-year-old son and I have pre-existing conditions that make it impossible for us to find affordable private insurance. Meanwhile, my taxes pay for the insurance for Senators, Congressmen and women, Supreme Court Justices and the President. My taxes pay for the health insurance for federal, county, and city employees. Sound fair? I DEMAND THE SAME ACCESS TO AFFORDABLE COVERAGE THAT YOU NOW ENJOY.

Ramachandra (GA)

I recently lost my job and lost insurance coverage too. Fortunately, my wife works for a company where she could put me and my son on her insurance coverage. Just imagine if I did not have an option, and go for COBRA, it would have been devastating as the premium for COBRA is ridiculously expensive. With no Income, it would have been a disaster as I have some health complications and need to see the doctor every 2 months. I am lucky but when I think of millions of other

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people with no Insurance, how are they going to survive. So, Congressmen, be a human and think before you oppose the proposed reforms to Insurance bill and save millions of people life.

Leslie (GA)

I have what is considered "good" health insurance, but I pay $400 a month for a family of 4. That doesn't include dental. Increasingly, my employer is paying less of the cost, while the insurance company is covering less of what should be routine costs for wellness visits. After co-pays and additional charges for things not covered, my family is paying a significant amount of money just for routine care – check-ups for children, annual ob-gyn visits for me, etc.

Betsy (GA)

I am a small business owner and receive my health insurance through my husband's employer. This year they have raised our deductable to $5,000 per year. I have several health conditions that are going to require frequent blood tests and other tests – all of this is out of pocket. I am lucky that I can afford to pay for these treatments but I know that there are many people who would feel that having such a high deductable is the equivalent to having no health insurance at all. I would have to agree. Now I think, do I really need this test or this medication.

Marlene (GA)

I am a mother of grown twins and two grandchildren – not by choice – and basically stayed healthy throughout my life. Insurance was a no-no, period.

As a BLACK GAY WOMAN taking care of yourself was normal and expected. The AMA was not fit or meant to help WOMEN or the POOR.

This Nation Hates WOMEN and the POOR. Now, in 2009, there are more of us. We are EXPENDABLE HUMANS.

HEALTHCARE looks like it is FREE like it needs to be. Along with HOUSING and EDUCATION.

Women, how long is it going to take for you too wake up and say enough is enough?

We know HOW and WHAT to do! This is how WE want it, and this is how it will be. When we UNITE without FRIGHT we get it RIGHT.

> "The United States of America is a great place but it could be even better if it served all its people by taking care of the health of its people."
>
> *Donna, Georgia*

Donna (GA)

Coming from Canada with Universal Health Care and now living in the USA in which I pay for my health care, I would like to point out a fact to some of the critics of Universal Health Care and who also refer to it as socialism. I would like to state that even though I pay out of pocket for my healthcare, I am given a book with a list of doctors I must use. A list of Hospital I can go to and whether I am IN or OUT of my network I may have to pay more.

Someone tell me, what kind of freedom of choice is that? In Canada, I truly could go to any doctor I wanted to and in any location I wanted. I realize that many critics of Universal Healthcare have claimed that it is difficult for the Canadians to find Specialty Doctors. I would like to point that this is more a result of many of these Doctors leaving Canada for the USA because they could earn a lot more money. Every doctor is entitled to make money to feed themselves and their family but if their main goal is greed then I think that is contrary to the Hippocratic oath.

The United States of a America is a great place but it could be even better if it served all its people by taking care of the health of its people. Remember a country is only as good as the people that live in it.

Ilene (GA)

I would take ANY option over the "health care" I have now! Preventative care for me and my husband is not covered, which is STUPID and will cost the company more money in the long run. If one of us has a chronic disease, it will not be caught until it has done CATASTROPHIC damage, which will cost the company WAY more than paying for one preventative general practitioner visit each year. Studies have shown this over and over. And some well-baby care for my son isn't covered, either! They didn't cover his anemia test at 9 months, which is recommended by the American Academy of Pediatrics. Of course I paid for it anyway and thank God he wasn't anemic. Imagine if he was and it wasn't caught? CATASTROPHIC, COSTLY care later on. FIX THIS AND SAVE EVERYONE TIME AND MONEY!!!!!

Debra (GA)

When I brought my son to his pediatrician, they informed me that our insurance will do well check-ups or physicals on children older than 6 years old. This is military insurance – Tri-Care Prime/Retire. They said it is unnecessary! This is a joke! Children need physicals every year in order to get into public school. A cost of a physical is

$165! Who has that kind of money! The insurance companies are a racket and they are the cause of our health care problems! They need to regulate the insurance companies so everyone can afford great health care instead of our hard earn money go into the stockholders back pocket!!

Min (GA)

My Health Insurance is so expensive there are times I must make a decision to pay the insurance or eat. Health Care must be reformed as soon as possible.

HAWAII

Sissy (HI)

People work all their lives and then retire just to get cut off of medical insurance and drug coverage. My in-laws pay a fortune for their medicines and can barely afford to go to the doctor. The saddest thing is that they do not have dental coverage and have to pay through the teeth just to take care of their teeth. It is REALLY SAD that once you have worked all your life, you still end up in the hole because all your retirement money goes to pay for medical bills.

No joy in becoming retired and elderly. This is not the American way.

IDAHO

Mary (ID)

My boyfriend is self-employed and can not afford health care. Two years ago he had brain surgery. No health care. He paid his medical bills with his credit card and now he is in debt to the tune of 50,000 dollars. To top that off, his credit cards just upped his interest rate. How many others are out there in the same position? Something has to give and soon.

ILLINOIS

Michael (IL)

Fortunately, I am still employed (for now), so I still have health insurance coverage. But because I'm a displaced worker (since shortly after 9/11), it's a struggle to handle the employee's share of the premiums (40%), the co-pays and deductibles for medical care now that I'm earning 26% less than before 9/11. I constantly put off treatments and skip doses just to make ends meet. Most people in the U.S. favor a public, single-payer health insurance plan. It is the only way to really improve the overall health of our citizens – and it will significantly help to improve the U.S. economy. Let's throw the lobbyists off the table and get H.R. 676 seriously on the table!

Gabe (IL)

I am very ill with COPD, Asthma and I have no insurance. I have always had insurance but now that I lost my job, I really am so afraid to get sick because who is going to pay for it? Not the government! Now Strodger (Chicago) wants to shut things down? Back in the day, you got a lot more for your buck and didn't need to stress like this. I was in and out of the hospital 7 times in '08 with pneumonia and had two bone marrow biopsies because I had MRSA. I have a 21 yr old son & I worry about him in his future! I need a mammogram. I can't even go for that! Country of Opportunity??

Sylvia (IL)

We have coverage, but the deductibles are high and per person. I ended up in E/R with pneumonia last year. I initially went to a doctor but didn't stay for the visit because I would have had to pay up front, and the deductible was so high anyway that I hated to incur that expense for myself. It ended up being much more expensive for the insurance company and myself by the time the E/R bills came in after my condition worsened.

Sylvia (IL)

Pediatric dentists in my area either don't take my insurance or the insurance will only reimburse for about 40% of the cost, since they determine that the dentists are charging too much... and I have to pay up front for the entire amount.

Melody (IL)

As a small family-owned business that has been severely hit by the credit shut down we may have to close and thus all of our employees will find themselves without health insurance. For 25 years we have been one of the rare non-union construction companies that offer prevailing wage AND health insurance here in Chicago.

I myself had a major medical emergency 7 years ago at the age of 41, that without insurance would have cost us over a half million dollars. As a result of my medical situation I had to have another surgery late last year, that without insurance would have cost $125,000. The doctors tell me I can anticipate facing the same procedure in another 5-6 years. I will continually be on meds for the rest of my life.

Congress needs to either provide health care reform that WORKS for ALL Americans or face paying, through Medicaid, for the ever-expanding health care needs of the increasing number of Americans like me who are going to end up on welfare thanks to the present credit crisis. Don't even get me started on how overcrowded and short-handed Public Health Centers are today. I worked for a decade at a community health center when it and other centers were already overburdened. The Federal and State governments weren't funding public health programs then and have over the years

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decreased what funding they were providing. Let's face it, the present system doesn't work!

Maile (IL)

My husband started a new business 2 years ago and we can no longer afford healthcare! It's crazy! Why not, at the very least, make healthcare tax deductible! It is for large corporations, but not for us!

Patricia (IL)

THIS HAS BEEN A STRUGGLE MY ENTIRE LIFE. I HAVE IT WHEN I DO NOT NEED IT AND I LOSE IT WHEN I REALLY NEED IT.

Laura (IL)

We don't have any health care. Being in our mid-to-late 50s, we can't afford insurance, we can't get hired for jobs, we've lost our retirement, no unemployment benefits, no savings left, no credit left. If our home doesn't sell soon we'll lose that too, and the price of gas is going up to ruin any headway this economy makes. AND, we have a 14 year old to raise... so much for him going to college now. I'd like to see a good doctor to find out what's wrong with me but I can't pay for it so "heal thy self" is our motto here.

This is all compliments of our government, who bends to the drug pushers (companies) who own the insurance companies, who own the drug dealers (doctors). Quite a pyramid scheme they've got going. None of us would get away with that, we'd go to jail. Most doctors aren't worth $300 or more per hour especially since it's an art. Here's a reality check for them, the human anatomy hasn't changed in all these years. When they don't fix you, you go back, and pay again. Also, there's no money in curing the problem but there is in treating the symptoms. It's no wonder why "they" don't want a universal health care system. BUT if the doctors take their cars to a mechanic and it doesn't get fixed, they bring it back, want it fixed right, and for no additional charge. Mind you, the anatomy of a car changes from make, model, and year. A mechanic makes an average $25 per hour and is expected to be perfect. It's time to put the health care industry in its place!

Patricia (IL)

Lost my husband same year I lost my job. I worry everyday. I need healthcare I can afford. My husband and I have worked all our lives, raised six children now I can afford my own health insurance. Don't back out on this one please.

Kathy (IL)

My husband has his own business and pays $1,000 per month premium with a $6,000 annual deductible for our family. When our oral surgeon suggested that our fifteen year old MIGHT need jaw surgery (optional) when she is 18, our insurance company dropped her from any coverage and threatened to drop our whole family if we did not sign a waiver for her coverage. We now have to sue to regain coverage. We got an expensive policy for her, but now any pre-existing conditions (she also has ear problems) are no longer covered. I don't feel our existing coverage is reliable.

I think that those of us with individual plans are subsidizing the folks who work for large companies and those who have no coverage at all. Who would start a small business with this type of healthcare dilemma for small businesses? Who will create the new jobs, if there is no incentive to start small businesses?

Scott (IL)

My son, a recent graduate in Architecture from the University of Michigan, lost his position with an architectural firm after six months on the job. He has, of course, had to provide his own health insurance – he is not a dependent of ours any longer – through COBRA. This program is expensive and very short-term in nature. It should obviously be replaced with a system where people can receive a moderate amount of coverage at a low cost when unemployed. Moreover, if rates on such a program were scaled to age and proof of health – without total exclusion for pre-existing conditions – this program could be made somewhat cost-effective.

But truly, the cost of basic coverage is not a significant problem in our health care system. Insurance company administrative costs – primarily deciding who gets covered for what – and reimbursement for highly elective procedures such as cosmetic surgery and knee replacements for 50-year olds, and yes, the high level of litigation is what drives the cost. Efforts to improve diet, increase exercise and other forms of preventive care programs would also be an investment that would reduce costs and make our society healthier and happier. Thanks for your efforts.

Brenda (IL)

I want the ability to go to the doctor of my choice and have her spend the right amount of time and energy to find out what I might need. My HMO docs make me wait 3-6 weeks for an appointment, wait 1-2 hours in their waiting room, another 1 hour in the exam room before spending 7 minutes with me. A trip to the doctor is hell on my blood pressure! And I want a system with doctors who know about health and healing, not just sickness and disease.

I have a painful finger on my right hand. For years, my doctors told me it was nothing, I was just getting old. I was 40! Nothing was done. I have had a small growth or enlargement on my neck for 15 years! The doctors kept saying, "well, I don't think it's anything. Let's check it next year." Now I have a goiter and their only suggestions are radiation

or surgery!! Probably because they only know sickness, they waited until there was a real problem so they could charge for these procedures. I'm sick of it. They are the ones who put our health at risk.

Finally, I want the ability to choose alternate health care providers, who do know about wellness, and have my insurance company pay for it. I have gotten more help from my chiropractor, naprapath, and herbalists than I ever get from the MDs but I have to come out of pocket for them.

Penny (IL)

My 61-year-old spouse's job was eliminated by a new CEO from Germany in the U.S. on a Visa on 5/2/8. We have been paying $1,500 monthly to COBRA for our family insurance since November because our son Is an Epileptic and if we let his insurance lapse he may never be able to get insurance.

I've had 36 surgeries while taking care of our family and my parents who ended up living with us for 20 years. Doing that has made me ineligible for SSDI since the government doesn't value working at home. They never minded when I donated my body 2 times for F.D.A. studies that required my insurance's coverage. My migraines (in the same family as Epilepsy) helped get Imitrex approved. My spine's Artificial Disc was so successful, it was approved in three years versus the normal seven years.

Choosing to pay for our COBRA, has made keeping our home of twenty years compromised. I'm sure Congress and Senators may have an easier time since they don't have to pay the same taxes monthly and will have an ample retirement: We've had to spend ours trying to stay afloat. The next time you hold paper money you can thank people like my spouse or our healthy son who were both in the printing industry, with high security clearance and sold those presses to the government, as well as making sure the computers were always functioning to perfection.

Ironic that we don't manufacture printing presses in the U.S. It's either Germany or Japan for people they too bring over on Visa's and let the knowledgeable 57-60 something year olds go and utilize "Their Own" in our country. I guess we're not bright enough to work those presses after helping rebuild their countries after WWII. My father's three purple hearts while on General Douglas MacArthur's staff I guess didn't protect us enough for HEALTHCARE.

Lois (IL)

My husband and I are both self-employed. I have not had any health insurance for 4 years because I was turned down. The irony is that I am really healthy, don't take any prescription meds and take really good care of myself. But if you are self-employed and have to purchase private insurance, insurance companies can turn you down for anything that they deem a red flag and most of the time they don't even tell you what that is. My husband and son have coverage that has a $5,000 deductible but my son has asthma so Humana declared this a pre-existing condition. Guess what? The only reason I ever take my son to the doctor is for asthma, so we have to pay out of pocket any way.

The whole system is so insane, so unfair, so wrong. In the richest country in the world, this is shameful and embarrassing. I have to stop writing now otherwise my day will be ruined thinking about it.

SJ (IL)

My daughter was employed by GCI in Illinois – Obama's very own grassroots organization – and she was paying for health insurance which cost her well over $300 a month. She was in Wisconsin on GCI business and ended up in the hospital for two days there. The insurance company would not pay her hospital bill despite her formal protests – so she is stuck with a $4,000 bill, which she is still paying off.

Debbie (IL)

My boys have ADD and an alternative to medicine is neuro-feedback which has been proven to work. I'm not thrilled with having the kids take medicine everyday. We don't know what the long-term affects will be. So I tried to do neuro-feedback which I thought was a better alternative than medication. No insurance company covers it. The doctors charge $125 per session the kids need to go twice a week.

The original tests called a QEEG are not covered by insurance and cost me out of pocket $291 dollars times 2 kids. You need to go at least 28 sessions to see long-term results. Maybe more, depending on the results of the second QEEG which is another huge out of pocket expense. Shouldn't our society consider our kids the most important asset to this countries future? So why wouldn't anything for our children be covered by insurance?

Juliet (IL)

Full coverage for reasonable monthly rates, no pre-existing condition exceptions, and REIGNING IN OVERPRICING OF SERVICES (from 75 cent Ibuprofen tablets to $85 pulse checks and on up).

Joni (IL)

Although my children are grown and my youngest is 20, I worry about the direction our country is going in regard to healthcare. I was diagnosed with rheumatoid arthritis about seven years ago, and I fill nine different prescriptions each month. I also take Enbrel injections once a week. Each year, our healthcare coverage at work gets more expensive, yet we continue to lose benefits. This year our costs were slated to rise by 40 percent. Even though

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we were able to negotiate the rise to 22 percent, we still lost benefits, and procedures and medications got more costly. I don't think I will be getting a 22 percent raise this year. I'm not sure what is going to happen in the future, but if only the rich will be able to afford healthcare... well, that just isn't right.

Mary B. (IL)

I am a single mother who is self-employed. I pay health insurance through an association for self-employed people. This insurance is sick-insurance – it is there in case something big happens to me or my son. It is not cheap. I pay $20 co-pays, my deductible is huge and it never covers well-care or preventive medical visits – they are out of pocket and expensive. I feel like I am paying for nothing every month. I take my son to the doctor, I do not go for myself because it is too expensive and not covered. Why are politicians afraid to fix this?

Maria (IL)

My husband was just laid off and my employer, a small business, does not offer health insurance because it can't afford to. I have multiple sclerosis and found out yesterday that there is a lag for COBRA and my access to medication has been cut off, possibly for as many as two months, unless I can pony up $5K to cover the cost out of pocket.

Needless to say, I cannot. Our insurance ended on the day he was let go. We thought we still had coverage, but effectively we do not. I am afraid to let our kids play at the playground, lest they fall and break a bone. This is insanity.

INDIANA

Suzanne (IN)

Shameful and appalling that this country cannot provide health care coverage for every citizen! Get the bail-out monies back that was given to big corporations (GM for example) that still pay their top exec. HUGE bonuses. Stop this criminal action and formulate a plan that will work for all! Here is an excerpt from the President of Indiana University – something HAS to be done! "... committee to contain skyrocketing health-care costs. For the past several years, we have seen health-care costs for employees increase by 8 to 12 percent a year across the university. Current projections show that IU's annual health-care costs could rise to more than $200 million in the next few years, or nearly 10 percent of the university's budget, if nothing is done to contain them."

Denise (IN)

I have worked in the healthcare field for 30 years and every year my payments have gone up along with my deductibles. In fact, I calculated it and I actually spend more on insurance before I even need to use it. Like the others, my 2 college-age children do not have insurance. I feel helpless and here I am working in a hospital taking care of other sick people when I can't even afford to take care of my own family. Does this even make sense?

Patricia (IN)

We are seniors on fixed income. I just did our taxes & we paid out-of-pocket in 2008 of almost $9,000. We cannot afford this but at least we have access to healthcare through Medicare!! Everyone should be supporting HR676 – Medicare For All – Cong John Conyers & Cong Dennis Kuchinich bill. Healthcare should be a right in this country and not depend on your employer or pre-existing conditions.

Our system promotes an unhealthy society – we practice reactive & not preventive care (which is so much cheaper) in this country. All other industrialized countries provide healthcare for everyone from before birth until death! Our current system promotes wealth for a very few people & to hell with the rest of our society. How immoral is this??

Encourage all your readers to call their Congressperson, call the White House, call in to talk radio shows – any avenue they have to demand the passage of HR676 – the most cost affective & most affective means of delivering healthcare to all our citizens!!

Cheryl (IN)

I pay over $300 per month for employer-sponsored health insurance that has a 150k per year cap. Although the cost is high I feel privileged just to have the coverage, and to be able to afford it. But, if I get really sick, I'm done for. I don't understand why, in the United States of America, we can't get this right!

Jennifer (IN)

My husband lost his job in November with nothing turned up so far. We lost his income AND are having to pay out an extra $1,300/mo for COBRA. I have my own work-from-home business but neither my daughter nor I are eligible for private insurance because we both have pre-existing condition. We really could make it on my business earnings, but can't exist without medical coverage. If he hasn't found a job by the time we're not eligible for COBRA anymore, what will we do? He wants to be a teacher now – and would be an awesome one – but we need him to take any old job that provides health insurance. SAD.

Tawonia (IN)

I believe that every American (regardless of their race, religion, gender, income level or ability) should have the opportunity to have health care for themselves and their families. I have a child that was born with a brain condition and is disabled; and I can't tell you (previously) how many times we were denied for things that I needed to care for him in my home. I felt that

the persons making the decisions on whether to approve or deny whatever equipment I was requesting at the healthcare organization, were looking at the costs of such durable medical equipment only. Not looking at the fact that I would need a shower chair for a heavy child that will continue to grow; who cannot sit up on his own nor walk independently nor bathe himself, would definitely qualify for a shower chair. They don't realize the strain on my back when I go to lift him out of the tub. I had to appeal (which sometimes can take awhile), and my back is still strained even from the wait. I eventually won my appeal after going through 3 appeals processes. But It should not be this way for caregivers who are suffering. I hope and pray that we all will be treated equally someday!

Patty (IN)

My husband had Open Heart Surgery on 04-27-08. What amazed me was all the people involved in the admitting process. I counted a total of 5 people. First was the registration clerk. Second was a greeter who took him back to the exam room. Third was a person who took his vitals. Fourth was a person who placed his I.V's and fifth was a person who took an assessment. WOW! The administration cost concerned me. After a 5 day stay the hospital bill exceeded over $100.000. The fifth day stay was due to my husband being over-medicated. We should not have been charged for that day – an argument we could not win. Healthcare cost is out of control.

Susan (IN)

As someone just going onto Medicare this month I cannot believe the control the insurance people have over this process. Part D is a nightmare of complexity meant to keep the provider and the recipient of the care both in confusion!!! WE CANNOT LET THE INSURANCE COMPANIES WRITE THIS NEW LEGISLATION AS THEY OBVIOUSLY WROTE THE PART D PRESCRIPTION STUFF. If a few executives lose jobs that won't hurt. The people who do all the work and answer those calls from frustrated and scared people will find jobs in the new system. We've allowed people to abuse the present system and people who take seriously every label a doctor may mutter, some for whom sickness is a profession. We need to change our thinking as well as our system.

Cindy (IN)

My husband is a diabetic and my dad is a Parkinson's patient who sometimes goes without his medication as he and my mom are living on Social Security. Paying insurance and the cost of prescriptions are so huge that he sometimes goes without. Sure, they could sell their small farm house which they have lived in for 44 years, but then where would they go? My husband's insulin and other medication is a huge expense, even with the insurance we have, and we can't get in to see a dr. sometimes for months as appts. are constantly being canceled on the part of the physicians. Please assist us.

IOWA

Melissa (IA)

My husband works full-time and I am a stay at home mom going to school part time to be a nurse. One of the main reasons that I am a stay at home mom is because if I went to work, we'd make too much to receive daycare assistance and if we had to pay daycare costs out of pocket, 99% of my paycheck would go towards it! So we can't afford employer-offered health insurance either way! Employers are slowly raising the costs of health-insurance and even if we were able to afford it, I'm not sure I would pay for it.

When I was pregnant, I was told by our health insurance provider that my birth and delivery would be covered – no matter what – even though we'd purchased the insurance after the pregnancy began. They said it was national law that pregnancy could not be considered a preexisting condition. However, after I gave birth (emergency c-section) and had to spend 5 extra days in the hospital due to complications, they decided that pregnancy WAS a preexisting condition and refused to pay out anything! We can't do anything about it because we can't afford a lawyer. You know the health care system is pretty bad when you're so desperate that you've considered moving to Canada just for the health care!

KANSAS

Virginia (KS)

We are self-employed farmers. For the past 7 years or so we have had disaster insurance which means that health care costs come out of our pocket. We only go to the doctor and dentist when we are having a problem. Our health and dental health have suffered as a result.

Bret (KS)

I currently have health insurance. It is the only thing keeping me alive. However, I lost my job and am doing everything I can to keep that coverage – which is hard with no income. I have reached out to every agency I can and keep hearing the same things. You don't need help – you have insurance. I have HIV. Sixteen years on those medications have given me other disorders like diabetes and high cholesterol. All of which requires more medications. All of those medications still have Co-Pays. I have switched everything I can to Generic and still the payments are about $150 a month... which I can't afford and can't get any help with. Even WITH INSURANCE I may have to make the decision to stop taking medication and deteriorate to the point of "needing help."

Most agencies are willing to help

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with a one time need – maintenance drugs are a drain help agencies and charities can't afford. I've been told that I can get more help when I'm sick but still on my maintenance drug (because otherwise, I would have made myself sick and be a waste of the investment to make me healthy again). It's like telling someone you have a box of band-aids but you won't bother to peel the paper off one unless they've lost a limb and you'll only use one to help stop the bleeding while they wait for a doctor.

I'm 43 years old – 16-year survivor of HIV – 5 years with maintained diabetes and never missed a day of work when I had a job. I can't get hired on where my skills can be used because of my age and "existing health concerns" when a "healthy" 20 to 30 year old will do the job for less money and no benefits. I'm in a Catch 22 Society.

Crista (KS)

I am a 74-year-old woman in reasonably good health, with the exception of some arthritis, which I take Tylenol Arthritis medication for.

I don't know how I got so lucky as to not have a lot of health problems, but there you are!

I don't know what I would do if I had to take all kinds of medication, as I live on $600 a month and household bills are eating me up. I guess I would have to go without medication!

Please give people the health care they need, the doctors and medicine they need, instead of wasting the money on pork barrel projects that benefit NONE!

We don't need another Bridge to Nowhere!" As in Alaska!

KENTUCKY

Verna (KY)

My daughter and her husband have been without health care for 8 years. Their daughter is 4 years old and has health care provided by Medicaid. He has recently began to make enough money to support the family without help from family members and to save money to buy a house so they can move out of the home they live in that is provided by myself and my husband and to move the family closer than the 5-6 hours that he must drive to work now. Therefore a home is a priority before health care. It seems to me that health care should be a right given to every American. We consider education, taxes, etc. to be a such a necessity that it is required by law, but not health care? I think it ranks right up there.

> "It seems to me that health care should be a right given to every American. We consider education, taxes, etc. to be such a necessity that it is required by law, but not health care?"
>
> *Verna, Kentucky*

Stella (KY)

Health care insurance is taking a bigger bite of our income each year. But we can't do without it or we couldn't afford to even go to a doctor's office, much less a hospital. Humana bought out a hospital in our town that was run by nuns, in the late 60s. Since then, it has gotten progressively more expensive to get hospital care. Profit hospitals suck. We had a hospital in the west side of our city, but it moved to the east side where people have more income. Profit is all they care about. Hospitals should be nonprofit organizations. They could be funded by universities, government, private funding of research, and charitable donations. People should pay according to their income levels, just as clinics used to do. Greed has got to vanish.

I really don't know what's wrong with socialized medicine, except that government has a way of wasting funds. I thought it was wonderful when my father-in-law was totally taken care of for nothing, when he broke a rib while visiting in Canada. The hospital said that he was a guest of their country and they wanted to treat their guests well. Yes, they have a lot of taxes, but at least they get something for their taxes.

MAINE

Amy (ME)

We have a $15,000 deductible and my husband needs shoulder surgery. We are responsible self-employed people and are tired of having to ask doctors to give us a break. Meanwhile we pay over $400 per month in premiums – which goes up close to 20% annually – and have to pay every doctors' bill and prescription on top of that. Help!!!

Linda (ME)

I have been a healthcare worker for over 20 years, and now that I am older, and on Medicare, I am seeing first hand that I am not getting the care, the testing or the interest that I would get if I had private insurance!! They push the prescriptions, and pat you on the head and out the door you go... you are lucky if you get 10 minutes with a doctor. It is all about money and the billing of visits are criminal and it is a war of the office to the insurance company to what they will pay the office and then in the lap of the patient. It is unfair and what needs to be done is a universal fee for patient visits, hospital treatments and insurance payments and everyone should be treated equally.

MARYLAND

Colleen (MD)

I had to pay full premium while on LWOP because I had been employed 11 months and not 12.

I ended up being able to only take 5.5 weeks maternity leave because I couldn't afford to keep paying for Health Insurance that exceeded the cost of my rent!

Carolyn (MD)

My daughter can not afford health insurance. Just yesterday she did not want to go to the hospital because of a tooth ache. Now she has an infection in her mouth because of a bad tooth. The infection could have gone to her brain.

A mother lost her young child a few years back because of this. No health insurance.

Something needs to be done. People are dying when this does not have to be happening. All because she knew she could not pay for the care she needed.

Alyscia (MD)

My husband and I do not have healthcare. It's saddens me to know that this wonderful place called America doesn't have free or affordable healthcare for it's citizens.

My children were recently APPROVED (that's just ridiculous) for healthcare. At first we were told we make too much and we can afford it. If you're not dirt-poor here you get no help. We still need help!

Charlotte (MD)

I'm a single mom working part time. I pay for my own health insurance and chose a plan I could afford with a high deductible. I can still afford the insurance but now can't afford to see any doctors (except my PCP) and haven't had my teeth cleaned in 2 yrs.

Christine (MD)

Medical insurance for our families is becoming more and more expensive during a time of economic crisis. We should be changing policies to help support the working and non-working families as well as single people. People in this country are delaying going to the doctors because the can't afford the costs that come out of their pockets. Health care shouldn't be a worry. We should all be able to take proper care of ourselves and families.

MASSACHUSETTS

Pam (MA)

I am one of the lucky ones. I, too, was divorced after 23 of marriage. However, my attorney made a stipulation in the agreement that he must carry me on his insurance. I do pay him to cover me but at least I am covered. What I don't get is how students from other countries that come to the U.S. can get state subsidized coverage and their countries pay for it. They are only in the U.S. for a short period of time and then go back home. I don't get it. People in the U.S. work hard and pay taxes but cannot reap the benefits of health care. What's wrong with this picture?

I don't have a problem helping others from other countries but PLEASE take care of the people who support them before we give it to them. Yet, employees at my work couldn't get insurance because they couldn't afford it. Thank God, Massachusetts passed a law that everyone was to have health insurance or get fined at tax time. So now, the employees have state health insurance. Good Luck to you all!!!!

Mike (MA)

This is a critical and decisive moment for those of us who have always felt that our healthcare insurance industry was far too costly and ineffective... and unfair. We have known for decades that special interests have imposed themselves upon our legislators to force us to have to deal with private health insurance solutions only. This is an outrage.

Clearly, our political representatives are owned lock, stock, and barrel and unless we, the actual constituents that our representatives are supposed to represent, can impress upon them that we will not sit idly by while they sell us down the river on healthcare, then we're likely to again witness another episode in the healthcare follies.

We ABSOLUTELY are completely entitled to have a public health insurance option. Over 60% of the nation now feels that a universal, single payer healthcare system is the way to go. The time is NOW. In my 60 years on the planet, and as a citizen of the U.S., we have never had such a congressional alignment of Democrats – with clear majorities in both the House and Senate and, of course, a Democratic president who will not veto a public healthcare insurance plan. If we don't do it now, it will never happen, my friends. WE MUST MAKE IT HAPPEN NOW!

Sally (MA)

Please stop the posturing and greed. Having no health care in this country is the most crippling for all of our citizens and all of our economy. Health care should be just that – CARE. We do not have any preventive medicine and our system fosters the impersonal relationships to various doctors with no one taking any interest in our actual health or lack thereof. It's obvious that it is a great country as long as you are never ill. Please change this mess.

Jane (MA)

I voluntarily reduced my work hours to 32 in March due to the eco-

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nomic impact on our non-profit private school. Currently I pay almost $3,000 per year just for my portion of our family healthcare through my employer. I just found out that as of July 1, my portion will increase by $972 a year for a lesser plan, plus a $1,000 deductible. This has to stop! If I did not have a working husband, I would be in desperate straits. We are getting squeezed at both ends, and it's getting intolerable. Thanks for this forum.

Will (MA)

I am lucky to be a generally healthy person. I didn't even really think much about health care, and even went without for a while. Then I had a son with spina bifida, and my education in the byzantine world of private health insurance began (and still continues).

The main problem with health care reform, as I see it, is that health care policy is made by those who are well, and who have the best health insurance and care that money can buy. I could not be more involved with my health care, and when I have to buy a policy with a 2 million dollar lifetime cap, that's a problem. Two million dollars is a premature baby. Two million dollars is a couple of my son's surgeries.

Ultimately, no one should have to worry about personal bankruptcy at the hands of the medical system. The only efficient way I see to achieve that is to remove profit from the health care system. We don't run schools for profit – why do we take care of people for profit? The only way to achieve this is a single-payer system.

Leslie (MA)

I just did the math: since I left my full-time job with benefits to begin a freelance career in 1996, approximately $70K of my freelance income has gone toward paying health care premiums. During that time, my average annual gross income has been about $40K.

It was my choice to freelance, so I'm not complaining that I have to pay for my own health insurance. I do wonder how much less I would have had to pay had there been a public health insurance option, however.

Another thing to think about: Since I deducted my premiums on my tax returns, it was that much less money going into the U.S. Treasury. Multiply by every individual and small business that deducts health insurance on their tax returns.

This makes me wonder if anyone has figured out to what degree lower health insurance premiums could bring more money into the U.S. Treasury?

Bottom line: stiffer competition leading to lower premiums is GOOD for the U.S.!

MICHIGAN

Stuart (MI)

I am one of the "lucky" ones. My wife and I are in our 70s. We are in reasonably good health (in spite of my wife's colon cancer and the car accident that forced her to go on disability in 1987 and stop receiving "earned" income). We are both on Medicare, and I have retired teacher's insurance as secondary coverage (until the state legislature decides to take it away from us.) BUT, this is not about us. Our daughter and husband in Florida recently lost their jobs and, of course, their health insurance. We are now supporting them (and our granddaughter) entirely. Medicaid in Florida is miserable because it's run by the state. Medicaid dental coverage for adults is even worse. Private for-profit insurance providers CAN NOT be trusted. Big business CAN NOT be trusted. Even the Federal government, as long as it is polluted by the so-called fiscal conservatives, CAN NOT be trusted. There must be a guaranteed federal insurance option for everyone, regardless of their work status. They found plenty of money to invade an innocent country and start a war they did not know how to finish. They can certainly find enough money to help their own citizens (if they cared). The only thing I'm thankful for is that McCain didn't win. Things could be worse (I think)! Sorry to sound so bitter, but that's the way I feel.

Dana (MI)

My parents, who have moved to two different states in the past year looking for work, are uninsured. My youngest brother doesn't get to see the doctor now because daddy doesn't have a job. How is that right? Why is it so hard to see that this is ruining our country? People like my father who have worked all their lives are being forced into bankruptcy because they can't afford to pay their medical bills, and it's only worse now that so many are out of work. You say we can't afford healthcare reform? I know we can't afford to NOT have healthcare reform!

Kristin (MI)

I have a friend who is 58 years of age. She has BCBS and was diagnosed with Cervical Cancer. BCBS refused to cover the surgery citing that it was reproductive. Mind you she has never had any children and she is 58 and post menopausal. When she got to the hospital she was ready to write a check with the line of credit she has on her house. The cost was over $20,000. At this point the hospital employee told her to put away her check book and that they would fight it out with the insurance. EVEN WITH INSURANCE YOU ARE NOT COVERED. We are all at risk and the only way to ensure a fair and balanced system that works for the good of all is Universal Health Care, for everyone!

Naomi (MI)

As the economy in Michigan declined 2 years ago, my husband was laid off and we lost our employ-

er sponsored health insurance. We pay our own now and it is $500 a month for just catastrophic illness

Last year we spent over $8,000 on medication and doctor visits, about half of our social security income. I am terrified that an illness short of catastrophe will bankrupt us due to the massive hit our retirement fund has taken.

Catie (MI)

We have had several incidents with large (considering our annual pay) debt due to medical expenses. This is our most recent story:

My husband had a vasectomy in September because we have 3 kids, all under 3, who are all receiving Medicaid and we really did not want to add another when we can't afford the ones we have. We have private insurance because my husband and I can only find part time work. My husband had an allergic reaction to the pain medicine he was prescribed and ended up in the hospital barely breathing and having very irregular heart beats.

Our health insurance won't cover any of it because 1) it was caused by a procedure that wasn't covered and 2) he has had heart palpitations in the past – which we put on our insurance application – so they consider the heart palpitations caused by the allergic reaction to the medicine a "pre-existing condition." The side effects listed on the pamphlet for the medicine stated we needed to go to the hospital if a person has shallow breathing or irregular heartbeats from taking the medicine. We are now stuck with bills we can't pay and won't qualify for the discount the hospital gives for those uninsured because we have health insurance that doesn't actually cover anything!

S. R. (MI)

I notice the people who object to real change in healthcare either A) have healthcare and don't believe they will lose it; or B) believe suffering happens to someone else and life is a competition so too bad for the other guy. Or perhaps some of them are just selfish and don't believe their own good fortune and accomplishments are due in part to the work of people under them. (In the case of Congress, who enjoy premium health care FOR LIFE, they apparently owe nothing to the working stiffs who elected them.)

My husband, a teacher, got pink-slipped 2 years ago after 9-1/2 yrs; no jobs in the Midwest so he's been teaching English in the Middle East for the last 2 yrs (no visits home). He makes enough for us to keep the house but that's it. I have a college degree and 20+ yrs experience as well as a special needs child. I run a small non-profit for families. Here in Michigan my area has 15.6% unemployment, so although I continue to care for people who can't pay, there are few who can pay. I work hard and make very little money. Of course we have no health insurance. It took me 4 months to pay off the $120 to take my son to the doctor. I had to borrow money to buy the medication. My parents are aghast that I don't at least buy "disaster" health coverage. Well, I can pay my property taxes and keep a roof over our heads or I can pay for useless coverage that won't keep me or my kids healthy, just prolong the agony if we get cancer etc. Those policies aren't for healing health problems, just for paying the hospital and a physician or two for the first go-round; too bad after that. I know because in the early '90s I paid $300/mo to BCBS for what turned out to be "carved out policy" that failed to cover half of the medically necessary coverage for my daughter's femur break and the birth of my son. We cleaned out our savings to pay the hospital (first bill) and they forgave the rest. The rapacious service physicians (anesthesiology, radiology, etc.) were not content with small monthly payments so they took our house. Did I mention that my daughter (5 yo then, 20yo now) could not get the necessary physical therapy for the 1" difference in her legs? She will have trouble all her life with the skeletal stresses. That makes great economic sense, doesn't it.

I'm not lazy. My husband is not lazy. We don't expect a handout. We contribute to society as do our older children. The fact that we contribute in fields not valued by capitalism and the rich doesn't mean we have no value. It doesn't mean our children are of less value than those of the wealthy. What is lacking is a sense that we are in this together. Why on earth should businesses be required to shoulder the burden of health care??? Their job is to compete successfully in the marketplace. Health care is not primarily a capitalistic enterprise. If you want to get rich, you need to compete in the business arena (e.g., plastic surgery, for all the capitalistic physicians out there, Hollywood caps and bleaching for like-minded dentists).

Many other countries have put us to shame by finding systems that use 7-9% of their GDP - a little less than HALF what we spend. They aren't perfect systems but nobody in those countries ends up with no health care at all as we do here. The rich are all free to access the best care with additional money and/or insurance, so there is no forcing of citizens to accept "government quality" care. Ask yourselves, who do you hear objecting to switching to one of those systems? What do they gain from keeping things as they are (which means nearly all of you readers, regardless of your current situation, have no secure access to decent health care)?

There are many legitimate political and moral viewpoints about quality of life issues. I urge you to step beyond whatever yours might be and look at the big picture – are a THIRD of the lives of our fellow

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citizens worth nothing? Not even the most basic care? Is the ability to maintain one's health a matter of discretionary spending, on a par with a vacation or new car? Was Scrooge correct that workers who are paid little constitute the "surplus population" and can best serve their communities by dying off? I think we are better than that. I hope I live long enough to see us change.

Dana (MI)

Health Care companies are now avoiding costs and treatments by using pre-existing clauses. Employers (including the federal government) that may offer health insurance are now taking these health care companies along for the ride. When I tried to get coverage on my own (without an employer) I found there are no companies right now that will accept me for an insurance plan that would cover all of my pre-existing conditions. It is very frustrating because I need treatment, but the doctors charge so much, I cannot afford it.

Something needs to be done about this, and soon, or more thirty-somethings will be ill (or even dead) before we know it.

Elizabeth (MI)

My husband works for one of the Chrysler dealerships that got "the letter." After 11.5 years he's being laid off June 9th without so much as two weeks severance. After his ten year anniversary our healthcare, as bad as it is, was being paid by his employer. Now, his employer is cutting out dental as of June, so with COBRA we can get our menial healthcare, but no dental. Also, when we lose the $700 a month income from the employer paid premiums, we will lose our house.

I have been in and out of the hospital since March of 2008. I have had three surgeries, meningitis and encephalitis, and am looking at a fourth. I have to see a pain specialist on a regular basis and I have to have epidural injections and sciatic rhizotomies done. We owe thousands in medical bills and will probably be facing bankruptcy within the year because of them. In the "wealthiest" country in the world this should not be allowed to happen.

> "We owe thousands in medical bills and will probably be facing bankruptcy within the year because of them."
>
> *Elizabeth, Michigan*

Christine (MI)

I do believe we need reform to our healthcare system. Key word there is care! They need to remember why they got into the healthcare business. I believe the whole system needs a heart check. I do not have insurance at this time because I am self-employed and can't afford a policy on my own and make too much to qualify for state help. I am a Medical Massage Therapist and do a lot of natural healthcare for myself and my family. Though I am always slightly worried if something major were to happen. What would we do? In the past I just had to set up payment plans with the hospital and pay till paid off. I feel there should be more choices as well for coverage and letting people take charge of their own health and be allowed to be more proactive. Alternative choices.

Jane (MI)

Anyone in a blink of an eye could be without health insurance coverage... I worked over 30 years. I was always covered whether it was completely by my employer and where I had to pay a portion from my paycheck. When your company closes and you have to start all over again, you will NOT be so lucky to have healthcare coverage. If you should unfortunately get hurt on the job, what do you do then, like I had to experience, you go apply for a county health plan and HOPE to god you are able to receive anything to help. Middle aged hard working people experience this each and every day now. If the politicians care about the people, do the right thing. If not, then they should lose their taxpayer healthcare coverage.

Diane (MI)

The current health care system is too complicated for the average retiree. My husband is a veteran and gets his prescriptions through the VA. He just turned 65 and has Medicare. He purchased a Medigap Blue Cross policy also. When trying to find a new doctor in the Traverse City, MI, area, the doctor to whom we were referred refused to see him, EVEN IF HE PAID CASH. That doctor is non-participating. He said that the "system" does not allow him to see patients with Medicare even if they pay cash. Why? Because Medicare fears that some doctors will take the cash and still bill Medicare. My husband needed to see this doctor asap to get a referral to a specialist – husband is not sure what his problem is and had to start "somewhere."

MINNESOTA

Maggie (MN)

I'm a teacher laid off due to $4.5 million in district budget cuts 2 years ago, and have been without health insurance since. Fix this system!

John (MN)

Not only does inadequate health care cause a huge strain on the economy in terms of cost but it also

kills so much potential creativity. Just think how many people are out there working their deadening 40-hr (or more) per week job and they have this really great idea to start their own business or become an artist, etc... and they don't do it (or can't do it) because they are desperate to keep their health care coverage. Our employer-based system is an entrepreneurial killer and therefore an economy killer. We need affordable health care available for all and we need it now. Our economic future depends on it!

Pamela (MN)

My sister was retired but had to take a part time job to get health insurance. Still, when she had to have knee surgery, she ended up paying $20,000 of it herself!

Maren (MN)

My husband and I are fortunate to have wonderful health care insurance, but it comes at a huge price. Even with his employers contribution, we pay $1,000 a month and not everything is covered. Over the last two years the premium has increased about 10% each year. Without reform that will continue.

Patreshia (MN)

I recently was selected for a teaching fellowship through the State Dept to go out in the world and help put a good face on America. It's a fellowship; I'm not a government employee, so there are no benefits attached to it. It also doesn't pay much – one of those "what a great opportunity" type jobs. But it pays just enough for me to be dropped from Minnesota Care – a state funded, low-price health care plan which I qualified for when I was unemployed. So now I have a job, but no health insurance. One serious illness would wipe out my meager stipend. I'm a healthy 50 something with no major medical problems, but when I had my last physical, every test seemed to need a follow up test or procedure to look closer and just to be sure, due to my age. I had insurance for the last round, but now without it, I dread every routine trip to the clinic.

Anne (MN)

Critics of health care reform often say it will interfere with the patient/doctor relationship. Baloney. That relationship is compromised under the current system. My husband was prescribed medication when he had Alzheimer's back in 1997, but I had to petition the insurance company, and it took months before it was approved (lost time). I have had medication prescribed and had the pharmacist use an alternative that was not as good because the prescribed drug was not on the "approved" list. My doctor has said a test would be good, but warned me insurance might not pay for it. The insurance companies are dictating my health care.

Tony (MN)

After 15 years I was laid off. My insurance coverage ended 1 month later. The COBRA was $800 monthly. Hmmm... unemployed... house payment... health insurance... which one has to go? Sad day for America when it is money first and health second. If your vehicle is destroyed in an accident, would we accept the insurance company telling us that we didn't need as nice a car as we had... so here is what we will do for you. But it is ok to do that with our health. Every other country has national health. Who is the third world country?

MISSISSIPPI

Laura (MS)

As a single mother who has lost her job due to the economic crisis, I find myself without any insurance once again. I had to cancel my self-paid insurance when my unemployment benefits expired. All I can do is pray that I do not become ill or have an accident. What will happen to my children if I am not able to care for them? How will I pay for healthcare if I have a major illness or need any hospitalization? Congress needs to wake up, meet the REAL people out here in the REAL world and get on with it.

Jamie (MS)

Last fall, my husband thought he may be having a heart attack. It was late at night and the only care available was the ER. My husband struggled with whether or not to go to the ER because he didn't want to have to pay our $500 dollar deductible plus our co-pay at the ER, if it turned out he was not having a heart attack. This is a sad state of affairs.

Joann (MS)

My husband is 74 and I am 71. We live on the small amount of less than $2,000 a month. He is a heart and cancer patient. We pay more than $400 per month for insurance coverage. God is good so between Medicare and our Supplemental Policy all his medical expenses are now covered. If changes are made to this, we are "out of luck" and will just have to do without and I guess, die. Lower insurance premiums would certainly help us, but if we cannot see a doctor or get the prescribed medications necessary for our health without long waits, God help us.

I don't know the answers, but isn't that why we send our Senators, etc. to Washington? If they could stop all the bickering between themselves and take care of the business they were sent to Washington to do, and remember they are there to serve the people and not themselves, we would all be much better off, including them.

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I'm confused with all this as you can tell, but feel this speaks for most Americans our age and situation.

Susan (MS)

I am 58 years old, divorced and live alone. I work as a social worker with a masters degree and still have a ton of college loans and other bills.

I have multiple medical problems which have worsened over the past year to the point that my doctor is about to do cancer testing.

It is hard working with the fatigue, etc. but I do it. I'm afraid of what will happen if I need to miss work and run up the medical bills that are left over after insurance payments. As it is, the co-payments and labs that aren't covered by insurance are a huge burden. I am fortunate now to have a job with insurance, but as we know, this can change at anytime.

I also have a 35 y/o daughter who is trying to build a career for herself in the cosmetology field. She has no insurance and doesn't make enough money to buy it. People like her need help as they are the ones who suffer when severe illness strikes. She cannot afford to go to the doctor and is having a medical issue that needs attention. I see drug addicts, meth makers, etc. on a daily basis who are getting free healthcare because they have no money and they clog up our medical system. The government needs to get on top of this problem and provide the proper healthcare for everyone!

MISSOURI

Lisa (MO)

I might be more consoled to know that I'm not the only one. I went on disability just shy of a couple of years ago. At that time, my monthly premium was $480 and the beginning of 2008 it went up to $600 for my pre-teen son and I to have insurance. I make just too much to qualify for Medicaid and that premium is just shy of what our rent is. This just isn't right at all!! I agree with the one entry that said something about making these legislators give up THEIR health insurance and their perks that WE pay for for a year. Shoot! They wouldn't last a month, tops, would be my bet!

The bottom line is that the insurance companies need to be taken out and flogged. The health insurance in this country is not going to change unless and until the whole approach is completely overhauled to be wellness oriented and driven vs. profit driven. Health insurance industry needs to take over the failed AIG, Lehman Bros. and the like and absorb all those "toxic assets," because the truth be known, their greed is what's at the very root of this crisis and ALL things economic.

Susan (MO)

We are self-employed and bought our own health insurance. With 2 surgeries in the family this year and one person having been diagnosed with a chronic disease, our medical bills will be about $15,000 this year. When our policy is up in August I assume that our premiums will be raised beyond what we can afford and have no idea what we'll do. The lesson of this is that you can only be self-employed in the U.S. if you're 100% healthy – any slight medical problem means that your insurer will raise your rates and you won't be able to get other coverage due to the pre-existing. Frustrating.

Katherine (MO)

My husband and I are both employed but forced into private insurance, and thus pay almost $1,400/month for our family of three. This is more than our rent! And we need help from our parents just to be able to afford it. One reason our health insurance is so expensive is that I need maternity coverage on my policy, since I want to have another baby. There is no private insurance with maternity coverage for less than $600/month. This is simply unconscionable and grounds for sexual discrimination by the insurance companies. The pricing gap between group plans and individual plans is just outrageous.

It is long past time to divorce health insurance from employment status in this country – the old model of working full-time for one company for years simply does not exist any more. Today's workers, especially women, have different needs.

Amy (MO)

I had a individual plan ready to start at the beginning of 2009 until my husband was laid off from work. We were not able to afford it. A month and a half later, I found out I have Leukemia. Now, I not only don't I have insurance but I cannot get any kind of government help due to the fact that I work. I have been turned down for all kinds of insurance. What do I do? I am a 28 year old leukemia patient with a three year old, I can't get or afford insurance. I have to get the treatment in order to live. The government needs to look into this very badly. I shouldn't have to choose to live without any kind of health insurance and go bankrupt in the process or choose no treatment and die. Doesn't seem fair.

Liz (MO)

Our current health care system sees us overpaying our insurance companies (for those of us who can get insurance and afford the premiums) to deny us the choice of physicians or treatments. I don't see how single-payer could be worse. I don't believe those who say that single-payer would increase bureaucracy. It's currently the bureaucrat at an insurance company desk a thousand miles away who decides whether you can have a treatment covered that your doctor wishes to heal you

with. This makes physicians and their staffs have to spend more hours trying to squeeze money out of the insurance companies. (It's well known that insurance companies will often deny covered procedures and, with persistent requests, may change their minds and finally make the payment.) The for-profit health care system is a failure because it does not care about patients or medicine. It only cares about profits for the shareholders. That's no way to run a medical system!

Lisa (MO)

The far beyond broken down healthcare in this country is THE THING that has me and my pre-teen son in poverty. We don't meet the definition of poverty, because the measuring stick for that is entirely out-dated. If I wanted to continue to pay for healthcare insurance that I had had on the job I'd worked since he was 6 months old, I would've had to pay as much as my house rent is per month! I make too much on LTD (Long Term Disability) insurance to qualify for Medicaid, too young for Medicare and have whopping bills just for survival, i.e. credit cards charged up to pay monthly living expenses for the 90-day wait period between the last check working and the first check of benefits. Which is yet another disdainful aspect of the bullshit tapestry of just exactly where our so-called health care evil empire has us at their mercy beneath their choke-hold on our very existence.

There's an old saying that I believe is applicable here and it goes: "If any of us are oppressed, then none of us are free." No truer words ever were spoken.

Media (MO)

Being an older individual I believe it is time that everyone takes a stand on this Health care for everyone. I am on disability, yet unable to get Medicare as I am still to young to qualify for it, but I pay a hefty premium to continue to carry my Cobra through my previous employer which will run out in March 2010. I also have a very costly medicine cost monthly which being on the fixed income is causing me great hardship and not knowing who to turn to for help is causing great stress for me. The time for CHANGE is NOW.

Mary (MO)

I always feel intimidated when I need to have tests done – not knowing if they will be covered or not and never having "policy" comprehensively explained to me. I have a chronic illness and have battled my insurance company because of claim denial for absurd reasons: experimental, etc. I have just spent 7 months on appeals to cover a compounded medication and every time I would appeal the insurance company would change the reason why I was denied! And they told me this is common procedure! Actually, it was my State Board of Insurance that told me this! There is absolutely no consumer protection and health insurance companies can do whatever they like. It's impossible to win appeals. It seems as though all big business in the U.S. has become "Big Brother" in that terms worse sense.

Health care is supposed to be there to help people and our health care system makes me feel that I am being punished for having a chronic illness. I pray that the system will truly change.

Luana (MO)

In addition to losing one's job, the insult of requiring insane COBRA payments to keep medical coverage is a slap in the faces of all who worked their buns off for years. Why are they so high? You can bet the employers never paid that kind of premiums. Please, let's get our medical coverage issue fixed... we are looking so ignorant to other countries and rightly so.

MONTANA

David (MT)

The price of health care has been killing this economy for decades now, and I'm one who is just an uninsured hospital visit from bankruptcy. Fixing this will do wonders for fixing everything else about the current economy and a business as usual failure to address this will become a major reason our economic recovery fails. Just Bush's prescription drug legislation will bankrupt us in less than 10 years if we fail to lower the cost of health case. I refuse to accept my country committing suicide as a solution. Knock it off!

Regina (MT)

We lived in Germany and the national health care system works good like in several other European countries. Don't get fooled by the ones who tell you it wouldn't work here. It is a shame and an outrage that sick people have to worry not only about their health instead they have to worry about the high bills too. Go and look to the countries where it works and make it work here.

NEBRASKA

Amy (NE)

Recently, I was billed $2,100 for a CT scan my daughter had. My insurance is going to pay very little of this because we hadn't, until this point, met the (individual) deductible on our plan. When is this excessive charging going to stop?? I'm a single mom with 3 children and it's going to take me 1-2 years to get that bill paid off. What good does the insurance plans out there really do? We need a much better plan for our entire country.

Jenny (NE)

It's not just the poor who need help: I am a highly educated woman,

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who has gone into business for herself as a mental health practitioner. This has allowed me to set my own hours and be with my child more. However, if my husband did not have health coverage through his job, this option would not have been possible. I would be stuck at an agency job, working 50 hours a week and being away from my family, just to have health insurance. I know this because as a person with a visual impairment, I have been turned away from buying private insurance in the past. The condition I have, juvenile macular degeneration, is not treatable and there is no ongoing treatment that any insurance carrier would have to pay for. However, this condition, as well as headaches and a past ovarian cyst, have been used against me to keep me from accessing private insurance. It is only because of my spouse, that I can work for myself and still have health insurance.

This type of situation is far too common among highly educated professionals who have worked hard and deserve to be able to forge their own career path, but the inaccessibility and prohibitive cost of coverage for anyone who has a health condition prohibits many from pursuing their dreams. This is shameful for the country that prides itself on the opportunities available for its people.

My point is that it is not only our country's poor individuals who struggle with the cost of health care. This issue affects everyone. Hard working people are struggling and making life decisions based on the health coverage they have. It is time for this to stop. We need a health care plan that can meet the needs of all Americans, not just the CEOs of the insurance companies.

NEW HAMPSHIRE

Lynda (NH)

The important question is: why do senators and representatives pay so little for health insurance and ordinary citizens (which I thought our congress to be) are given privileged rates and treatment?

NEW JERSEY

Christopher (NJ)

Families are in need of very serious healthcare and true protection to have major healthcare, it is VITAL and we cannot allow denial of funding for Healthcare. If you GOP deny the funding for healthcare to families who are in need of it, the consequences will be very disastrous! And you will be very much to blame. President Obama is trying hard to make it affordable for all of us, especially my mom who is trying to get better from all kinds of ailments. She deserves vital healthcare! Get the job done right and make healthcare ACCESSIBLE to EVERYONE!!

Jeannette (NJ)

My health care on 4/1/09 goes up to $1,105 per month. I don't know what I am going to do. I work in real estate and have earned since 10/5/08 $800 to date. I have medical problems. I am going broke to pay for health care – may have to sell my condo. We need single payer health care, take the profit out of it, it is the key to everything now. My friend just this month gave up her health care, it was health care or the mortgage. We all need help now.

Julene (NJ)

We maintain that everyone in the U.S. has a right to legal representation. As a highly regarded physician who works with victims of violence pointed out to me, "Why isn't everyone in this country also afforded the right to medical representation?" Isn't that common sense and a moral imperative? It seems that the health industry and policymakers are finally open to doing something because the sheer costs of inefficiency and inequality are taking their toll on the U.S. economy. Let's all vote. Those who stand in the way of progress and common sense need to leave Washington, D.C.!

Marko (NJ)

Like so many others, I haven't had insurance in over 7 years and though I've worked on a contract basis, where they don't offer insurance at a respectable rate, it was either don't pay bills and become homeless or get insurance. Of course I'm not going to become homeless but it might be better as I wouldn't have anything to worry about. What a shame. I work hard as most other Americans, but I can't afford to take care of myself. Somebody, please help us!!!!

Anna (NJ)

Single mom, 3 children, work full time, no insurance. Court ordered dead-beat dad to provide, what a joke. He is only 5 grand in arrears now, so I shouldn't complain. The kids qualify for NJ Family Care but the coverage and doctors are lacking and not local. Better than nothing – they took my income + child support into account in determining eligibility and I am 3% over the amount I would need to get coverage. That child support that I don't often actually receive!!! I would be willing to pay to put myself on the plan but that's not an option. This is so ridiculous. If I get sick who takes care of and earns for my children? I am the biggest asset my family has and we receive no other assistance. Something needs to be done.

Annetta (NJ)

I'm a self-employed single mom – a double whammy, particularly in the state of New Jersey, where it's almost impossible for folks like me to get affordable health insurance. New Jersey requires insurance companies to take all comers. That should be a good thing, except that the response from the insurance

industry has been to raise rates to prohibitively high levels. The result: I'm now without health insurance, and I'm scared to death. As far as I'm concerned, we need a public plan and we need it now!

Colleen (NJ)

I was laid off from my job one month ago. I am a single mom without any other forms of income. I cannot afford to pay for medical insurance so I have applied for government aid but still have not been approved. It is frustrating and scary, for sure! I need medical for my daughter, may have to put it on credit?!?!

Marilyn (NJ)

Hi, I am joining the many mothers who are dipping into our retirement savings to pay for a health insurance policy to cover my grown daughter. She is working but has had no coverage for 6 years. That means no basic gynecological care, no screening for cancer, no blood tests, no dental care. This is an outrageous situation. I have lived abroad in Japan and Germany and wonder why America is so behind in caring for our fellow citizens.

Patricia (NJ)

I am a 68 grandmother of 4 grandchildren. One of them goes to college and presently has medical insurance under her dad because she is in college. What will happen to her when she is no longer eligible for that health insurance under her dads policy and it becomes totally unaffordable for her. In addition, when she graduates from college how will her student loans be paid back due to the extreme debt of those loans as the job market will most likely be worse than it is now?

When my grandparents arrived at Ellis Island in the early 1900s America was the land of opportunity. Needless to say, today America has become an embarrassment to the working class in this country.

Sherrie (NJ)

I thank God that I have a steady job and health coverage but not everyone is that lucky. I pray that a solution is found for all quickly! One that does not discriminate for pre-existing condition.

"If a TV doesn't work, we take it back. If insurance doesn't do what we pay it to do, we accept it as the system."

Amy, New Jersey

Pauline (NJ)

All the countries in Europe, as well as our neighbors in Canada, get better health for less money because the government takes responsibility for making sure all citizens get health care. When all these other countries can do it, is the USA going to say "No we can't"?

Amy (NJ)

I too have found myself after 25 years of marriage, divorced and without healthcare. I have a part time job and am also a realtor which means no healthcare unless I pay out of pocket. I work for a physical therapy office and work with insurance everyday. I have to say that my boss is OUT of NETWORK for almost all insurances. He finds it fiscally beneficial to work with the OON benefits. The insurance companies have come up with the most insane ways to deny benefits and make it difficult to collect benefits and when they do pay it isn't worth the cost to submit the claim. The big problem in this country is that people don't know what there coverage is and how it works. They think a $30 copay does it all. If they were more diligent this catastrophe in our healthcare would not have gotten to this point. More and more doctors are going to require that their patients pay up front and do their own submitting and follow up.

Because I work in the healthcare field I know which doctors to use and how to get self pay rates but I am also scared that a catastrophic illness could land me in debt or bankrupt. There are so many self employed people that could be pooled together to get the same rates as corporations. Or better yet, a private version of Medicare that anyone can join.

The healthcare issue is not just the fault of the insurance companies (which I'm not defending in anyway). It's also OUR fault for not holding them accountable. If a TV doesn't work we take it back. If insurance doesn't do what we pay it to do we accept it as the system.

Bernadette (NJ)

My concerns are that I sit and what 100th of people suffer from illnesses and are unable to afford proper care. In Las Vegas, Nevada hospitals and clinics are closing and patients who suffer from life threatening cancer are unable to be cared for.

My mother recently died from cancer and to think without care how much more she would have suffered is unimaginable. My sister is without health care, her husband is with limited care. What is this world coming to? If you had to walk or even talk with someone in need of treatment, maybe you could see the reality of this reform.

Help the citizens of this United States; in doing so, you are helping yourself to keep a pledge you had made for all people. You are our voice. Now please listen!

NEW MEXICO

Sandra (NM)

Even though we have health insurance, our medical costs this year were $14,300!! Also, my doctor was unable to give me the type of injection in my knee for arthritis that both he and I agreed helped me the most, because the insurance company did not have that particular brand on its formulary!!! That is insurance bureaucrats restricting the doctor in doing the best for his patient – me!!

Sara (NM)

I will soon be 65 and am losing my healthcare through my previous employer for which I pay $500 monthly in premiums. I have severe health problems, including major congenital heart problems that have led me to 4 open heart surgeries (not just stents, but complete heart reconstructions), and a bleeding disorder which, even with coumadin, causes me to throw clots randomly. I am in and out of the hospital and struggle to care for myself. I am truly frightened by what will happen when I no longer have the insurance, as I will be caught in the huge Medicare gap coverage.

Alice (NM)

My husband and I are 58 years old, and we have been self employed for years. We have had to give up our health insurance because it became too expensive. We are very healthy people who work to take care of ourselves and we keep getting put in a medical pool with a bunch of people who don't take care of themselves and therefore, we all spend much more on health insurance than we should. Isn't there a place for people like us who don't take prescription drugs and don't go to the doctor over every little ache and pain? We, the American people, DESERVE AN INEXPENSIVE HEALTH CARE SYSTEM THAT WORKS FOR ALL!!!

Gaia (NM)

As a mother and a healthcare professional I believe that we need to take profit out of the healthcare equation.

We can do without the new pill that is just two old drugs that the patents have expired on rolled into one pill and sold under a brand new patent. We can do without the extras when we are ill with preventable diseases in exchange for real preventive primary care. We can do without sending a huge portion of our paychecks to hospital CEO's.

Our nation cannot afford to continue healthcare for profit. We can not afford to have the highest infant mortality rate of any developed nation. We cannot afford to have the highest rates of diabetes and obesity in the world.

We can not stand by while people having heart attacks tell paramedics that they can not afford to go to the hospital because they have no insurance and they will lose everything and say that if they die at least their life insurance will help the family not just go to medical bills. We must raise our voices to our leaders and DEMAND that EVERY SINGLE AMERICAN MAN WOMAN AND CHILD have the access to healthcare that they need.

This is not about freedom, and patients rights as some ads would have you believe. It is about the basic necessity or healthcare that every American has a RIGHT to as a citizen of the richest nation in the world and as a human being.

La Joya (NM)

I am 62 yrs. old and have a married daughter with a 13 yr old child and an unmarried son. My son-in-law is Native American, so he qualifies for treatment at their local Indian Hospital. However, my daughter, son and granddaughter do not have insurance, and neither do I! Twice in my career, I had insurance available but could not afford it for any length of time; the cost was prohibitive. Something has to change when a woman like my daughter cannot afford to take her daughter to the clinic with a probable inner ear infection because it will cost over $200! Hourly-wage people cannot afford those kinds of prices!

Please hear us when we say we must have AFFORDABLE Healthcare! God Bless You for paying attention!

NEW YORK

Marisa (NY)

In my industry, you must earn your health benefits every year. Most years this has not been a problem. However, when I was pregnant I did not meet the requirements and we lost our benefits. We went on a Cobra plan that cost us almost a $1,000 a month. We have received benefits again through my union but now with the economic downturn, work is very slow and I am afraid of losing our benefits again. My husband is self-employed and therefore we need my health insurance so that we don't pay an outrageous monthly premium.

There are enough other costs with all the things that insurance doesn't cover that when you tack on a high monthly premium it becomes impossible. I pay more for my health insurance than we do for rent in NYC! It needs to be fixed!

Gladys (NY)

My son does not have health care coverage anymore because he is over 21. He is still in college and does not have enough to pay on his own.

David (NY)

I had been receiving full (excellent) health insurance through my domestic partner's employer, a large university. Recently I received notice that I would be removed as a primary insuree – but fortunately, I was

then eligible for Medicare B. with my still being carried by the university as a secondary insuree. (This meant that I would not need to dig up the cost of supplemental insurance, on a small SS income – formerly a disability payment). But, a few days later, my partner was informed that he would lose his teaching position at the end of the term, and so we would both lose the insurance which was part-paid by the university. So then one of us will likely have no insurance or employment, and the other will have a small SS income, a third of which would be taken by Medicare and supplemental insurance costs. We are FAR better off than most others (for many reasons), but I know what it is like to live without health insurance since I didn't have any for decades of low-scale self-employment.

Kathleen (NY)

I've lived in France, and when I needed to see a doctor, I was seen that day, even by doctors I had never seen before, in large cities, and in small villages. I paid about 20 euros for a visit, and prescriptions are affordable. Contrast this to the U.S., when I had insurance I was limited to what doctors I could see or I had to pay more, and I had to wait over a month to get an appointment! There is still a role for private insurers in France – they provide mutual insurance. A way better system, and much less expensive.

Carol (NY)

Any new health care plan must include coverage of dental, vision and hearing coverage. Does it make any sense to allow low-income people to lose their teeth, hearing and vision? I personally, as I write this to you, need no less than four extractions and a new upper denture. I'm trying to set enough aside to see a community-based clinic to get work done. I've needed this work done for over a year. My only income is Social Security Disability. My insurance is Medicare – which covers none of these. Medicaid will cover some, not all such procedures, but I have to pay the first $265 a month before I can use it. These formularies were calculated in the late '60's when the amount of SSD income I get was considered very high; now, it is meager. We need to get more up to date on these things! We are the only developed country in the world that does not have health care for all.

Dorothy (NY)

I am a health care professional. Recently I had a patient with global aphasia (severe inability to speak) who was only approved for one visit with a speech therapist. I felt so bad for him and his family. Also, even patients who can get some services only get help for a couple of weeks, even if they need much more. Before, we could provide therapy to patients. Now we are supposed to "train the families" to give therapy. Then we close the case, and the family has to go on with no help at all. This is not a "health care system" – it is a health denial system!

Ali (NY)

I got pregnant simultaneous with having to find my own health insurance. My income went down, my expenses went up. The stress I've experienced makes me fear for my – and my child's – health during pregnancy. And the best insurance I could find charges me $365/month (and my husband pays an additional $365/ month) PLUS a $2,000 deductable. Hard to save for a child this way.

Shannon (NY)

We have health insurance through my husband's job in the automotive industry (I am a full time mother to 2 with one on the way). My husband currently pays $1,000 a month for the insurance that we have, and when I think of how badly we need that money for other things it makes me sick to my stomach! On top of that, our copays are ridiculously high and our prescription coverage is laughable! It is unreasonable for us, or anyone, to be expected to live like this! This is the United States of America – a place where people once flocked to in order to have a better life! We deserve better, and anyone who opposes President Obama's efforts to change our pathetic healthcare system should be ashamed of themselves!!!

Barbara (NY)

I am a 63 year old widow with a 25 year old disabled son. I pay $740/month out of my pocket + an additional $571 for uncovered items & copays – for a total of $1,251/month. Since the downturn in the economy, my business income has gone down but my healthcare expenses (as well as other expenses) have not. I've been dipping into my retirement savings. The free falling stock market has made even those hard earned saving plummet. It's clear we have to do something and I believe Pres. Obama has the will, the leadership & the competence to make things happen. Those who oppose him need to take a hard look at their reasons why and make sure ego and self interests are put aside.

My son is a productive member of society, largely because I have (till now) been able to afford the care he's needed. Without it, he would likely go on some kind of public assistance. It reminds me of the saying "pay me now, pay me later". What we don't seem to realize is that not having universal affordable & portable healthcare is not a luxury. It's absence results in inevitable costs in other places.

Diana (NY)

Our income increased marginally last year, just enough that we no longer qualify for state funded health care... not enough to afford the more

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than $600/month it would cost us. We are now uncovered. We need better options.

Sylvia (NY)

Even though I have insurance through my employer, it costs me one third of my paycheck! This is ridiculous. I have been there for over a year, and have only gone to see the OBGYN once for an annual check up. I feel that not only am I blessed to be healthy, I am paying through the nose for something that I am not in need to utilize frequently. Something is way off balance.

Daisy (NY)

I have two children and can't afford health coverage for myself. If I should fall ill what will happen to my children? We should all be able to afford health insurance for our families in order to prevent more severe conditions that arise from not seeing a doctor on a regular basis.

Paula (NY)

My granddaughter is a single mother and has a job paying approximately $25, 200 a year.

By the time she pays rent food, transportation and child expenses she has very little to spare. She has to pay for medical coverage for herself and her daughter as well.

I have to subsidize her monthly.

Other countries have medical care systems that provide coverage as a basic right.

Our President is on the right track.

Judie (NY)

The time for change has come. The time that every one makes big bucks through the medical process and the families cannot afford basic healthcare for their children nor themselves.

The COBRA subsidy is great, but its only for 9 months, why not 18 months for the full duration of time, if one is loses his/her job involuntarily. This is my recommendation.

Ernestine (NY)

I have several nieces and nephews who are working for non-profits in jobs that are really benefitting the community, but they are not paid enough to afford health care. Something needs to be done for people who are working diligently, but can't afford health care.

Cynthia (NY)

Young adults, just stepping out into their working lives, need access to affordable, basic healthcare. A young person just beginning to form an independent life has little access to this, particularly in the current job market. Current college graduates are facing a tight job market where their employment opportunities are limited and where benefits are even MORE limited. Yet, they already have a tremendous financial burden if they are helping to repay college loans. How will they be able to do this without basic, affordable care?

Martha (NY)

It's my understanding that the U.S. is the only Westernized country where people actually go bankrupt over health care bills. I also believe it's the most common cause of personal bankruptcy filings.

Martha (NY)

We get our health insurance through my husband, who is a VA employee. Even though he has literally dozens of plans to choose from, not a single one offers any coverage for children over age 21, unless the child is disabled. Young adults whose entry-level jobs don't provide health insurance had better hope that their youth means good health, because they can't stay on Mom and Dad's insurance plan anymore, even if they're still in college. The plans they can buy through colleges are extremely bare-bones. Something has to change.

Barbara (NY)

Five years ago while preparing for County Fair, I drove my team of draft horses hitched to the new manure spreader. When they spooked, I fell, and they ran me over with the spreader, crushing my pelvis. I had sent in the yearly renewal application forms for our New York State GHI Family Insurance, and there was a delay in their response. During the seven days that the State left me without healthcare insurance, this accident occurred. In less than a second, I had been run over and incurred $45,000 in medical costs, including an $18,000 Life Flight. Since then I have had to FIGHT for each and every visit to the doctors, have repeatedly been denied specialists, and am not receiving the healthcare I need. At the same time I own and run my own business which employs seven people, and my husband and I are responsible and answerable to all that this entails. It is so inhumane that our powerful country has not yet devised a way to take care of its citizens, and it is well overdue.

Maria (NY)

Citizens of the United States deserve a better health care system than what is currently out there. Health Insurance should never be linked to employment. There needs to be a shift away from that system. True, Canada's health care system is not perfect, however, Canadians do not have to worry about going bankrupt or losing their home if they get sick. There will never be a perfect system anywhere, but in the U.S. our system is so broken that just about anything would be better than what is if each and every citizen can have access to health care which is certainly not the case now. Our free market in the U.S. lets too many fall through the cracks. The only people

who benefit from a free market in health care are the drug companies and health insurance companies. They've become wealthier while at the same time many of our nation's people can't afford the product they are offering. Where is the sense in any of that? There is a huge imbalance out there that needs to be corrected. I wouldn't discredit our government just yet in trying to right this problem. SOMETHING has to be done. We needed major change yesterday.

Donna (NY)

My husband and I do not have health insurance for a year and a half. We had to cancel it because it was too expensive. We both work in the food industry and do not have health insurance through our jobs. In the past, we had to pay for private insurance. We did manage to get insurance coverage for our children, but we barely were able to do that.

I am a cancer survivor and should be tested every 6 to 12 months. The PT scan I require is somewhere in the realm of 4 thousand dollars. I have not been tested in over 2 and a half years! It is unaffordable for us. My husband needs dental surgery, my twelve year old son needs braces and though he has some dental insurance, it does not cover orthodontry. The two procedures are going to cost around $8,000. This will severely hurt us financially, if we can even manage it at all.

Our health care system is a joke and unacceptable! I am tired of the choke hold the insurance companies and the pharmaceutical companies have on us.

Congress needs to realize their responsibility is to us, not these companies. We need some real reform and we need it yesterday!

Elaine (NY)

Heathcare costs have to be contained. I spent 4 days in the hospital last Fall. Semi-private room, tests and a minor procedure for which I was partially-sedated. I watched the whole procedure while the doctor talked me through what was happening.

This was $35,000. I hate to think what the cost would be if I was seriously ill.

I was horrified when I received the statement from the insurance company.

Sherry (NY)

My husband is self-employed and we had just purchased new health insurance. We did not read all the fine print (I still beat myself up about not doing so). It was discovered that I had breast cancer and the insurance was woefully inadequate. The bills were staggering. When we tried to get a decent policy, we couldn't because of my pre-existing condition. (I was quoted $3,000 a month on a small business plan.) We changed our lives and moved to another state that did not discriminate with regard to pre-existing conditions. But my husband's business is having a tough time in our new location and, as a result, due to the overwhelming insurance prices, we do not have health insurance any longer. Our country needs to reform health insurance NOW.

Judy (NY)

I work in health care, I am 63 years old with health issues. I am unable to retire because I need my Health Insurance, therefore, I must work for the next 3 to 4 years or go on Medicaid/Welfare which is not what I plan on doing. We all need Health Care even if we do work.

NORTH CAROLINA

Grace (NC)

My husband's work now has the employees paying the bulk of their medical insurance, which for our family to have coverage is nearly $800 a month, and raised the deductible to $500. We couldn't afford it so now we do not have insurance. We are also filing bankruptcy due to all the rising costs. I lost my job and my husband's hours have been cut in half. We now both are working part-time with a 4-year-old daughter and just barely making it.

Beth (NC)

I'm a mother of two young children and I purchase insurance through my workplace. We are very healthy and rarely go to a doctor except for check-ups. No one's job is secure these days, except for possibly elected officials. The lack of single-payer healthcare coverage is forcing millions of Americans into poverty. Will you turn a blind eye while America becomes a Third World Country? Action must be taken now! Please don't be held hostage by the healthcare and insurance industries. Do the right thing for the citizens of the United States.

Kim (NC)

I have really bad insurance. No Dr. Visits are covered and there is a $3,000 deductible per year PER INCIDENT! I am just about ready to drop it but have a preexisting condition which would make it really hard to pick it up again somewhere else. Talk about between a rock and a hard place. I just don't understand how we as a Nation can go into debt for war and for greedy Wall Street brokers but not for the middle class which really keeps this country running. God help us all!

Maria (NC)

Last year, my family spent 10% of my husband's salary on out-of-pocket health care costs – and we have "full coverage" through Blue Cross/Blue Shield. In addition, when

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our daughter was diagnosed with an eating disorder, our insurance would not cover treatment for her because she wasn't "bad enough" to be hospitalized. Coincidentally, we moved out of state for a year for a job opp with my husband and were finally able to get her the care she needed in the new location and AVOID hospitalization – just barely. Families should not need to make such choices!

Jamie (NC)

The small business I work for is no longer going to pay for our insurance beginning April 1st. My husband hasn't had insurance or been to a doctor in years. My 5 year old has Medicaid, but I had to fight and practically beg very hard for her to get that. It's SCARY!

Dragana (NC)

We need to have a system where health insurance is not tied to big corporations. Health insurance is a basic need for everyone, regardless of their employment status. Due to outsourcing software engineering jobs to IBM in India, I am now unemployed and COBRA is $1,200/month for my family. My husband is self-employed and has type I diabetes. As a self-employed person with insulin dependent diabetes no one will insure our family, at least not for any reasonable price. I do not want to be a victim of outsourcing again, so I'd rather start my own small business, which means that we will have incredibly hard time finding any, let alone affordable, health insurance for our family. How is that fair? How is that good for all citizens in the U.S.? We need to have affordable health insurance for everyone regardless of their health condition.

Megan (NC)

As a middle-class couple with two children, my husband and I are always evaluating our expenses and trying to balance what's best for our children with being able to afford to cover our basic needs. After having my second child, I wanted so badly to be able to stay home with her or cut down to part-time work, but my family could not afford to lose the health insurance provided through my employer. So I am spending the first year of her life away from her, pumping, running around like a madwoman, making very little above the cost of commuting and child care... just to keep the health insurance benefits from my employer. I need an affordable alternative so that our major family decisions are not driven by this issue. Thank you momsrising for making this a priority.

Kari (NC)

My husband and I are self-employed and institution-hired teachers, and we each work around 50 hours a week. We are conscientious consumers, and we make enough money to hold down a reasonable mortgage and feed and clothe ourselves and our 3-year-old son. Both of our cars are paid off and over 15 years old. We cannot afford a full coverage health plan. We've been paying $180 per month for several years for a health plan that only covers catastrophic illness or injury. When I had a bicycle accident last fall and broke my jaw, we accrued medical debt of about $2,000. All of that will eventually come out of our pockets, because the catastrophic health plan has a $5,000 deductible. That plan was all we could afford, and we've just cancelled it.

If we had saved the amount of the premium for those years instead of paying for a plan that has never covered our needs, we would have had more than enough to pay for my ambulance and hospital bills last fall.

My husband and I have skipped yearly exams and have stayed home and suffered when we were sick, because we simply can't afford additional doctor's bills. We'd love to have health insurance, but it's a luxury we simply can't afford.

Fran (NC)

I am under the doctors care for my heart and blood pressure. They wanted me to have an echocardiogram but had to decline. I have a 2,500 dollar deductible which I haven't met yet they do not include meds as part of the deductible and the test is $1,000 which I do not have. We need better insurance.

Barbara (NC)

Four years ago I suddenly began having severe back pain due to disc disease. A back and hip operation later, I'm still in severe pain and walk with a walker and use a wheel chair. I went from a vibrant working woman to a disability case. I now have lost hope I will ever recover the ability to fully care for myself again.

Nancy (NC)

I am in the same boat. COBRA was too expensive! It's a very sad day for this country that so many of us cannot afford health care. My husband died 2 yrs. ago, I got laid off last year. I am having difficulty finding a job. GOD help me if I get sick!

OHIO

Nancy (OH)

I had health insurance in Indiana. Then we moved to Ohio and my insurance stopped. I have a chronic health problem and was not able to get health insurance from anyone. When we finally found someone who would cover me, the costs were going to be over $20,000 a year – just for major medical insurance with a large deductible. I decided to forego the insurance and lived 8 years without any medical care, except for alternative assistance. I developed congestive heart failure twice and was unable to do much of anything during that time. Fortunately, my husband was able to find a job that would cover us and I am now insured.

There are many people out there suffering because of this – it's not right for the wealthiest country to treat its citizens so poorly.

Nell (OH)

I have healthcare from my deceased husband from the Government. The cost isn't great, but I can get my medicine cheaper at Wal Mart even with the prescription plan. It is time to go to Socialized medicine. We are the only country of our status without it.

I am tired of paying so much for drugs here only to fund those of all other countries. I am lucky that I don't have anything with medication not on the generic list from the $4 plans. I'm just afraid that this may not continue as I am almost Medicare age. I am now not working and am not sure what the future may bring. HELP!!!!

Tonja (OH)

Fortunately, I still have health care. With that health care, when I go for my annual for some reason, it's done in 2-3 visits anymore. I recently experienced an injury to my knee and, along with the higher deductable for the emergency room visit, the orthopedic doctor, who suggested my first step to identifying what is causing the chronic pain several weeks later is 10 physical therapy sessions 2x a week and every visit I have to pay the co-pay. The problem is I can barely walk and I really need to get to the cause of the problem. Now to add up all that in about a 6 week period, I will have paid $460 and this is just for my medical needs. I can't afford to have the family plan now to cover 2 minor children. Thank God they are healthy kids.

Amy (OH)

I made the decision to work part-time after my second child was born. Because of this decision, I am punished by not receiving health insurance. I work for city government. We have over 8,000 employees and my employer does not offer insurance to its part-time employees. How is this a family friendly America???

Renee (OH)

I have a 5 year old little boy with hydrocephalus. He has a shunt that drains the fluid from his brain down to his belly. With that said, he is a healthy, smart, and extremely happy little boy. Our neorosurgeon says he is truly "best case scenario" – very healthy! However, no insurance company will take us... no quote, no interest in looking at his medical charts, nothing!!! So we are left with truly no options for healthcare unless my husband or I close down one of our small businesses and go to work for corporate america...how much does that suck! So much for the American Dream!

Laurie (OH)

As a mother who had to deal with a baby born with problems and had many days of hospital stays and many months of in and out of appointments and check ups, I realized the vital importance of healthcare. I was one of the lucky ones I guess as I did have good insurance at the time. As a healthcare provider myself, I see too often parents not being able to get their child seen due to lack of insurance or the very basic of insurance that does not cover the costs of anything true. It is our children who will be our future and those in Congress' future. When will enough be enough?

Thank you to all of you who make a difference in our country to increase awareness of the needs that are not being met in our own country. No child should be left behind.

Terasa (OH)

As a parent of a children with chronic illnesses and conditions I have come in contact with many families whose life is much more complicated than it needs to be because of the lack of effective medical care, income guidelines preventing families from receiving adequate healthcare and claims/treatment being denied because of poor healthcare or no healthcare assistance being provided. With the economy the way it is healthcare assistance is crucial, especially for the families on fixed incomes. It is stressful, discouraging and life threatening. This causes more problems and expenses for families.

Donna (OH)

I am only 33 years old and have had health problems since I was 19. At that age I had no health insurance. At certain times in my life it has been a constant struggle with insurance. Sometimes you have good health insurance with certain jobs, and sometimes you don't. I have paid so much. I think about what I could've done with that money. Some things were simple procedures and you still pay thousands of dollars. I believe we pay over-blown salaries not good health care. I went misdiagnosed with an illness for 6 years because no one took me seriously. Who paid for that? Me! Its very upsetting. Something has to be done.

Judith (OH)

As a nurse, I am acutely aware of the need for health care reform. NO ONE should have to go with out basic health care in a country as wealthy as ours. Lets get our priorities right. The right to life does not end with conception!!

OKLAHOMA

Lois (OK)

I do not have insurance coverage. I am 82, use no prescription drugs and do not have a regular doctor. I am fortunate that I was raised in Oklahoma during the de-

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pression. I never went to an MD until age 18, when my tonsils were removed. However, we used old fashioned remedies which I collected all of my life. I have the basic ones – free on my website: www.ascendingenterprises.com. They have helped many people, and they work! Some have said, I laughed, but it worked! I bought some flip flops from China and they quickly affected my feet and legs, swelling terrible. I could not wear shoes for a long time! I did go to a doctor who was a personal friend and knew my history. He said that a friend who made me lie down for two weeks with my feet elevated probably saved my life. The interesting thing was that he put me through a battery of tests and was amazed that no residual problems remained. I give credit to my down to earth upbringing and my wonderful old fashioned remedies.

Jim (OK)

I'm a 46 year old carpenter who use to have an HMO with a different employer. I thought that sucked – an HMO – but I have another employer I work for now who offered a health insurance plan that's worse than an HMO I was offered an Cafeteria Plan. I asked if this plan would help me if I was at home sitting on my couch and had a heart attack? They said NO, then I said what good is it. I was told it will save me on taxes AFTER I paid my hospital, Doctor, Drugs etc. WHAT A JOKE!!!! I said this wasn't even worth the paper it's printed on. We need reform now before I do have that heart attack and loose everything I own and become homeless. Please lets act fast!!!!!

Kathryn (OK)

As a Family Physician, I see people every day who are unable to afford the health care they need. This leads to worsening illnesses like diabetes, hospitalizations that could have been avoided, and premature deaths.

The current health care "system" wastes an incredible amount of money on prior authorizations for needed procedures, medications, and referrals. A single payer plan would be the most cost effective way to manage our health care. In the absence of the will to achieve that, a public plan which would not have the tremendous overhead costs of the for-profit insurance companies must be part of health care reform.

> "Almost half of my salary goes to premiums and deductibles. Here's the funny part: I work in the healthcare industry."
>
> *Kristina, Oregon*

OREGON

Sierra (OR)

My family has done better without insurance because we bargain down the price by paying on the spot (usually get a 50% discount). My copay for an EKG last summer was more than I would have paid out of pocket had we not been insured. Furthermore, conventional medicine won't recognize or treat the serious chronic health problems that my family and children face so Insurance that only covers MDs would be of no use to us. My son is almost fully recovered from autism using biomedical treatments that aren't covered by insurance anyway, despite being grounded in research. The health care crisis in this country is bigger than under-insurance and high costs – the entire system is broken. The monopoly of the AMA needs to be challenged, and medicine should be held to high scientific standards rather than being based on convention.

Jennifer (OR)

My daughter has a congenital heart defect. If I lost my job or health insurance, the amount of money it would take to insure her would constitute an entire monthly salary. If I had to pay out of pocket for one of her medical procedures – last year's was $44,000 for an outpatient procedure – my family would be in debt that we would probably be unable to dig ourselves out of in a lifetime. Especially now that employers use credit ratings during hiring procedure. This debt would prevent me from gaining another family wage position and send us into a downward spiral. How can legislatures justify condemning families to a lifetime of poverty because of a medical condition? We are only as healthy as the sickest person in our community.

Nona (OR)

Right now our health 'care' is see the doctor with a problem and get a drug for it. This health care program needs to address staying healthy – and the biggest issue is our food supply. Our farming practices have depleted the soils and our shipping of food has made everything we have available old. Let's address this issue also.

Kristina (OR)

I don't even know where to begin with what is wrong with our healthcare system!! Unless I can find work in another department of HHS, I lose my benefits every summer. I cannot afford the COBRA to carry us through. My husband's insurance is just as expensive as the COBRA when we put the 3 kids on, with less coverage. Almost half of my salary goes to premiums and deductibles. Here is the funny part: I work in the healthcare industry. I do have some thing to share that is positive. I work for a part of our local health and

human services department called "School Based Health Centers". They are nationwide. We provide services to school aged kids (K-12, and home schooled) and we do not bill to see students. We try to get insurance info and bill that, but if the deductable has not been met we do not balance bill parents. It is worth checking into for your area.

Erica (OR)

A public payor option must be included for health care reform to work. I have multiple family members who are unable to get insurance due to pre-existing conditions, and this is unacceptable. We are the richest country in the world – we should be ashamed and embarrassed that there is a single person in America who doesn't get decent healthcare!

Marti (OR)

We have a small architecture company and our insurance with Blue Cross Blue Shield of Oregon went up 27% last year. Recently it was approved to be pushed up another 14.5% this year. That is a 45% increase in 2 years!

We are currently paying $1,330 a month for 3 of us. It is unbelievable that we need to keep paying more each year when in fact the economy is not improving. Do the people in government who pass these measures realize they are hurting the small business's? We are in fact some of the hard working folks trying to stay strong in business, and we are being penalized. Where is the justice here?

Erin (OR)

My 4-year-old nephew has suffered from Asthma since birth. For the first 2 1/2 years of his life, he was on public healthcare in AZ. When my sister got a good job and made too much money to stay on AHCSS, my nephew was dropped from the plan. AZ still allows insurance companies to exclude due to pre-existing conditions (unlike Oregon where I live now) so my nephew has been uninsured for over a year. My sister was making good money, but certainly not enough to cover thousands of dollars in medical bills should her son need to go to the hospital. She is losing her job at the end of the month due to the current economic crisis so may be eligible again for AHCSS; she is not sure.

The important thing is that no child, no person should have to go without medical care because the insurance company considers you a high risk, or high expense. Millions of healthy people are paying hundreds of dollars per month for coverage that they rarely take advantage of, it surely balances out. We do not have to be socialists to provide fair and equal access to good health care. It is easily attainable if new standards are set... as they say, if you build it they will come. Build a structure for a better system and the industry WILL follow.

Chris (OR)

RETIRED TEACHERS. We are well educated – we worked hard – retired after 30 years of teaching – and have no health care insurance! What kind of a system is this? We are one major illness away from bankruptcy.

We voted for health care reform and we want it now!

PENNSYLVANIA

Jody (PA)

I'm a wife and a mother of two kids under the age of 10. One is a baby. I had insurance through my job until they let my go. Now my children and I have nothing. Now I said I'm married, but my employer wouldn't let me put my husband on the insurance plan. Now, how is that right?! As of right now we have nothing. We can't afford insurance on our own because we wouldn't be able to pay our bills. I have chronic health problems, and can't afford the meds!!! My children now can get insurance through a state program. But the parents are without and we need to be healthy to raise our children!!! We put the people in the government places – it's about time they act on what the people want!!! WE WANT HEALTH INSURANCE FOR ALL!!!! WE'RE TIRED OF THIS GOING ON YEAR AFTER YEAR!!! PUT PEOPLE (doctors & drug , insurance companies) IN THEIR PLACES!!!!! THIS IS WRONG!!!!!

Chandra (PA)

My family went through a horrendous time not being able to get medical care for my 2 yr old son who is suffering from failure to thrive and problem gaining weight. Three different doctors have recommended that my son's condition is a medical necessity and he needs to be treated. But, my employer provided health insurance has deserted me when I truly needed help! When it comes to taking my premium my health insurance provider has no problems or they don't ask any questions... but when we need treatment we have to jump through hoops to get any care. Healthcare should be based on Medical Necessity and not based on the whims and fancies of insurance companies!

Monica (PA)

I lost my job and therefore my benefits a few months ago. Fortunately unemployment has enabled us to avoid dipping into our savings to pay our regular bills. But there is no way we can afford a $,1200 monthly COBRA payment. My husband is self-employed. We found an insurance plan for a little less, but you get no well-visits for the first 12 months! I have two toddlers. So none of their vaccines would be covered. Pennsylvania has CHIP. We're very thankful for that. But in order to

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be eligible for CHIP, you need to be uninsured for a full 6 months prior to application. That's quite a gamble. We're truly in a fix about what to do here.

When insurance is as much as a mortgage payment, something is terribly, terribly wrong! I know there will always be the haves and the have-nots. I have no romantic notions that we'll all rise and prosper. But I do believe that healthcare and education should be considered inalienable rights for every citizen of this country. And that quality in both is of benefit to every class of people.

Leslie (PA)

For those of us, including me, who cannot afford insurance, do not scrape to pay for it. It is NOT worth it. For one thing, the money you would pay into insurance, pay yourself, put it into a bank account for medical savings. DO NOT USE IT FOR ANYTHING ELSE.

Second, if you have a hospital visit, you can always "pay later," saving your medical savings for doctor visits, etc. Most states do have programs that enable people to apply to the hospital for "charity care" which covers the hospital bill based on your income and family size. Usually, the doctors will accept much less if you are paying privately, you have to discuss it with him yourself.

Twenty five years ago, my child's pediatrician told me it cost him over $26 PER PATIENT to comply with all the insurance companies shenanigans and the Medicaid did not even cover that much. Now it would be higher, and I am sure that if more people would pay cash the costs would go down, as the government is not paying enough to even keep the hospitals and doctors to cover their costs of supplying services. This can be proven by looking at the hospitals in Southern California that had to close in busy areas because most of their patients were on Medicaid and they were losing too much money, and the community was not supporting the hospitals through donations from the tax systems.

Maureen (PA)

My husband and I are still employed (knock on wood) and we are offered full health insurance through his job, but our share in the cost has quadrupled in the past two months, which makes it unaffordable for us. But how can we go without it?? It's just one more thing that's getting more expensive and straining our already tight budget. We will most certainly break before our rising living costs will.

Amy (PA)

I am self employed and an only parent. Health care is a huge issue. I can't afford to buy it on my own, and the government says I make too much to get help with it. My daughter is covered but I am not. If something happens to me we will lose everything. I also have a chronic illness I am trying to manage! Not fun!

Fran (PA)

My Husband & I have been self-employed for years. This year our business suffered so badly that I had to go out and get a job. It's only part-time and I receive no health benefits. Our health insurance was almost $800 per month and we finally had to decide on paying our mortgage or paying for health care.

The plan we were on was terrible, it was one of those health savings plans and now I am left with no insurance at all and a mountain of doctor and hospital bills because the deductible was $5,000. It's crazy but I just hope that something good happens with health care in this country very soon. Good luck to all of you out there with similar circumstances. Just a word to the woman with the two sons in college. That also happened but my daughter got her own insurance policy and it only costs her $100 per month which she or we can handle. So call your insurance agent and try to get them on their own policy if you can. Thanks.

Patricia (PA)

Health insurance should not be a business for profit and it should mirror the system based on Medicare. Opponents state that you cannot choose which Doctor you go to, what treatment you receive, where you can go, especially if it is out-of-state; also that you would wait a long period of time for appointments or surgeries. All supposed horrors if we go to a single payer public system. Do they not live in the real world? That all takes place under the system we have now. When I need to see a specialist it takes months; even seeing my PCP takes weeks and sometimes months to see her. Since it is a clinic with many Doctors and a Nurse Practitioner I can get in if it is a serious infection in a shorter time frame.

Nevertheless, the health system as it is now is not working and it is prohibitively expensive for many people. Yes, I know that my taxes will help fund this type of system but it has to be better than the way we are paying for it now; which in the end costs more as 40 million plus people have to go to emergency rooms and/or wait until their health has deteriorated to the point of no return. It is much more expensive to treat than if they could have gotten help in the beginning.

Caroll (PA)

We need free health care for the unemployed. Our system of helping the poor and unemployed is definitely broken. People in their 50s have recently been laid off and once unemployment runs out you can't afford health insurance or Dr. visits. No one in government protects

workers from employers giving out pink slips. You can dedicate 20 or more years of great service and then be let go.

Who is looking out for the middle age and elderly people who have no coverage? Exactly NO ONE! Give us the coverage that the President, his family and workers get. Don't you think we deserve something other then a pink slip and stress in trying to find a job, worrying about foreclosure, healthcare, bills? We were the heartbeat of Corporate success, etc., etc.

Patricia (PA)

All Americans need affordable health insurance. It is our moral obligation as a nation to provide health care to all our citizens. I am for nationalized health care. I am a Registered Nurse and everyday see sick people who are not getting the healthcare that this country can afford to provide.

Robin (PA)

I can't afford health care. It will cost the government more to treat me sick then to keep me well. Isn't that what the medical system in America is interested in? Costs and profit? I would suggest everyone in America watch Michael Moore's movies.

Shirley (PA)

I'd like to know why the people who work have to pay enormous prices for medicines and then get caught up in the "doughnut" hole while welfare people have no "doughnut" hole to contend with, they get everything for nothing. Now, with this new bill the President wants to pass, not only will the working people pay for their vacation and sick days as income – which gives the government more tax money – but welfare – which I am not against but needs to be redefined – has everything given to them from our taxpayers who work and the workers are getting the shaft. I don't see what the incentive would be to work when if we would stay home we could get it all!

Pam (PA)

At age 23 and in prime health, my youngest son could not get health coverage, due to a pin in his arm from a break that was several years old. As a financial planner I hear stories like this all the time.

Kay (PA)

I am covered under my husband because I work part-time and am self-employed. If we were to divorce I would not have many viable options for buying insurance in the current market, with my pre-existing conditions. The costs would be prohibitive. We need a public plan, that allows you to have insurance steadily regardless of employment. Women who sacrifice to raise their children should not be penalized in this manner.

SOUTH CAROLINA

Michael (SC)

Health care is currently a noose around the neck of our country. People have to make choices between food, clothing, shelter and health care. Health care will always lose. How is that fair to the children and others who have no control? Health is used by big businesses to keep workers in line – for working for a big business is the only way to afford most health care. And many still don't help! My wife works at Wal-Mart and the health insurance that will be available to her is worse than a joke. It is nearly criminal.

Please, if you want to take care of our future generations, the real need is health care. Energy, foreign affairs, and Paris Hilton don't matter a thing if we can't provide affordable basic health care to the population.

Christa (SC)

My husband quit his job recently so we could move to a state with a lower cost of living. I'm self-employed full-time, but still cannot afford health insurance for our family of 4 (or even our 2 kids). I feel we were caught between a rock and a hard place – a job with health insurance in a state we couldn't afford, or a state we can afford but no health insurance. It doesn't seem that Americans should have limited choices about where and how to work based on healthcare.

SOUTH DAKOTA

Ruth (SD)

I am an educator in SD, who currently makes less than the retired couple commenting above. That being said I have absolutely no problem with my federal income taxes being raised to 33% for universal health care for all. I currently pay over $200 dollars a month out of pocket over what the school pays with a $1,000 deductable for my husband and myself. I don't want something for nothing, but I truly believe we need this in this country. Too many are suffering.

TENNESSEE

Deborah (TN)

As an RN, I am very much aware of how our current health care system effects the everyday lives and wellbeing of families and individuals alike. In my past twenty-five years of practice, I have seen too many families forced into bankruptcy when a child or other family member requires hospitalization for any length of time. Reform is absolutely vital, for the health of our people and for the health of our economy. I don't understand. For the past eight years, no one has attempted to remedy this

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huge financial drain or, to in any way repair a failing system. Now, someone is and Congress appears to object. We are sick of the bickering, the obstruction. We demand that our representatives improve attempts to work with our current administration rather than against it. We want and need Congress to do something to demonstrate why "we the people" bother to elect them. Now is the time to prove to America that you are truly committed to working on their behalf. Do not block or prolong this necessity.

Patrice (TN)

I have 2 sisters who have found themselves without medical coverage. One works for our school system who does not offer coverage to substitute teaches, and the other is a college student. My sister who is a sub fell at school and her left knee keeps coming out of place. She tried to file workers comp, but the person over that never got back to her. I took her to the local emergency room and she paid $800 up front and was billed for another $1,500. This and she didn't see a doctor, but a student and a nurse who had no clue what to do. She was given a brace that was too large and no anti-inflammatory medication. My sister that's in college has had strep 3 times in the last 2 months. I took her to a local health department for treatment, but the strep keeps coming back. With universal health care my sisters and others can receive the medical treatment that they need, and not just given meds and told they'll be fine. How about some reform of medical professionals to go along with healthcare? Now that would make a real difference.

TEXAS

John (TX)

My wife and I are both retired on fixed income pension plans. We pay $7,000/yr. for health insurance through our former employer. We have no dental plan and can't afford one. Although our health insurance is adequate it is not structured for encouraging a healthy life style, e.g. no coverage for yearly comprehensive physical exams.

> "We are educated, work hard, and still have no future in this system. Now, tell me again about the horrible things national health care will do to us?"
>
> *Judy, Texas*

Judy (TX)

In 1991, Dad's auto accident injury which required rehabilitation, surgery, and other procedures over the 2 following years was largely paid for by insurance. Shortly after this, the insurance company cancelled the entire policy throughout the state, with no follow up coverage offered. With our pre-existing conditions, no new decent, affordable coverage was possible, so we took a private policy with almost no health maintenance benefits, and still had to pay huge co-pays and all clinical and pharmacy bills out-of pocket. In 1997, Mom developed breast cancer and spent over a year being treated. Even with a 'cancer rider,' most of the costs of treatment were ours to pay. Insurance costs escalated every year thereafter until we were paying nearly $2,000 per month, plus medicines, and clinic and doctor visits on top of that.

After being nearly bankrupted by these expenses, we found that our insurer was itself nearly failing, and we decided to simply go without this horribly inadequate coverage which was likely not to be there much longer. We found that there was no other insurance that would cover us for anything less than $25,000 per year, and poorly at that. We have been without any coverage at all since. After this, two of our kids have developed Type I diabetes (they are not 'fat and lazy' – it is genetic), and have been hospitalized multiple times with near-death conditions. Dad has been in the hospital several times with kidney issues and other serious illnesses.

We have a small business and it relies on his health and productivity. We have emptied our bank account long ago, and have health debts that can never be paid. We owe many hospital and doctor bills, our credit is shot, our business has suffered, no dental work has been done for years in spite of our increasingly poor dental condition, and we find being depressed and hopeless to be our constant conditions. In spite of this, we keep trying, have learned to ignore debt collection efforts and try to provide food, education, clothes and what other support we can to our kids. But the long-term, constant stress and marginal desperation has drained us of most good feelings about our lives.

We are educated, work hard, and still have no future in this system. Now, tell me again about the horrible things national health care will do to us?

Elva (TX)

I have 3 children whom have been without health insurance for at least 9 years. We have had difficulties to making it through. I really hope that something gets done. I'm a working mother, but some times I get discouraged because the more I work the less chances I have to get any support medicare, CHIP, etc. Sup-

posedly I make too much. IF THAT'S SO, HOW COME I CAN'T AFFORD HEALTH INSURANCE?

Julia (TX)

What about children (young adults) whose parents could carry them on their insurance until age 22 and now maybe 25 (if they are in college). There are so many young adults who do not have any type of health insurance because they don't have jobs or have jobs but cannot afford to pay the premiums. Where does that leave them? I have a daughter who is 28 years old and has lumps underneath her armpit and cannot see a doctor because she is unemployed.

What are people like her to do? Crawl on the floor and die? When are we and Americans going to get this right?

Candice (TX)

Hospital ER's are packed with people coming in for basic medical care because they do not have health insurance. And an ER can't turn someone away. This just creates a backlog of patients waiting to be seen. I should know... I work in one of the busiest ER's in north TX. Lets fix healthcare so that it is available to all and leave the ER's for emergencies!

Lisa (TX)

In Dec. '08 I was diagnosed with Severe Obstructive Sleep Apnea with Hypertension, GERD. My physician placed me on a no driving status & unable to work. (Due to my ability to stay awake & alert during driving.) As a result of my diagnoses and duration of evaluations/treatments, my company was unable to secure my full-time position (which required excessive driving). I was, therefore, placed on a Fee for Service Status, which does not offer any medical benefits. I am still undergoing treatments and unable to work.

I applied for our local Medical Gold Card Service (for low income), but I was denied because, they said my husband made too much money.

My monetary resources are very limited and I simply can't afford to continue paying for medical expenses & medications out of my pocket. I'm now forced to juggle between paying bills, eating or paying medical expenses. PLEASE HELP! HELP! HELP! !!!!!!!!!!!!!!!!

Mary (TX)

I still have coverage. I retired in Feb. this year. Yes, I still have coverage but you have to pay through the nose for it. But I would like to have a choice and possibly a lower premium. People who do not have any coverage – my heart goes out to them. I do hope this passes to help all.

Regina (TX)

I am self-employed and must purchase my own health care coverage. The coverage is decent while the price is not as good as employer provided coverage but it is affordable for me right now while my business is doing well. What about someone just starting on the self-employment track whose income is spotty until they build a client base? Or when my business drops off and the health insurance costs are a larger percentage of my net income?

Rhonda (TX)

For 4 years now I have been without Health Insurance because after a 32 year marriage I found myself divorced at age 50 and not covered by insurance because it was his insurance that I had been on for all of those 32 years of being a homemaker and mother. I had no retirement or social security to fall back on. He is retired and has a new wife and they both are covered fully and have dental, vision, prescription and life insurance.

I can't afford to get a colonoscopy because it costs too much and my dad died at 65 from colon cancer! I had one colonoscopy while I was still covered and I was fine but that was 5 years ago and I am beginning to have problems and need a colonoscopy now!!! I haven't been to the dentist in 5 years either. I don't have prescription coverage either so when I do get medication I get the $4 kind or nothing. I go to a free clinic for my yearly pap and mammogram, but that's the only clinic I can use. Thanks for reading my story.

Andrea (TX)

My father lost his job at the end of 2008. He is 61 and does not qualify for unemployment because his job for the previous 2 years was contract work. Now he has gone from close to a 6 figure income to NO income. My mother makes less than 25% of what his old salary was and they can no longer afford the astronomical cost of health care offered through her company. As a matter of fact, her company is no longer going to provide insurance at the end of 2009 because it is costing the company an arm and a leg as well. WHY?

WHY should my parents be without any insurance and health care when so many fat cats are sitting on their thrones on Capitol Hill? It makes me sick to my stomach. My father has high blood pressure, my mother is a workhorse and refuses to go to the doctor for her leg that has been bothering her for 4 months because they CANNOT AFFORD to go to the doctor.

It is time for good, hardworking Americans to get the health care they deserve without going bankrupt and having to lose everything and live in a tent. How about we take away the politicians large salaries, big houses, and INSURANCE for one year and see how they feel?!?!?!?!

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Kim (TX)

Having lost my insurance 7 years ago when I was laid of from a previous employer, I quit going to the doctor for the yearly exams, only went for the occasional ear infection. Last month while at a reduced fee clinic (THANK GOD FOR THESE FACILITIES) the doctor found out I had high blood pressure, high cholesterol and a thyroid problem. Next week I find out if they need to use radiation to control the hyperthyroid condition. Not having access to health care has turned into a nightmare. I don't know where the money will come from for this procedure. We need answers now. Ten years from now will be too late for a lot of us.

Elena (TX)

The job that I have now has an insurance that's not worth paying for. With the salary at min. wage, it's hard to even go to see a doctor, with all the cost. What all Americans need is to have an insurance like Medicade, Medicare. Yet I see people abusing that. They go to ER instead of going to their doctors. They should recalculate the cost for all these doctor visits, procedures and so on.

We only pray that we don't get sick. I had a procedure last year and had to pay $800 just to get admitted. It's up to $1000 now, plus $450 just so they could put me to sleep. It only took one minute to stick a needle for that. The Nursing Homes need better insurance for ALL their workers. At my age, I need a good health insurance. We all do – babies, men, women. And insurance companies should not have a say when we use it, what we use it for. We've paid into this through our jobs for more than a decade.

Rosi (TX)

I just lost my job and find the costs of individual insurance plan outrageous. Our coverage is adequate but the cost is almost unaffordable. Unfortunately, not having coverage isn't an option.

Tiffanie (TX)

I never knew how bad the insurance companies really were until I had my son. He was two months early and spent a month in NICU. He was on a heart monitor for six months and because he was a premie, born in the fall, he was at risk for RSV. The shots were $300 a PIECE because our insurance wouldn't cover it. He needed five or he wouldn't be able to leave the house at all. Needless to say, our insurance deemed it unnecessary so my son and I could not leave the house until April of the next year. We couldn't afford for me to stay home but my son's life was literally at stake every time one of us left the house.

Fast forward two years and I have cervical cancer. I am told that unless I come up with almost $1,000 I cannot have the surgery I need to treat it. That is WITH insurance. My husband and I both work, we have a toddler and we have bills to pay. Where were we supposed to come up with that money? Finally friends of the family donated so I could get the surgery that would SAVE MY LIFE. How could the doctors and insurance company refuse to treat someone with CANCER unless they meet some amount prearranged by someone other than the person in need?

And now we are without insurance. I have to have more procedures and when my husband's new insurance picks up I have to be excluded because I have had cancer, and may still have it. Preexisting and all that garbage. Plus when I look at the amount the insurance companies ACTUALLY pay I am enraged. Why don't I get the discounted rate too? I think they are all in it together to keep us sick and make money off of it...

Ginger (TX)

Forget about obtaining short and long term disability insurance if you have a pre-existing condition for "anything" – even diabetes. Only young healthy people qualify for these types of insurance. Insurance is great until you need it!

Jennifer (TX)

Here's our story. My husband and I both work full time. He has two Masters degrees, in Business and Engineering Management. I have a doctorate in Social Psychology. We make around $165K a year. My husband works for Hewlett-Packard. I work for Dallas County Adult Probation. He's 36 and I'm 34. We are about to have our first baby, due in August. We're physically capable, healthy, and take care of ourselves. Sounds like we should be just fine, right? Why should we be worried about our health insurance?

Well, the problem started (unbeknownst to us, at first) when I took my job. I examined my health care benefit offering and decided that what I had through my husband's job was a better choice for us financially; so I declined my health insurance benefit. Making what appeared to be a fiscally responsible decision at that time has put us in a place we never thought we'd be.

In the year that followed, my husband developed Type 1 (insulin dependent) diabetes, an auto-immune disorder with no known cause and no cure. Due to his increased reliance on his insurance, we re-evaluated whether it would now make more sense, financially, for me to be on my own insurance. We determined that it would and I submitted all the paperwork to enroll, including the EOI (eligibility of insurability). Never did I think that I could or would be denied. But, I was. Despite being 5'4", 117 lbs, working out regularly, and having very healthy habits (no smoking, no alcohol, no illicit drugs, no caffeine, no sugar, and keeping regular doctor check-ups), I was denied medical insurance coverage. When I called to inquire why all I was told was that I had a 'history of depression' and that I was 'taking anti-depressants.' Indeed, I had

reported these things. I had also stated that I was in remission, due to the medication therapy and previous psycho-therapy. When I realized I had a problem with depression, I sought out help. Now, I was being punished for it. The psychotherapy had been completed and I was now depression free, with the help of continued medication. But, by taking care of myself, I had disqualified myself from being able to obtain health insurance coverage. I might appreciate the irony of the situation if it didn't make me absolutely furious.

I have since followed the two-time appeal process and been denied two more times. Note that my would-be benefits come from the State of Texas. I had always heard that government jobs had good benefits, but obviously not from my vantage point.

Here are some of the problems I see. First, despite repeated inquiries, the powers that be refuse to provide me with any recourse about how I might obtain coverage in the future. Second, I will always have 'a history of depression.' And, the question on the EOI form asks whether you have EVER had x, y, or z. Third, depression has a lifetime incidence in the U.S. of 20%. And, the majority of cases occur in women. It seems insane to me that insurance companies would be allowed to reject all these women. What's even more insidious is that it sets a precedent to scare people into not seeking treatment when they need it, for fear of this type of outcome. Mental health issues, and specifically, depression are already stigmatized and under-diagnosed and -treated. This is not the right direction for the country to go. We need to be advocating that people get the help they need when they first need it.

So, that's my half of the story. Going back to my husband: There are two things at play, both leading to the same fear. First, HP has announced layoffs of 31,000 employees. They are still ongoing. If he were to be laid off, we could not switch over to my insurance. We would first have the increased cost of COBRA and then the added stress that if he were not to find a new corporate job by the time COBRA expired, that private insurance coverage would be 1) difficult to obtain and 2) prohibitively expensive because of his Type 1 diabetes. The second thing at play is that my husband aspires to start his own business – the American Dream, right? But, wait. If he were to be able to realize this, what would we do for insurance? Again, we would be facing the nightmare of having to find and fund private insurance given our health circumstances. And, again, I point to the insanity of being punished for having developed a disease that he could not have prevented. And, it makes no difference that my husband takes good care of himself and that his A1C levels are healthy because of his dedication to diabetes management.

It appears that although we've done everything right, we are one step away from finding ourselves in the midst of a nightmare. We hope that our story gets the attention of a different demographic – those who are young, healthy, working professionals. This is not just an issue that affects the poor, the elderly, and the jobless.

Ann (TX)

It's highway (legal?) robbery when a couple has to pay over $1,600 dollars a month for medical insurance. A couple in their middle age life with no children. This is what is bringing our citizens to their knees. God Help Us ... as the politicians have not.

Sharron (TX)

We want free healthcare for the unemployed. COBRA is untenable when there is no money coming in. I took my children to free clinics in the 70's and 80's. Now it costs to go to a clinic. Our system of assisting the poor and downtrodden is broken.

Katie (TX)

My brother, (55 years old) is told that he needs a new lung, (or two?), but the insurance that he has as an employee of my hometown hospital (!) will not cover all the diagnostic tests that are necessary in order even to get onto a donor list. His understanding is that the battery of tests costs $100,000. He is resigned to die in only a few more years because of lung disease, without ever even knowing whether he would qualify for lung replacement! This is crazy-making!

TJ (TX)

I suspect it will include some sharing of costs between the payor, i.e., government, and the beneficiary, and, hope that there is a plan included for if the beneficiary can demonstrate inability to pay either on a temporary basis or permanent basis that qualifies them for another plan, i.e., Medicaid. I am on Medicare for one year and the premium for Part B is deducted from my Soc Security, which is elective coverage for outpatient services. I purchased a Medicaid supplement for the 20% Medicare does not cover. I am paying $241 a month for medical care coverage, total, plus $30 a month for a prescription plan. That is a huge hunk of money for a retired person. If Medicare is rolled into a larger pool in a public plan, I would be thrilled to consider that option.

It is almost revolutionary to consider a public plan that would put out of business the private healthcare insurance industry. Instead of working with the government to perhaps develop their own public plans product that conforms to government requirements, they have chosen to fight. Instead of adding to their product line and giving consumers the

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choice, they are guaranteeing their own demise. This alone tells me they are not interested in healthcare access for Americans but, rather, in their profit bottom line.

TJ (TX)

People should be able to retain the healthcare coverage they currently have if they are satisfied with it and they can afford the costs.

There needs to be a public plan, however, structured with monthly premiums on a sliding scale, based on income, number of dependents, etc, and also, on the reality that, some clients may, at any given time, lose their income and need to be "supported" or transitioned into a temporary Medicaid-type plan, until income is restored. This single plan with this type of structure, will do more to address healthcare access to all Americans than anything else proposed. This is, in fact, what is causing most of Americans to go without coverage and end up on emergent and more costly modalities of care.

Kelly (TX)

I sound like a broken record everywhere I go, but it just baffles me how Americans can let the big corporations (like insurance companies and drug companies) brainwash them into thinking that a public healthcare system is evil. According to a recent poll, we are ranked #36 in the world for taking care of our citizens' health. That's horrific! How can Americans really think that 35 other countries have it wrong, and we have it right? I have spent a lot of time in Europe and have many friends there as well as family in Canada. Believe me – the propaganda you hear in the States about national health is just that – propaganda. My friends and family do not wait for appointments or get inferior care. In fact, my family in the States has waited as long as three months to see a specialist while in severe pain.

Melanie (TX)

The rising cost of insurance has got a hold of my family. We pay almost $1,000 dollars a month for private coverage. We have a $5,000 deductible per person per family. Having had cancer last year I cannot drop my insurance for fear no one else will cover me. We are trapped with no way out. As the cost increases each year we fear there will be a point that we will no longer be able to afford health care. If the cancer comes back where does that leave me????

Paul (TX)

Mom is the core of our family. The kids may be covered with "CHIP" programs if I lose my job, both parents lose insurance, health coverage and probably all of our savings, retirement and bankruptcy if Mom gets seriously ill. The local, state and federal government can't step in and raise our kids. We are supposed to take comfort in the idea that we may become homeless but our kids will have health insurance? Do we have to move to Canada?

Elaine (TX)

My story is a little different than most so I ask for tolerance. I work and am carried by myself and my employer. However my partner of 18 yrs is not carried by my insurance. This in itself I believe is unfair. My present company does not insure domestic partners. Some here in Texas do – mine does not. Therefore, my life partner, who is on Medicare (which sucks) needs an insurance plan we can afford. We are in our late fifties and are true, born and raised Americans. I do not want more government in my life, necessarily, but health benefits are a must. Thank you for this forum.

Laurie (TX)

I raised my daughter without insurance coverage on me so she would be covered. I am a small business owner and coverage on both of us would have been prohibitively expensive.

I recently went to India for medical procedures that I could have never afforded here in the U.S. The quality care that I received was so far superior than any I had ever experienced in the U.S. It was amazing! The affordability was a huge factor in my undertaking. I received my medical records, which I had never in my life had. It was empowering to actually know what my health is!

We need to learn from and partner with the global healthcare community to get this broken system on the right track.

Bobby (TX)

I have a friend that cannot afford insurance. I help out of pocket when I am able to. In the past year he has had the flu, cavity extract, and I have also paid for his medication. Unfortunately, his job doesn't offer health insurance and he must find help elsewhere. I don't get reimbursed or can't claim at the end of the year... People need HELP! NOW!

Marlene (TX)

I have Multiple Sclerosis – a degenerative diseases in which the immune system eats away the myelin that coats the nerves in the brain and spine. There is no cure yet, and the medicine to slow the progression is a staggering $4,000+ a month. I have to keep working to have insurance even though it is expediting my downhill spiral. BTW, there is nothing anyone does or does not do that causes them to have MS. It usually strikes people in their 20's to 30's, and not diagnosed quickly enough to start treatment soon enough. If diagnosed while not covered by insurance, that person will forever be classified as 'not insurable' due to 'prior condition.' None of this is fair to someone already beset by such a horrible disease!!!

UTAH

Sydney (UT)

Seven years ago my husband, who at the time had only catastrophic medical insurance, noticed blood in his stool. He went to a community clinic for low-income people to see a doctor. The doctor did a cursory exam and one test and chalked the symptoms up to hemorrhoids. His age – early 20s – seemed to suggest this was all it was. A year or so later the symptoms had continued intermittently, so he went to another community clinic to see another doctor. That doctor made the same call, which was reasonable given his age, but given the fact that the symptoms had continued over time probably should have been investigated with further testing, such as a colonoscopy. My husband's lack of anything but major medical insurance, however, probably led the doctor to make the conservative call so that we wouldn't be saddled with the cost of expensive testing (which wouldn't have been covered for someone his age).

Jump to two years ago (five years after the onset of his initial symptoms): At this point, we finally had good health insurance through my employer, so my husband went for a routine physical. He reported these symptoms and the doctor immediately referred him to a specialist. Three months later (that's how long it took to get an appointment with the specialist – so much for the short waits touted by those who believe private insurance means immediate access), he underwent a colonoscopy. The doctor removed 6 polyps from his colon. A week later we were sitting in an office and receiving the bad news: my husband had colon cancer that would require immediate surgery. A week after that we received more bad news: while they believed they had removed all of the cancerous tissue, the cancer had made its way into one of his lymph nodes. My husband, at the age of 30, had stage IIIA colon cancer and would also need to undergo chemotherapy for six months.

Fortunately, our insurance at this point is excellent. But it would have bankrupted us otherwise. And I doubt that he would have been diagnosed until he had reached stage IV, which is all but incurable. The good news is that he's doing well. But we strongly believe that this probably never would have gotten this far if we had had decent health coverage.

I'm sure that there are many other stories out there like ours. We need universal care in this country so that EVERYONE has access to doctors, preventive care, and medical testing and intervention when it is needed. Invest in preventive care for all and we can reduce the need for expensive interventions like chemotherapy and surgery.

Brenda (UT)

Several years ago, I got caught without health insurance – I had just graduated from college & started at a new job so hadn't been there long enough to get on their insurance program. I ended up in the hospital with a severe case of Pelvic Inflammatory Disease, had major surgery, & a huge hospital bill – and NO INSURANCE. I was so depressed! Fortunately, every doctor as well as the hospital, discounted my bills. It took me a couple of years to pay everything off, but I did with all their help (as well as God's, I believe). If I had had the option of affordable health care coverage, I wouldn't have had to go through this devastating experience.

VERMONT

Bev (VT)

My adult son has many serious health issues. With no other alternative he has had to charge what insurance does not pay on his credit card and we all know about credit card company's policy of usury! Now, he doesn't get the care he needs because he can't afford the deductibles. Health care should not be a luxury. It should be part of our bill of rights!

Janice (VT)

My state, Vermont, provided a healthcare plan for Vermonters to buy into, the intent was to provide something that everyone could afford. At an income of $24,900, providing me with just under $400 a week, (take home pay after taxes) my premium would be 29% of my weekly check. This is what our government considers affordable? Many of us awaited that "Catamount" plan with real hope.

My fiance is self employed. He has no health care insurance. He paid out-of-pocket medical expenses last year totalling $4,602. Surprise! Surprise! They weren't even tax deductible at the end of the year!

I have no health care insurance. I discontinued my Cobra coverage when I was injured at work and my pay was cut back to Workers Comp. I attempted to carry the policy for 3.5 months after being injured but finally could not do so. My young adult children have no health insurance.

We are not atypical. Our situation reflects a growing number of people who can not afford to buy health care coverage. I have always had health care insurance, this is a first. HEALTH CARE HAS BECOME UNAFFORDABLE FOR SO MANY PEOPLE!!! Who cares? Well, frankly it seems that those who could make a difference for so many of us, don't care. Each and every one of you who casts a vote for big money industries... shame on you! You, and your loved ones should be barred from doctors and health care facilities for

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a couple of years to experience the plight of sooo many Americans!

We voted for health care reform. Listen to the voice of those who voted you into office, not the big money industries... our very lives depend on your representation of our health care needs. Act now, do the job that you were elected to do! Represent us today on this vital issue... tomorrow will be too late for so many of us. Please hear my voice and the voice of so many of us. Health care is a vital need, not a luxury. The industry needs reform, not fattening!

Anna (VT)

I am a humanities PhD who has had difficulty finding a permanent, tenure-track teaching position since I was denied tenure three years ago. As a single mother with two children (the dad is in the picture but on his terms, despite a divorce agreement), my first thought when I found out my last, temporary position would not extend was "what about my kids' health care?" Honestly, though, paying for mine while on unemployment (going on 40 weeks now) has been much more difficult. Luckily, I live in a state (Vermont) which has several economically accessible health care programs for unemployed or underemployed people. No dental, no vision care (having both teeth and eyes I pay for these out of pocket) so my credit card has become a supplemental health insurer.

Franny (VT)

I'm a mom of 2, cancer survivor, EMT-in-training, and future mid-level healthcare provider (I hope to become a physician assistant or nurse practitioner). Thank you for providing a forum for people to express what they're looking for in health care.

I want a healthcare system that provides equal coverage for everyone, with an emphasis on preventive care. I want a primary care provider who actually provides care, rather than routinely referring me to specialists. I want care that emphasizes healthy lifestyles and helps me and my family improve our health habits (diet, nutrition, exercise). I want a health care system that includes alternative and complementary medicine. I want a single-payer system with standardized record-keeping, to minimize bureaucracy. I want electronic medical records to reduce medical error and simplify sharing of medical information between providers.

VIRGINIA

Alan (VA)

Anthem has just about bankrupted me.

Kimberly (VA)

I always thought Kaiser was a family friendly insurance company until they refused to cover my two year old niece. My in-laws pay for their plan out of pocket. They are legal working immigrants and don't get health insurance through their jobs. When my niece was born she had jaundice. A few weeks later they took her back to the doctor because she couldn't keep her milk down, and she was diagnosed with GERD, or a gastric reflux problem. Kaiser rejected her as a member of my in-laws' plan due to PRE EXISTING conditions!! A newborn baby, who obviously needs to be under a doctor's care, was denied a policy. Who sat in the office and made that decision? They should be ashamed! Now my in-laws want to return to their own country, because they can't imagine staying in a country that denies a little baby health insurance.

LaSonia (VA)

I have good insurance, but it seems as though any procedure or specialist I need to see cost me too much to even consider going to doctor and I eventually decide not to go. Its pathetic that even in the United States, every man, woman and child does not have medical insurance or coverage for any doctor or procedure.

Linda (VA)

I have a huge problem with insurance companies not approving a needed surgery recommended by your doctor. Who gives the insurance companies the right to say no? They do not know your health situation, how much pain your in, they don't care! All they think about is that $ sign.

My husband and I have paid 30 years through his place of work on health insurance, and I have used it one time for outpatient surgery 2 years ago. I need to have another surgery to fix a problem from the 1st surgery, and they denied this, saying "not deemed medically necessary" ! Who do they think they are??? Especially since we have basically paid for this surgery 100 times over the past 30 years. I am livid, even if it had not been 30 years, who gives these insurance companies the right to make this kind of decision on your health? This is a big problem that needs to be stopped. What do we have insurance for if we have to have permission to use it? Or have to leave it in the hands of strangers to make life-altering decisions.

Betty (VA)

Both my daughter and son-in-law are disabled ... she by cancer & he by heart disease ... and unemployed. If they did not have access to the Virginia state system of assistance for themselves and their children, 18 & 16, and unemployment benefits for 4 more months, I would be trying to support them by myself on a fixed income of pension and Social Security. As it is, I have to subsidize their household significantly each month. I don't know what we will do come October, if he is still unable to find

employment that he can do with his heart-related disability. Access to some sort of public health care is a significant issue to them and to me.

Richard (VA)

I am a retired E-6 Navy man. I have been to Argentina, Newfoundland, Norway, New Zealand, England, and Iceland. All of these countries have decent Health care for their citizens, as many other countries do, what seems to be our problem. Unless you make big money in this country you either get not so very good health care or maybe none at all. I feel it is time that we have some sort of Health Care for all of our citizens.

Barbara (VA)

Our health care system is just plain bad. I have a son that owns his own business and can't afford to get insurance for his employees. My other son and his wife are both without jobs. He has managed to set some medical coverage for his 3 underage children but soon that will be gone. He has had to file bankruptcy because of medical bills. In order to save his home he has agreed to a pay back program in the bankruptcy. Now instead of owning $830 per month in house payments he now has to pay an additional $500 to the bankruptcy court. I don't understand how anyone can think if he can't pay his current house payment how is he to pay an additional $500.00 per month and under this conditions how can he pay for health insurance?

Debbie (VA)

Someone, somewhere needs to get help for families like mine. My husband & I have a full time job, but have a daughter that is a type 1 diabetic. We have insurance, but with an chronic, life-threatening disease like diabetes we spend all of our income on all the day-to-day, constant supplies that our daughter needs just to survive. There's NO such thing as saving money or having dreams of better yourself because of all the enormous medical fees & supplies she needs every day. Not to mention all the medical bills of constant tests, hospital visits if she catches even a simple cold or flu. Diabetes is observed as a pre-existing disease by insurance companies and my daughter cannot even get insurance for herself or when she gets a job or finishes school. Diabetes is looked upon like cancer. No help if its an pre-existing disease. This isn't fair!!!! HELP!!!!!

Yoanna (VA)

I would say that we need public health care that is available to everyone who needs it. It is one of those critical services that we cannot live without just because we lost our job or got divorced or plainly cannot afford it. When we get sick the last thing we need is a worry if this exam or treatment is covered by the insurance. We need every effort to save our life. That is what we need: unconditional health care, honoring our decisions for choices of treatments and exams. That is what we are asking for.

WASHINGTON

Colleen (WA)

Too many American adults are without dental insurance, and those that do have it are grossly under-insured. Did you know that most adult individual dental plans have a maximum annual benefit of just $1,000? Did you know that many of these so-called "good" dental plans will only pay the maximum $1,000 benefit after you've been on the plan for 2-3 years? Relative to the out-of-pocket cost of major procedures such as root canals and crowns, this is completely inadequate and we should all be demanding that Congress require dental insurers to provide reasonable coverage. This ridiculously low maximum annual benefit forces adults with teeth needing root canals and crowns that could be saved to instead have them extracted.

The irony is that dentists are quick to tell you that it is far better to save teeth than it is to extract them. I went without dental insurance for many years. Now that I have insurance, I'm still losing teeth to extraction because I can't afford the out-of-pocket costs that would allow me to save more than 1 tooth a year. Tooth loss is a serious health problem and a major barrier to employment. Dental insurers are not doing their fair share to help keep Americans healthy, and I'm mad as hell about it. It is imperative that adequate adult dental care be included in this country's healthcare reform, and by adequate I don't simply mean maintenance-level care. It must be affordable for Americans to restore their dental health.

Renee (WA)

I'm a grandmother on Medicare and I'm worried about my kids and grandchildren. They are all underinsured and paying big money for that. We need a single payer system like most industrialized countries. If not that, at least a public system to compete with health insurance companies. Having them be in charge is like having the fox guarding the hen house. I'm ready to march, demonstrate and commit civil disobedience for this issue! Lets get organized! Its time we did the humane thing.

Juliana (WA)

I can except that businesses need to be able to expand and contract their payroll when business is good and bad. But I don't except the fact that my being laid off will mean the loss of health insurance for my family. The two should not go hand in hand. We need to fix the health care system.

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Erin (WA)

Our present health care system means some lives are more valuable than others. I have the unique perspective of having transcribed hospital patient records for the past 15 years. I know that patients with less reimbursement get fewer options, longer response times for care. I also know that my daughter is alive and was allowed 2 years of cancer treatment only because she had access to SCHIP/Medicaid funds. An accessible public health option is mandatory for reform to be truly reform in this country.

I am 42 and have experienced the following: Medical bankruptcy at age 31 for asthma prescriptions while a student, losing my job and health insurance to be a full-time caregiver for my ill child at age 39, regaining health insurance via my new employer only to discover no clinic in my county would accept it. In addition, I paid out of pocket for supposedly covered preventive health care (annual exam) because the lab the covered clinic outsourced to was not partnered with my insurance. The clinic stated I should have investigated where my Pap was sent to before I got my care there.

Certainly no one should be required to be an investigative reporter in order to get preventive care.

We desperately need a public health option that fits people of all circumstance, while those who like their current private plan can keep it.

Jo (WA)

Unemployment paying $198 a week – health coverage? 60% of that. Choose heat, groceries and mortgage or health insurance. Can't have both.

Jade (WA)

My family of five pays $1,130 per month COBRA, $1,500 annual deductible, and another $20-40 in copays for every visit. The cost of our healthcare would be most of our paycheck, so we have to be reimbursed by a state program so that we can have private insurance instead of Medicaid, saving the state money. My husband has epilepsy and a $600 per month prescription, so insurance is not optional! That said, his employer does not offer insurance. Even the owners and their son are uninsured. After our 18-month limit on our COBRA is up, I don't know what we will do. It's very stressful

> "My husband is a hard-working father of four and nearly died because of outrageous medical prices which the average citizen cannot afford."
>
> *Elise, Washington*

Nancy (WA)

Thirty years ago, I gave birth to a daughter with Cystic Fibrosis. Luckily, I managed to stay employed all those years so that the medication and hospitalizations to keep her alive were covered. Now that she is gone, I have no idea how I would be able to care for her now. I am 60 and healthy, but my husband lost his job and health insurance 2 months ago. I work, but at small jobs with no access to health care. Cobra is available to us, but we cannot buy it with our limited income.

There is nothing available for people like us. My mother died of breast cancer and this year I can't afford a mammogram. What are we to do?

Elise (WA)

My husband and I cannot afford private health insurance and it is not offered by his employer. Thursday night my husband began projectile vomiting blood all over the house! When the paramedics arrived they could barely find a pulse on him and his blood pressure was 72 over we-can't-find-it. He'd had a stomach ache for months but could not afford to see a doctor.

It turns out he had an ulcer which, left untreated, caused him to bleed internally and he lost half of his blood supply. He is back home now and doing fine, but I can't help but think that if national healthcare was available this could have been avoided.

My husband is a hard-working father of four and nearly died because of outrageous medical prices which the average citizen cannot afford. We have not received the bill yet but I am quite sure that this incident has bankrupted us and may cause us to lose our home.

Rebecca (WA)

Over 20 years ago, while I was traveling in London, I got food poisoning. My friends helped me walk down the street to a neighborhood doctor's office, where they took care of me. No questions asked. No payment due. No citizenship required. I was a sick person. They were doctors. Society paid them to take care of sick people.

As an entrepreneur, or rather a mother who could not find part-time professional work so started my own business, I have not had health insurance for 5 years. Recently, I swallowed my pride and applied for Medicaid/Basic Health which turns out to be a very a good program in our state.

Taking care of the sick, keeping people well, these are things that civilized societies have been doing for a long time. Isn't it time the U.S. joined the civilized world?

Cheryl (WA)

Almost 14 years ago my son and his girlfriend moved in with me because they couldn't support themselves or their newborn daughter. Neither was employed and both were 20 years old. The mother was legally-blind and partially deaf and my son has ADD and had some behavioral problems throughout his years in school. Neither had graduated from high school. Rebecca also had a severe kidney infection.

We live in a 2 bedroom apartment and the parents sleep on the floor in the front room.

My granddaughter Tiffanie was sick frequently and had bad rashes. After many Dr. appointments at Children's Hospital we found out that Tiffanie and her mom had NOMID (Neonatal Onset Multisystem Inflammatory Disease.) Since then the parents married. They can't afford healthcare and my son is unemployed. They need to have health insurance.

I'm almost at retirement age and I worry about how they are going to get by in the future. Rebecca and Tiffanie need injections of Anakinra everyday for their disease. Currently they receive the medicine from NIH because they are in clinical trials.

Samantha (WA)

Thank you for providing a forum for a subject very near and dear to me. Three years ago my husband took a wonderful job with terrible health insurance. At the time I was a stay at home mother of three. We chose to pay for private insurance, because the cost was less than what his company was providing. The plan we chose ran us about $900 a month and had a $1,200 dollar deductible per person. It was the best coverage we could find at the time, and believe me, I looked long and hard to find something suitable to our income. One of our children came down with a serious medical condition. With this plan we became so in debt that our outgoing monthly debt quickly surpassed our income. Fortunately I was able to take a full time job, with a very good plan, but unfortunately, I am no longer able to stay home to take care of our children, and our family time has become very, very, limited.

My husband and I have worked very hard our entire lives, and to be unable to obtain affordable health care outside of working for a large corporation, which I now do, seems to me to be a crime.

Kim (WA)

I don't know where this comment goes but I'll tell you I am a 52-year-old mom with a 17 year old son. I have worked two full-time jobs since he was born. I am totally sick of watching people that work the system – and many people do – and I have to pay $400 a month to get insurance for us, because my tips sometimes over-excede a few dollars. I can't get basis health because I guess I'm not a good liar. Oh, by the way, this is on my hairdressing salary of $10 per hour. I would love to be a speaker for equal health insurance for all.

Thank you , Kim Bowe

Patti (WA)

Just got home from helping a family close to ours. The dad and 2 kids were in a car crash Sunday night. When I got there, the kids were in Pediatric ICU and the dad had not yet been seen medically because he felt he couldn't afford it. I decided to guarantee payment. He was in the trauma center for less than 3 hours - he had CAT scans on his head, ankle and wrist to the tune of $7,600!

This cannot continue. Just as you say. We wouldn't ask someone whose house is burning down if they have insurance, and we wouldn't send them a bill for $50,000 after their house burned to the ground either!

Kathy (WA)

I pay more than half of my pension for health insurance. I want healthcare that is available to all regardless of their ability to pay. If government provided a competitive healthcare, large health insurance companies would have to come down in price. All people deserve basic health care, (and that includes dental and vision care) all of the time!

Clara (WA)

I am on Medicare and pay a lot with a supplement. I have to pay also to keep my costs down. Hopefully there's something to help people on Medicare. But my children also pay high insurance. One had to file bankruptcy because of high copays and she works for the state. We need relief from high medical and pharmacy insurance.

Xyan (WA)

I watched my grandma stress out and struggle the last few years of her active life to make sure she could pay her Medicare supplementary insurance so that she could have her medical needs met. She worked her entire life, busting her butt to make ends meet and in the end didn't have a pot to piss in. She suffered a massive stroke that left her debilitated and I paid hell filling out paperwork for Medicaid and tried to figure out how to meet her medical needs and move her closer to me.

I can't help but feel angry that her last 10+/- years of life were spent worrying about how to take care of her medical needs because her health insurance through Social Security still left her paying over $200/month for medically necessary prescriptions.

It is shameful that the wealthiest nation in the world can't take better care of our elderly who helped build this great nation.

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Tori (WA)

My husband is a disabled veteran and receives healthcare through the VA. My kids are covered under the state medical (medical coupons). I am without healthcare of any sort. And it's hard. I have to avoid my kids like the plague when they get sick because we can't afford for me to get sick. Nobody should have to live like this. And recently my husband brought home news that Washington state may be cutting back healthcare even for children because of overspending is some such. Now I worry that soon my kids may not have coverage. It's almost enough to make someone take up citizenship elsewhere just to get decent healthcare.

And here's our idea on where to get the money to get this nation back on it's feet, healthcare, jobs and all. The government should void all patents that belong to big businesses and companies that choose to take their jobs overseas away from Americans. We need a group to lobby for that. And legislators to stand up for it too.

Sylvia (WA)

Both myself and my husband worked for the same company. Last October our company was bought out and dissolved, thus laying off all the employees. We lost not only insurance coverage on ourselves but our two children, ages 3 and 13. We are now both receiving unemployment benefits and are paying for insurance for the family. However, we only opted for medical, a scaled down version of what we previously had and we are risking ourselves by not having vision or dental coverage.

We can't afford Cobra, even with the supplement from the stimulus money. To pay for a family of 4 on Cobra, would still take too much money from our already stressed unemployment funds. We need help.

Barbara (WA)

I favor the single payer system for all. Medications and co-pays along with deductibles have come to $6,000 when I was diagnosed with cancer last year.

I am a widow who has medical insurance but am about to be without a job. This medical insurance is too expensive for me even when I do have a job.

All Americans need to be assured that when it comes to their health they will be taken care of regardless of ability to pay.

Gwen (WA)

My husband and I each have health insurance, my husband's is through his work, but is so inadequate, and he pays $100 a month for it, that we are faced with thousands of dollars of uncovered bills each year.

My health care coverage is a private plan, and the cost went up so much this year, that I was forced to go to a plan with less coverage, and a very high deductible. I no longer have vision coverage.

We are willing to pay for our health insurance, but we need a plan that will actually give us decent coverage for our money!

Katie (WA)

When I didn't have insurance a few years ago, I had to have a small cyst removed near my eye. I was paying for it out of pocket, so counting every penny. During the surgery, the local anesthetic began to wear off. When I told the doctor, she asked if I wanted more, and I actually had to ask her how much that would cost.

Of course the doctor didn't know, and I ended up going without because I didn't know if I could afford it!

This is NOT the way to deliver good medicine.

WASHINGTON, D.C.

Francine (DC)

I am 66 and my husband will be 68 soon. He is in assisted living at this time. I am out of work due to a car accident. Medicare is not sufficient healthcare for the two of us since they do not pay 100% for health care cost. My husband had medicare part D and with both are covered under Cobra until October 2009. When Cobra cost go up I will be forced to drop this coverage for us.

His prescription cost are going through the roof but our social security checks remain the same. VA has denied his request to be compensated for PTSD and I continue to try to make ends meet by paying out of pocket with help where I can get it from family and friends but this too will probably soon stop. What are you planing to do about the Vietnam Veterans who suffer from this disorder. Let them stay some place hidden away and ignore the stress they are suffering from now and in the past, present and future. Please put yourself in our shoes and do something now.

Jessica (DC)

When our first child was born, our co-pay doubled. Infants are on a regular schedule of visits for check-ups and vaccinations. Yesterday I took my daughter to her 9-month check-up, and learned that insurance doesn't cover the injections. I had to pay $120 out of pocket for three shots in addition to the co-pay! Help!

Lisa (DC)

I had a stroke. I had to beg to go back to work just one hour a day and do anything to keep my insurance. I was in the middle of a health crisis and had many expensive follow up tests ($20K a pop) and appts. Plus physical therapy which is barely

covered anyway. I went back to work as soon as I could walk and I know it's stupid, but hey, I had no choice.

Ed (DC)

Fixing health reform is something America can do. It's a big challenge, but no bigger than becoming an economic superpower, providing retirement security for seniors, leading a worldwide fight against fascism, putting a man on the moon, or winning the Cold War. We've done all of these things and lots more, and ensuring that Americans can get the care they need to stay healthy and see the doctor when they get sick is something we can do too.

Jacquelyn (DC)

Preventive healthcare is as important as obtaining healthcare when you are sick. I have been very disappointed that Medicare doesn't allow for at least two foot exams for senior citizens annually. You shouldn't have to wait until you have become deformed and need an operation when regular care could save thousands of dollars and the crippling effects of an operation and rehabilitation. I'm not surprised that the health community is upset. But greed has taken over in this country and it seems that no matter how much money a company makes, they want more and don't mind getting it by gouging those who are able to pay. Example: the credit card companies.

Libbie (DC)

We need national coverage standards. I'm tired of my insurance coverage rules changing whenever I switch companies. This makes it hard for the providers as well. I work for a health care provider, and we deal with literally hundreds of insurance companies, all with different standards. We should not model our national health plan on Medicare's system because that system does not pay for preventive care, but focuses mainly on sick care. Nor are there many benefits for pregnant women or well women exams under the Medicare program.

WISCONSIN

Carol (WI)

My husband died suddenly at the age of 46, leaving me with two young children to raise alone. I am struggling to juggle full-time work with solo parenting, but if I cut back to part-time, I will lose my health insurance. If I am laid off or if I want to make a career change or return to school, I don't have my husband's insurance to fall back on like I thought I would. I am trapped and grieving, and my children are suffering. Affordable health care coverage would give me so many options for taking better care of my children and healing from the loss of a wonderful husband and father.

Liz (WI)

I too am battling the rising costs of health care and insurance. I am a brain tumor survivor who is being denied coverage by every insurance agency that I apply for. While my tumor is inactive at present, we never know when it might reawaken.

Thank goodness for my State Representative who found me a health insurance risk sharing plan. Before that we were paying $14,000 a year on me alone. Neither my husband nor myself are offered health plans at work so we're on our own. I actually had an insurance company tell me that "they only want healthy people" as customers. You can imagine what I said to them before I hung up. :)

Julia (WI)

I pay $70/month for basic catastrophic insurance that doesn't cover much of anything, but at least I'm not worried about going bankrupt should I have a medical emergency. I guess I should consider myself lucky. My brother is an architect in NY who works part-time for two firms because neither can afford to employ him full-time (and neither can afford to give him any benefits). He recently tried to purchase individual catastrophic insurance, exactly the same as my plan, and could not find anything for under $400/month. For a young, single individual! So for now he's forced to go without. This is totally outrageous. God forbid anything happen to him, he would be in serious financial trouble.

Chris (WI)

Healthcare for kids is crucial. But so is healthcare for others. I'm an over-50 job hunter with two kids still "at home" – actually, at college.

A couple weeks ago we all had insurance under Wisconsin's wonderful BadgerCare program. But the twins turned 19, and we're out. They're full-time college students. Doesn't it seem that the public plans should cover students the way other policies do?

I pray I don't get sick. I pray I get a job with benefits, the kind I had for all those years before my job was eliminated. But prayer isn't good national policy. In fact, people who depend on it for their children's healthcare are being sued in a number of public cases.

There's something very wrong with healthcare access depending on whether you have kids and how old they are – or whether you have a job that happens to offer the benefit when some do and some don't.

WYOMING

Hamish (WY)

As an extreme athlete in Jackson Hole, I'm constantly aware of my lack of coverage. I am always exercising good judgment and risk assessment, and have so far avoided

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the touch, but people around me are getting nailed left and right.

Health care reform to me looks like this: We, as a nation, commit to insuring everyone for basic medical necessities and emergency care as one of the basic rights of citizens, as a necessary component of "pursuit of happiness". We then find the most cost-effective and egalitarian way to make that happen. If you look at the numbers, the best way to save money – and cover everyone – is to implement a single-payer National Health Insurance program. I'm happy to talk with anyone who has questions or ideas regarding health care reform; just drop me a line.

STATE UNKNOWN

Anne

I had depression and got it treated; had a hernia and got it fixed; and had curative tendinitis surgery after repetitive motion injury at PT work – I quit. Then ,I was denied any decent health insurance when my divorce came several years later. After being only PT for 30+ yrs. at my spouse's insistence while I raised 5 kids, it turns out someone was parenting while he womanized. No FT JOB WITH HEALTH INSURANCE WAS OFFERED ME, despite hundreds of applications, PROFESSIONAL JOB COUNSELING &RESUME REVISIONS for 2 yrs. Now working FT – thank God – BUT 4 month delay for health coverage. For UHC Conversion insurance since my ex did not have 10 employees to qualify my getting COBRA, I had to pay over $2,100/month. UNIVERSAL & EQUAL COVERAGE IS FAIRER and cheaper I bet than your proposal. UNIVERSAL/EQUAL COVERAGE.

Donna

I have three children under the age of 12. Even though I work for a hospital, insurance for my family is unattainable because it is so outrageously high. Call me crazy but I don't think health insurance should be more expensive that my mortgage payment. Although I applied for CHIPS I was denied because apparently I make $50 past the margin that it is required to receive insurance for my children. There is no greater stress that to not have your children insured. I truly hope something can be done, soon. I, my husband, and my children are American. We deserve, at least the coverage that an illegal immigrant gets. Which right now is way better that what we get.

Juanita

Women in particular need healthcare for all the obvious reasons. How long must we suffer all the atrocities of denied healthcare? Is it not time now? When jobs are disappearing, when homes are being foreclosed, when a mother has to decide whether to buy the groceries or pay for the doctor's visit, when she and husband, are out of work? How do we pay for prescribed medication? Let us have healthcare reform now for women in particular, it's long overdue.

Betsy

We all know people who are living in fear that a major illness will leave them "on the street". How could any parents or grandparents stand by and see their family members die because they couldn't afford health care? This is the great undertow that is sucking the life out of our economy. I recently had a series of tests, one of which was a heart stress test. The out patient procedure cost $7,000. Does the average family have that much in savings... Then what happens if you need an operation? I can't imagine! Betsy

Tammy

I pay $824 a month for Health Insurance for my son and myself through COBRA. My son, Cole (3 1/2yrs+ old) has had bacterial meningitis twice, he's profoundly deaf (from the meningitis) and has one cochlear implant (so he can hear) as well as a VP Shunt in his brain. He has spent 97 days in the hospital and has had 10 surgeries. He has learned how to eat, drink, hold up his head, crawl, walk, and MORE... not just once, but TWICE. He's a tough little guy and he's my miracle child. He has had A LOT of Physical, Occupational, and Speech Therapy in the past two years that has helped him get where he is today (walking).

He has pre-existing conditions. NO ONE will cover him. Also, there's a problem for lots of kids in this kind of situation of getting enough physical therapy as well as the other therapies. Our insurance limits 60 visits per year. That is set up to help someone that broke a leg, not for a long term problems like Cole has.

I am 45. I become a stay-at-home-Mom after Cole got sick at 14 months of age. I had to give up my full-time job at The National Record Center for DHS to be a full time Mom to Cole. Six months after Cole got out of the hospital, my husband of 20 years, a Police Officer, had a massive heart attack and died.

Cole and I receive Social Security benefits. Nearly HALF of it goes towards COBRA. Last year our mileage for doctors appointments, therapies etc. was over 4,000 miles.

Also, I might add, we don't qualify for anything... Medicade, Medicare, SSI, Food Stamps, Missouri's Program for Insurance for kids, etc... We are blessed enough to be able to pay COBRA $824 per month for 3 years. I am grateful to have the insurance, yes.

It makes no sense why we have to pay such high premiums, just because my husband passed away. There should be better options out there for us. I also believe that low income families should be able to write-off more of their medial expenses. I think that the 7 1/2% should be adjusted for lower income families. Also, they tell you when you go on COBRA, they say it is a smooth transition, the

coverage is the same yes, but what a joke. The computer systems these insurance companies use don't know the meaning of COBRA. If you've had services during the transition count on making numerous phone calls to clean up one hell of a mess to get your claims paid. I've had to make countless phone calls repeatedly because of the transition to COBRA, up to TWO YEARS AFTER the date of service. If I had paid medical bills and followed the EOB's as they were sent to me, we would no doubt be living on the street!!! What do people do that don't understand this stuff???

Just recently it took me 3 phone calls (over a span of a month and a half) to Humana in order for them to simply note in their TWO computer systems that we DON'T have any other insurance. My son had spent 10 days at Children's Mercy with bacterial meningitis – we had medical bills.

What I really don't understand is this. You cannot be on COBRA once you have any other form of insurance. So WHY are they're asking me if we have other health insurance to begin with? Who in this great nation would WANT to pay COBRA prices and another monthly premium on top of that?

Since I became pregnant at 41 with a high risk pregnancy, I know I've made a couple hundred phone calls altogether to insurance companies, the health care provider's or my insurance's plan manager with an array of different kinds of problems I've encountered. I COULD GO ON in detail. I've learned a lot.

If anyone who reads this knows of a part-time job opening that needs this type of experience, please contact me immediately. Thank you for taking a stand on health care.

Sandy

It's time that the big guns STOP telling people who they can see as a physician, and where they can go. We need to stand together and stop the insurance companies from robbing us. They are putting people in a position that we can no longer afford insurance, or what we can afford doesn't cover hardly anything. We may as well burn the money.

I watched my Father lose his insurance after working 32 years. What in the world is going to happen to our children and grandchildren??? Do they have to go without medical attention? How do people like talking to people overseas about their insurance? Come on Americans... boot the big guns... We're insurance poor, and the insurance companies have our money flowing from their pockets...

Shirley

Health benefits for retired seniors should include better prescription coverage. A person should never have to go begging for help when the benefits run out. Nor should they have to decide whether to eat or buy their medicine. So many of us miss the dollar amount to receive help from medicare in the donut hole by $50-$100, but it makes no difference. If you are over the stated amount you can't get help from Medicare. Health care should be a right, not an option. Thanks.

Dori

To build the greatest AMERICA possible we have to start with affordable access to health AND dental care for every Citizen. PRE-EXISTING conditions must be eliminated to qualify insurance because those are the citizens who need health care the most. DUH!!! Prescription drugs must become affordable which means if a drug company sells a drug to Canada for X dollars that drug must be made to our citizens for the same X dollars, I.e., get rid of greed and unfair trading practices of American Drug Corporations. Affordable dental care is a necessity because poor dental hygiene creates health problems. Missing teeth can effect ones ability to gain employment. A STRONGER AMERICAN CANNOT EXIST WITHOUT BECOMING A HEALTHIER AMERICA.

Sally

As a nurse I see patients all the time that are struggling to pay health care bills and fight their way through the health care system. The ones that have the Moxie to do that are the lucky ones... so many get taken advantage of.

As a widow and single mom, I have a newly adopted daughter. My late husband's health care company refused to put her on our policy – "not his daughter" – so I had to purchase another family plan through work in order to get her covered. And guess what... it's with the very same insurance company. I have to have 2 complete plans to get us both covered. But I'm lucky... even as a nurse, when my older daughter was a child I couldn't afford health care. For the 2 of us, a family plan was 5x the cost of a single.

Toni

I was out of a job for 4 months last year and I hold the insurance for my family. It meant that I would have to purchase Cobra, which is not affordable especially when you don't have a job, and finally found a health insurance company to provide the bare minimum in case of a crisis. I would have liked to have a government sponsored health insurance alternative that might have been a little more affordable and still buy groceries. Every American needs health care. We take care of every other nation in the world, why not our own. We are entirely too money hungry.

Billie

Our employer-sponsored health plan has deteriorated to the point of being almost useless. We don't have co-pays for doctor visits. We have

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to pay it up front and it goes to our deductible of $5,000/ind., $10,000/family. Then we get to pay 50% of anything over that until we pay the co-insurance amount of $10,000/ind., $20,000/family. Prescriptions aren't even covered and this plan costs us $2,500/year just for the employee!

The only thing it accomplishes is getting you in the door for treatment and you know if you have anything major, you still can't afford the service.

Meredith

Our family's picture:

We are a second generation small family manufacturing business. We work seven days a week. We pay $2,500 per quarter for our family health insurance – $1,000 deductible on each of us, myself, husband and our three children.

Divorced sister in-law with three children – melanoma 6 year survivor, realtor, no health insurance after cancer. She works 7 days a week.

WE BOTH ARE ONE ILLNESS AWAY FROM LOSING EVERYTHING: OUR BUSINESSES, OUR HOMES, ETC. This has been accelerated by increased property taxes, increased utilities to pay for sewers, increased unemployment benefits, etc.

First cousin and his wife – both doctors – make over $1,000,000 a year.

Patricia

My son was hurt 2 years ago. My ex-husband has health insurance, but because the doctor was not in network we are stuck with thousands of dollars and we are being sued by the doctor's office.

Zoe

I have had a job with health insurance since I was 21 years old. 2 1/2 years ago I was laid off after 15 years with that company and went on Cobra because, at age 57, I couldn't get regular insurance. I had a few conditions (menopause, divorce, a teenage daughter and back problems from one of my earlier jobs). Otherwise I'm healthy. The way things are now, I will have 5 years without any health insurance for the first time in my life. At this point I would take the expensive Cobra just to be covered.

Dorothy

My son was 12 yrs old when he was diagnosed with cancer I was blessed to have insurance. Now there are so many children who are sick and don't have insurance.

It is very important that this bill pass for health care for all children who have parents that don't have jobs or insurance.

Coming from a mother, feel the pain for children.

Jen

After being laid off when the housing market turned, I picked up Cobra insurance for my family of 4. After 3 months of $3,000 per month in insurance, we just couldn't do it anymore. Shortly after our coverage lapsed, I had a terrible bout of kidney stones that put me in the ER 3 times. Uninsured but in need of medical treatment. I now have over $30,000 in medical debt that I just can't catch up with. Why am I, a taxpayer and loyal voting citizen, burdened with this debt and thousands of illegal immigrants get their debt written off? There has got to be a change!

Brenda

When are Mental Health facilities going to be opened up for children? Our children are seeing their parents go through losing jobs, trying to keep a roof over their heads, clothes on their backs and food on the table. They see the parents struggling and it is causing depression and suicidal thoughts with them. My grandson is 21 yrs. old and I see him cry now because his mother has lost her job and is trying so hard to keep her family together (by the Grace of God) and with all the help that I can give to them all. The children need help too.

Katie

My husband has a kidney disease and has only one option for health insurance – the state pool – which costs $600/mo. My employer requires that we get our own health insurance, which puts me on the general market as an individual, not part of a group. My ONLY option for any health insurance that covers maternity (I want to have another child one day) costs $600/ mo. (This is discriminatory against women). Our healthy 2-yr-old costs $100/mo. So for our little family of 3, we pay $1,300/ mo in health insurance. This is more than our rent and WAY more than we can afford (my husband is a student).

The health insurance companies have us all in a headlock and they are laughing all the way to the bank. Give 'em hell Obama!

John

My wife and I are both retired on fixed income pension plans. We pay $7,000/yr. for health insurance through our former employer. We have no dental plan and can't afford one. Although our health insurance is adequate it is not structured for encouraging a healthy life style, e.g. no coverage for yearly comprehensive physical exams.

Amy

I made the decision to work part-time after my second child was born. Because of this decision, I am punished by not receiving health insurance – I work for city government. We have over 8,000 employees and my employer does not offer insurance to its part-time employees. How is this a family friendly America???