ADEQUATE HEALTH CARE TASK FORCE

PUBLIC HEARING

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GATEWAY CENTER

1 GATEWAY DRIVE (LaSalle Room)

Collinsville, Illinois 62234

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ILLINOIS NO: 084-003397

MS. DAKER: Good afternoon everyone. Welcome to the Collinsville public hearing of the Adequate Health Care Task Force. I'm with the Health Care Justice Act. It has been well-demonstrated that a person's ability to access the healthcare system influences his or her treatment, outcomes and health status. Access to health care is most affected by the ability of those seeking care to afford the services that they need. Therefore, the uninsured, working poor, racial and ethnic minorities and undocumented immigrants in Illinois are least likely to be able to afford to pay out-of-pocket for many healthcare services. Many Illinoisans lack access to the healthcare system because they lack health insurance. On any given day, an estimate dollars 1.8 million Illinoisans are without health insurance. Additionally, a growing number of Illinoisans are underinsured, and the consumer's share of the cost of health insurance is growing. While Illinois has many safety net providers, including public and private clinics, public hospitals and charity care administered by private hospitals that attempt to narrow the gap between the insured and uninsured, many uninsured Illinoisans lack access to a usual source of preventative and comprehensive care. The healthcare Justice Act signed into law by the Governor in August 2004 encourages the State of Illinois to implement

a healthcare plan that provides access to a full range of preventative, acute and long-term healthcare services and maintains and improves the quality of healthcare services offered to Illinois residents. The Act creates the Adequate healthcare Task Force, which has undertaken the task of developing this access plan. The twenty-nine members of the Task Force were appointed by the Governor, the President of the Senate, the Minority Leader of the Senate, the Speaker of the House, and the Minority Leader of the House. As part of its work, the Task Force will be holding at least one public hearing in each Congressional District to seek input from the public regarding the access plan, which is why we're all here this afternoon. On behalf of the Adequate healthcare Task Force and the Illinois Department of Public Health, I would like to thank each of you for coming out this afternoon to take part in this important process.

Before we get started, there are a couple of housekeeping items that must be addressed. First, if you have not already done so, please sign up at the table located just outside this room. This will help the Task Force and the Department track the number of people who are attending this hearing. There are also two handouts available at the table that provide information about the healthcare Justice Act, the Adequate healthcare Task

Force and this public hearing.

Second, should you wish to testify, please be sure to sign up at the table near the entrance on the gold colored sheets. Individuals will be called to testify in the order in which they sign up. If you brought written testimony to submit, you may do so also at this table. We will begin the hearing by calling up the first five speakers, and we will have them sit up here in the order in which they are called. Before you testify, and we'd like to have you testify at either one of the microphones, be sure to say and spell your first and last name for the court reporter; and she's on the other end here so she may at sometime signal you that she's not able to hear or to understand; but oftentimes it's usually that you're going too fast so say it nice and slow; and please be reminded that oral testimony will be limited to three minutes. You want to show them our cute little signs here? All right. And before we start, we should have each Task Force member introduce themselves. Ken, would you like to start?

MR. ROBBINS: Yes. My name is Ken Robbins. I'm with the Illinois Hospital Association.

MR. CARVALHO: Dave Carvalho, I'm with the Illinois Department of Public Health; and, as Jan mentioned, when you're speaking, you should keep your eye

a little bit in my direction. I'll hold this up when you have one minute left and this up when you're out of time, and then this when I need the chair to tell you that you're really out of time.

MR. DUFFETT: I'm Jim Duffett. I'm the Director of the Illinois Campaign for Better healthcare.

MS. DAKER: I'm Jan Daker. I'm with the United Congregations of Metro-East.

MR. KOEHLER: I'm Dave Koehler. I'm the Executive Director of the Peoria Area Labor Management Council.

MR. DOOLING: I'm Terry Dooling. I'm a certified public accountant, private practice.

MR. CARVALHO: On behalf of the Department, I'd like to mention one more thing. The support staff to the Task Force, we ask each of the Task Force members to commit to at least two or three hearings so that we can have at least three Task Force members at every hearing. We have a very fine representation of five. I want to make sure that nobody thought that there were more people missing. In fact, there are a couple of people extra. This is a very good showing on the part of the Task Force.

MS. DAKER: Being on the Task Force doesn't mean that you can pronounce all the last names. Bear

with me. We'll call up the first five speakers.

MARCELLA FREEBURG: First, I would like to thank you -- Marcella Freeburg. My name is Marcella Freeburg. M-A-R-C-E-L-L-A, Freeburg is F-R-E-E-B-U-R-G. I'm an SIU-E nursing student and one of my teachers asked me to speak today. First, I would like to thank you for the opportunity to be here. I'm from a very small community in Southern Illinois, and my parents are basically the reason why I'm here. I'm the oldest of three children, and my parents married at a very young age and struggled to raise my sisters and I the best that they knew how. After my sisters and I moved out of their home, my parents went into the restaurant business. They were very successful. One restaurant soon became two, and they were finally getting ahead financially. They owned their own home. They were happy, healthy and finally on their way to a stable financial life until last summer. My dad became very ill. He had a heart attack. He had two blockages in his heart and needed to have surgery. Excuse me. Unfortunately, he's pretty stubborn, as everyone's dad usually is. He didn't slow down. He just kept on going. He knew that if he stopped, his business would suffer. They didn't have the insurance. They couldn't afford health insurance. He became so ill that he could no longer work. He had to

make a difficult decision. Things became very bad very quickly. He didn't recover as planned, and while he was in the hospital, my mother collapsed. She, too, became quite ill. She also needed her surgery, but, unfortunately, she's not a candidate because she suffered a sense of damage to her heart while she was a child because she had rheumatic fever. My parents lost everything: Their businesses, their home and their vehicles. And even though they were left with nothing, their medical bills just kept piling in. I believe that my father's hospital bill alone was over a hundred thousand dollars. They tried to get Public Aid but were turned down. They tried to get medical cards but were also refused for those. They even tried to get food stamps, which quickly became their only source of laughter. The State gave my parents forty dollars a month in food stamps. One person cannot survive on that, let alone two people. It was a slap in the face after all their hard work. My parents are still not well. Exertion causes chest pains for my dad, and my mother isn't supposed to do anything. They're both afraid to go to the doctor because they'll incur more bills. They aren't eligible for Social Security or anything like that because they're only fifty-three years old. Basically, they would have been homeless if my husband and I hadn't

stepped in. Our savings were depleted to care for them. We pay their bills, buy their medicine; and we take care of their twenty-year old vehicle and provide groceries to them. I even took a leave of absence from work last summer just to care for my parents in their home. My husband and I are happy to be able to help them, but we can't do it much longer. Please take action. Residents of Illinois should not be denied access to healthcare or become destitute in order to qualify for help. Thank you.

BILL KESSLER: Good afternoon. I'm Bill Kessler B-I-L-L, K-E-S-S-L-E-R. I'm president and CEO of St. Anthony's Health Center in Alton, Illinois. I want to thank members of the Task Force for being there. I don't know of a larger public health crisis than we have in our State than this one. I give thanks on behalf of all of us: Our sponsors, the sisters of St. Francis, our board and medical staff and all of us. We have a history that goes back a hundred thirty-five years when President Lincoln asked the Daughters of Charity to come and care for the Confederates soldiers in the Civil War, who were dying of smallpox so our commitment to the community is long lived. What's important is that though the times have changed, the commitment that we have to the people hasn't changed. We continue to provide care for those

whether they have insurance or don't have insurance. In fact, I can say in -- that if we just look behind the topic to the faces of the people -- let me give you some statistics. The fastest-growing age group in the four counties that we serve are those over eighty-five, those most in need of extensive institutional services. They're growing at a seven percent increase. It's precisely this group that will require services, and they must rely on Medicare that pays hospitals at about seventy-one percent cost. We know that twenty-five percent of those that live over eighty-five subsist on five hundred dollars a month or less. That's what prompted us to convert our St. Claire's Hospital into St. Claire's Villa, an assisted living center in a collaboration between ourselves and the State. Like many hospitals in Illinois, we pray the Federal Government will follow the lead of our legislature and our Governor in improving the provider task because those of us that provide care for the indigent, even those paid for under Public Aid, are reimbursed at about sixty-two percent of cost. Cost, not charges, cost. We take a look at the fastest-growing segment of our entire population that's the uninsured. In our four county area that we serve 12.4 percent of the population have no insurance. I could tell you that over the last decade we have provided

sixty million in pure charity care, I can give you a whole bunch of numbers, but I don't think that gets at the essence. The essence is the people that we serve. And we have a Good Samaritan Center for those that don't have access to healthcare. That's where people can come and see a doctor and be provided services. I think what's important is that we're very concerned about the impact of healthcare on the community. And I would say that in the seventy-five years that I've been in Illinois five institutions have closed. Those were the safety net providers, and to the extent that those who provide for the poor are not themselves cared for, then where will the poor have access. The work of your Task Force is absolutely essential, and if we're ever going to have a rational plan of how the State is going to honor the promise that it makes that all citizens have a right to healthcare. We thank you for the opportunity to be heard, and we wish you the very best, and we ask God to bless you in your efforts. Thank you very much.

DR. ROBERT HAMILTON: I'm Dr. Robert Hamilton. R-O-B-E-R-T, H-A-M-I-L-T-O-N. I'm a retired general vascular surgeon from Alton. I had the honor of speaking to you in Chicago representing the Illinois State Medical Society. However, today I've also submitted a written testimony, and both this and my written testimony

represent me, and I'm not here representing ISMS. An optimal system of healthcare will result in easy access, high quality of care and affordability. We need to control costs by correcting the inefficiencies in both the private and public systems of healthcare financing. We must preserve access and quality by returning the responsibility and power to the patients in a manner which does not result in austerity, deprivation and hardship. We can help the people of Illinois enter into the more efficient mainstream of private healthcare delivery and financing, thereby decreasing the patient pool in government administered programs rather than increasing it.

Several countries and states have tried the government run, single party payer approach to healthcare financing and have encountered unacceptable problems with access to elective specialty consultation and elective specialty care. Our healthcare system has wonderful diagnostic and therapeutic modalities, highly-trained, conscientious professionals and hospital facilities unparalleled in the world. Unfortunately, the inefficiencies of the system have made that access unaffordable for some and costly for all. Tax law, first dollar coverage, low deductible health insurance, managed care, Medicare and Medicaid led us to become accustomed

to spending someone else's money, an alluring and insidious addiction. The growth of consumer driven healthcare is almost exponential because it preserves access to care and quality of care, while offering cost efficiency without austerity. By consumer driven healthcare, I am referring primarily to health savings accounts and health reimbursement arrangements. These trends show that consumer driven healthcare is rapidly becoming a dominant force in healthcare financing. Not everyone will prefer to have a consumer driven plan instead of some other form of health insurance, but other types of plans will have to face the competitive challenge of controlling healthcare costs in order to survive in the marketplace. Many, but not all, Medicaid patients would be capable of functioning in a private marketplace setting, especially with adequate counseling and consultation to help them select the best plan and to use it efficiently. In addition, the State of Illinois should study the Maryland Health Insurance Plan as a guide to offering consumer driven healthcare to the uninsurable, high risk pool of patients, most of whom are not indigent. Healthcare reform in Illinois and in America should proceed with full consideration of the possibilities that the information age presents, and those who would participate in these reforms should

proceed with the open mindedness that the optimal solution to this complex problem will require. Thank you very much.

CAROL KUGLER: My name is Carol Kugler, C-A-R-O-L, K-U-G-L-E-R. I'm the wife of Dr. Morris Kugler, and two years ago I ran as an independent write-in candidate for State Representative for two reasons. At the time our area had lost a hundred sixty-three doctors, which really hurt our access to care, especially for emergencies or procedures in specialty areas. I jumped into the race because the one thing that was needed to keep our doctors and access to good healthcare was tort reform with caps, and the legislators we have weren't willing to vote for tort reform because they were more interested in protecting the lawyers who were suing the doctors and hospitals, which, in turn, made their liability insurance rates twice as high as those of Missouri doctors and four times higher than those of doctors in our other neighboring states. You want access to care? Stop the frivolous lawsuits, bring their insurance rates down; and we'll have plenty of doctors to serve the population. Now, after we lost a hundred sixty doctors, our legislators did finally pass a tort bill with caps; and, as a result, about thirty new doctors have come to our area in the

last two years, and doctors' insurance rates will go down from three to five percent. That's a start. But we have a long way to go before access to care in Madison/St. Clair Counties is assured because at thirty new doctors every two years, it will take us ten years just to get back to where we were before the tidal wave of doctors left, and now the entire area is growing in population and Governor Blagojevich has proposed his All Kids insurance program for the whole state. These are both good things, but where are the doctors to serve all these new patients? Not here in Madison/St. Clair Counties. So what will it take for us here in Southern Illinois to have equal access to healthcare and lower costs? When our legislators passed the tort reform bill, they made the caps twice as high as they are in Missouri and other states which helps keep our doctors' insurance premiums up. They then put more restrictions and requirements on companies that insure doctors so no insurance companies have returned to Illinois. With only one main insurer in the state, ISMIE, and no competition, there's not much incentive to lower their rates. Therefore, our legislators need to go back to the drawing board, lower the caps to at least the same as Missouri and make our state friendlier to insurance companies. Competition and lower caps will help bring malpractice

rates down. Then we'll get more doctors in our area, and our access to healthcare will improve dramatically. If you want to change the system in Southern Illinois, you've got to change your legislators. I am running again for state representative in this district, and this time my name will be on the ballot. A vote for Carol Kugler will be a vote for healthcare instead of against it. And, while you're at it, we need to balance our courts with an equal number of Republican and Democrat judges. Healthcare starts with doctors, and doctors need fair courts and fair laws. Thank you very much.

ALAN GAFFNER: My name is Alan, A-L-A-N, Gaffner, G-A-F-F-N-E-R. I am Director of Legislative Affairs and Volunteer Services at Greenville Regional Hospital. Thank you for the opportunity to offer testimony regarding the subject of healthcare adequacy and access. Our facility is a nonprofit, free-standing forty-two bed hospital located in a rural area. A bit of an unusual situation, Greenville Regional, as a rule, is not aligned or affiliated with any health or hospital system. As a full-service hospital, Greenville Regional provides something again unusual to the area, obstetrics, in addition to some unique services in a rural setting, which include a geriatric behavioral health unit and also outpatient psychiatric and counseling. Each month

Greenville Regional Hospital offers approximately one hundred outpatient clinics representing sixteen medical specialties. Fair Oaks is a one hundred eight bed long-term care facility that adjoins Greenville Regional. The hospital is a major economic force with three hundred seventy-four full and part time employees. Greenville Regional is the community's largest employer and has an annual payroll of ten million dollars. The population of the area served by the hospital is primarily elderly. Twenty-two percent of those in the market area are over the age of sixty. This is double the state and national average. The patient mix of Greenville Regional reflects those demographics: Largely Medicare, Medicaid or private pay. Approximately seventy percent of that patient mix. At Greenville Regional adequacy and access to compassionate care for all categories of payers is threatened as a result of either no or low reimbursement. The financial stability of the hospital has been pushed to the limits even with those diverse services. The state's underfunded Medicaid program, Federal Government's difficulty in meeting its Medicare obligation, and an increasing uninsured's ability to pay for care have all been well-documented. We face those challenges. These factors make it impossible to cover rapidly rising costs. Let me offer you one of the most

significant in the past year of our operation. Our liability insurance, even on the heals of the recent passage of relief within the state, increased twenty-five percent, rising from three hundred thousand dollars to four hundred and twenty-five thousand dollars. More important, services within our hospital are operated at a financial loss, the very critical, and we're committed to them. They are the emergency department, which is staffed twenty-four hours seven by physicians, obstetrics, Fair Oaks and Wellness Clinic. That is the outpatient psychiatric and counseling clinic. These systems are vital to the area. I can reflect that and emphasize that by letting you know that Greenville Regional and another facility are the only two of five area hospitals within twenty-five miles that deliver infants, and if you're on the back side of that twenty-five miles, it's going to make a fifty mile travel. Wellness links the outpatient psychiatric, and counseling service affects patients throughout the region. Last year Greenville Regional provided over fifteen million dollars in care and services not paid for by government programs as well as care to the uninsured. Of this total over 1.7 million was attributed to charity care and uncollectible accounts for the uninsured. I'm proud of what we've done. For over two decades,

Greenville Regional has actually sponsored a self-funded charity care program. We believe we're doing our part and more. Presently patients can receive from a fifty percent to one hundred percent discount based on their ability to pay, and we've even gone beyond the Federal Government. We use their poverty guidelines ranging from one hundred seventy-five percent to actually two hundred seventy-five percent of the Federal poverty levels in establishing their discount, but using that practical definition of charity care, Greenville Regional is incurring costs and charges for seventy percent of the patients served. We offer these three recommendations. We recommend the adoption of Universal Health Coverage. This concept will require the involvement of a multifaceted group, providers, employers, government and insurers. I hope this message comes through clearly throughout the state. Hospitals cannot be solely responsible for the uninsured and the difference between low payments and cost of care. Secondly, the state must continue to seek, develop and implement innovative payment systems such as the Provider Assessment Program. No matter how creative or efficient hospitals become, additional dollars must be infused into the payment pipeline. The finest healthcare system in the world cannot be supported by a second class payment program.

And, lastly, there's no cost associated with this from a governmental standpoint. We urge the state government to refrain from imposing and adopting plans and programs that directly or indirectly increase the cost of providing care. The recent charity care plan proposed by the Illinois Attorney General reflects a lack of knowledge, sensitivity or both to the present hospital environment. Hospitals are the entry point for adequate healthcare in Illinois, and I respectfully urge the task force to recommend proposals that will ensure the survival of hospitals in Illinois. Thank you so much for your willingness to be with us today.

DR. WILLIAM CASPERSON: My name is Dr. William, W-I-L-L-I-A-M, Casperson, C-A-S-P-E-R-S-O-N. I appreciate the opportunity to speak before the Task Force. I'm a general surgeon and presently work as the Medical Director of St. Elizabeth's Hospital in Belleville, Illinois, in St. Clair County. I have worked as a general surgeon in Belleville for over eighteen years. I'm a life-long resident of Southwestern Illinois, and I speak for our medical community from an excellent perspective. Since 2003 dozens of physicians have left this area due to the medical liability crisis, most in the prime of their careers. The result has been a decrease in access to medical care. St. Elizabeth's

Hospital has had periods of time during which some major surgical specialities have gone uncovered. When a patient needing these services arrives in the emergency room, there's no choice but to stabilize and transfer, often across the river to St. Louis. We have been successful in filling some of these deficiencies in our medical staff but others remain. With some new shortages emerging, especially plastic surgery, more shortcomings are in the future. With the less than favorable malpractice crisis and deteriorating reimbursements that has evolved in our area, recruiting has became quite difficult. Even with the benefit of liability reform set in place by the last legislative session, it remains virtually impossible to recruit new physicians to our community without significant support from the hospitals. Fraud and abuse laws have been written to prevent manipulative financial relationships between physicians and hospitals. These laws are important in a well-staffed competitive market, but in a crisis area, they become obstructive. St. Elizabeth's is a mission driven hospital. It is committed to supplying the community with comprehensive access to care and is willing to expend resources to do so. Structuring compliant service agreements attractive to prospective physicians is difficult, if not impossible. Presently,

the healthcare industry in St. Clair County is in decline. Without a legal and socioeconomic environment that is attractive to healthcare providers, the problems that have led to the decline will not be solved. Why should a well-trained plastic surgeon move to Illinois if the environment is much more attractive elsewhere? A recent study by Southern Illinois University in Edwardsville on the economic impact of healthcare on Southwestern Illinois reveals that despite general economic growth, the healthcare industry is declining. Comparatively, the industry for healthcare in Missouri is rapidly growing. It makes little sense to allow such an important service and economic component struggle as it has. People rely on healthcare for their livelihood as well as their health. Three minutes is an inadequate time for an in-depth discussion of these issues, but the final word is that a strong medical system is vital to any region not only for basic care of humans beings but also to allow for economic success. It must be a priority to create an attractive environment for healthcare providers. Healthcare cannot be viewed as a high-dollar budget item available for thoughtless cuts. But, rather, it just be viewed as an economic treasure that should be protected and supported. Thank you very much for allowing me to present this. With great respect

that I submit this report.

TONI CORONA: My name is Toni, T-O-N-I, Corona, C-O-R-O-N-A. I'm the Public Health Administrator for Madison County Health Department. I basically just came to deliver two thoughts on this process. First off, thank you very much for coming to Collinsville, Illinois. Across the state in Southern Illinois, especially Madison/St. Clair Counties, I think have been significantly impacted by this crisis, and it's important that locally we have an opportunity to voice this. First off, what I'd like to say one point is we just completed within the health department our community assessment, our third round of a community health assessment and five-year community health plan. And I'd like to report to you, as Task Force members, that, again, for the third consecutive time overwhelmingly acces to care became the number one issue, as far as addressing the health status of Madison County residents. Obviously, we have many health priorities, that we as a partner in the public health system of Madison County, wish to address; and because of the fact that access to care becomes, again, an overwhelming issue of how we address appropriate programs when we reach out to our community public health partners and players within the system, we still always struggle with a lack of resources, if you will. The

local health department, Madison County Health Department, have been in existence for ten years; and we have steadily seen an increase in our clinical services. I believe that there's, clearly, an association to the inadequate resources and access to care issues and the demand of the services that a local health department provides. Our mission is to assure conditions in which people can be healthy, and we strive to really put our dollar into preventable prevention types of programs and education. We believe that, woefully, prevention types of programs are underfunded, and local health protection grants is a basic example of that. For many, many years as a local health department, we've been come to from the Illinois Department of Public Health to rely on providing basic services such as immunizations, for example, for childhood and adults and receive no increase with that. And it's very difficult to continue to find the supplemental local funding to be able to assure that those types of prevention programs exist within Madison County. So thank you for bringing it here in Collinsville, and please continue to strive to work on this because we definitely need to find some appropriate solution for this.

MS. DAKERS: We have a question.

MR. CARVALHO: Two questions. If you've got

that assessment and you could send it to the department, we'd like to see it.

TONI CARONA: I'd be happy to. It's been submitted to the Illinois Department of Public Health, and I will do that again.

MR. CARVALHO: And the other thing is access to care was it -- is it both in terms of just people not being able to afford health insurance and also --

TONI CORONA: It's a plethora. Exactly. It's exactly that. You know, we often daily we find we serve people that are uninsured, underinsured, people that have insurance. We still find those folks falling through the cracks. We still struggle as healthcare providers to identify resources available to people who might be uninsured or underinsured, and our breast and cervical program and prostate screening program is a testament to that. We try to get training programs because we believe that's part of, obviously, the prevention; and then when we identify problems, where do we take these folks then that we've identified problems? It's a ripple effect. There's no question. Thank you.

KEVIN HUTCHISON: Good afternoon. I'm Kevin Hutchison. K-E-V-I-N, H-U-T-C-H-I-S-O-N. I am the Executive Director of the St. Clair County Health Department, but today I'm speaking in my capacity as

chairperson of the St. Clair County Healthcare Commission. The commission is a group of representatives from various health providers, education and medical providers in St. Clair County. I'd like to briefly echo the comments made by my colleague, Toni, regarding the issue -- overall issue of access to care has also been identified in St. Clair County as a major health issue. Additionally, when we look at the resources that are being put in place for prevention and for core public health protection services, they are certainly inadequate. We spend much time looking at preparation for disaster preparedness, most recently pandemic flu, and we know that there are really going to be major strains on the entire healthcare system, which will affect a lot of the folks that I wish to speak about today. Through your healthcare commission, there's lots of issues that one could address, but I'd like to focus on three major areas that we've identified and would like to share with the Task Force. That includes the uninsured or underinsured. That includes health issues associated with people of color, basically healthcare disparities, and I'd also like to address some concerns associated with our aging population, the fastest growing segment of our population. I'm sure you're quite aware of the data and statistics about what's going on across

Illinois, but I'd like to focus a couple of comments on what we see in St. Clair County. Approximately twenty-six thousand, seventeen percent, of St. Clair County residents age eighteen to sixty-four, are uninsured or underinsured. This is significantly higher than the national state average, reflecting the burden of the access to care that happens in our community. You compound that with the other discussions we've had in terms of medical workforce shortage, the malpractice issue, you see how these tend to augment or amplify one another. Majority of the uninsured in St. Clair County, as in other parts of Illinois, are working people. Probably seven out of ten of those that are uninsured or underinsured are working either full or part time; yet, they have no insurance. A most recent study in 2003 through behavior risk factor survey indicated that 13.4 percent of the people in our county don't have insurance nor do they -- they delay getting medical care because of out-of-pocket costs. Regarding disparities, in our county, African-American population, Hispanic population disproportionately represented the working uninsured. They're thirty-one percent of the population but sixty-six percent of those uninsured. The health outcomes are much more serious including a hundred sixty percent higher infant mortality rate among African-

American women in our community. Seniors also have many different issues, access to care, transportation. Over seventeen percent of those age forty-five to sixty-four in St. Clair County are uninsured. So what can we do about it? We respectfully recommend that the policies that are developed as an outcome of this Task Force there should be an increase in the number of working families that have access to affordable health insurance. Secondly, there should be incentives for preventative care rather than people accessing the over-expensive emergency room care. We need to create a climate wherein businesses can afford to offer healthcare, and, finally, we would encourage there are many recommendations that are in the White House Conference of Aging Report 2005 that address access to care issues associated with the elderly, specifically, the lack of work force and more specifically those -- that in geriatric training. Thank you very much.

BILL HASKINS: Hello, my name is Bill, B-I-L-L, Haskins, H-A-S-K-I-N-S, and I'm a human being and a taxpayer like everybody else in this room. Let me start with this. No matter what policy we come up at a minimum -- the way I look at it -- it has to be holistic. It's got to cover us from head to toe, eyes, dental, medical, mental. If you look at the insurance policies for mental

illness, it is a disgrace in terms of what coverages are offered, if you're lucky to have it. It should emphasize preventative. I know that's a chronic theme here, but keeping people healthy is smart. Keeping people -- catching illness before it gets too serious is a smart thing. It's the right thing to do. It needs to be proactive, and in that sense the policy we come up with has to be constantly monitored to meet the changing times. For instance, in this country we have a population of sixty percent of individuals being overweight. What are we really doing about that based on the type of health coverage we have? A potential plan that hasn't even been enacted as yet is the Massachusetts plan that I've looked at. That's a possibility, but at least it's an attempt at universal. I would also suggest tax incentive to businesses who fund wellness programs, be it in terms of paying for gym membership, be it Tai Chi, Yoga, et cetera. The research I looked at last year alone in this country we lost a hundred billion dollars to lower productivity because of people being sick or stressed out basically, a hundred billion dollars. I also recommend a little different thing here on pharmaceuticals that we haven't really talked about too much. I give you one example. There are many out there. Michigan State University their scientists came up with a

cancer drug, which is very dear to me because I'm a cancer survivor for one year, and Pfizer offered them a grant. Pfizer got a hold of the patent. Made millions on this drug. The Michigan State legislature woke up and said, you know, we need to get this patent. They wanted to get the patent back. Pfizer came after them with a major lobbying effort in Congress, and guess what? Pfizer won. The cost of that drug is still up here. What I'm saying as a taxpayer is that we shouldn't give away the farm. Our money pays for the building, the salaries, the teaching assistant, et cetera. It's smart to have a policy that says any business that comes in that wants to do business in a tax paid facility has to do it in a way that we benefit by. I would also recommend that, for instance, that drug, if any citizen of that particular state get it at a discount price because their money helped pay for that drug, when you get right down to it. I would recommend that as well. Thank you for allowing me to speak.

MARY TRIMMER: I'm Mary Trimmer. Mary, M-A-R-Y, Trimmer, T-R-I-M-M-E-R. I wish to thank you for the opportunity to speak here today. Sometime back I was supervising the local food pantry and soup kitchen. I talked with many of the clients. Senior citizens many of them came because they couldn't buy both food and

medicine. Young mothers with children came because even when they would get a job, the first thing they would lose, the mother's, was their Medicaid for the children. So they couldn't afford to have their children get sick so they usually had to quit their job. I talked with new people that had never come to the pantry before. In many cases the major happening was that someone in the family, usually the wage earner, had become ill. He or she lost their job because of illness -- of absence and they also lost what little health insurance they had. This was a story heard over and over. In extreme cases, the family lost everything, their house, their car; and sometimes they had to go to the streets. I left the pantry after 2004. That year we had served seventy-six hundred families in the food pantry. In 2005, the number of families served was a thousand more or a 12.9 percent increase in one year. Now, in the first three months of 2006, the number of families served in that pantry has increased by more than five percent. The soup and sandwich kitchen serves lunch three days per week. In 2004, the average number of people served per day was forty-eight. In 2005, fifty-two. In the first three months of 2006, it has been sixty-nine. More and more people are coming to food pantries and soup kitchens. These are not only people without jobs. Many of them

come from their jobs for lunch, especially. Even those that work at the food pantry that help with the orders and so forth, they do not have health insurance; the pantry can't afford it. People of Illinois need healthcare. All citizens have a right to that care. We need universal healthcare, and our state will flourish. Thank you.

JO'ANNA WATTS. Very short and very quick. I'm Jo'anna Watts, J-O-'-A-N-N-A, W-A-T-T-S. A resident -- life-long resident of Granite City, Illinois, a member of the United Congregations of Metro-East. We're struggling with many issues in the State of Illinois. They've all been mentioned here before: Mental care, healthcare, drug abuse. We have all the problems that everyone else has. We want universal healthcare.

BILL GIBBONS: First of all, thank you very much. My name is Bill Gibbons, B-I-L-L, G-I-B-B-O-N-S. And I am the co-director of the United Steelworkers, District 7, which covers Illinois and Indiana. We represent approximately seventy thousand members in the two states and represent approximately forty thousand, forty-five thousand members or more in Illinois, in addition to several tens of thousands of retirees, and I want to commend you on the work that you're doing and the foresightedness of our leaders, our political leaders in

the State of Illinois, to bring this issue forward, and I can't overemphasize just how serious it is. I spend my time at the bargaining table. I spend my time talking to our members and our retirees, and I see the devastation that is being just brought upon good workers, hard workers, the indigent and the people that are without healthcare coverage in the state and in the country. It is our belief that we need universal healthcare in the United States, and it's long overdue. I have -- I have -- I have spent forty years bargaining contracts and healthcare coverage, and I've gone through the -- when we began with the various types of coverage, which started as indemnity programs and major medical programs and HMOs, and everybody had an idea as to how the healthcare problem was going to be fixed. Well, guess what? It goes worse, worse and worse. And now we find ourselves with approximately forty-six million people in our country without healthcare coverage. We find sixteen percent of the population at any given point in time without healthcare coverage. We find retirees that don't qualify for Medicare coverage that are suffering, that can't afford to retire, have to work when they can't work, and they're infirmed and disabled, and they have to try to get themselves to work because they have an employer that may provide them with some form of

healthcare coverage. We are in a healthcare crisis in the country and we -- and we compliment with what's going on in the State of Illinois because we are making movement. I want you to know that the steelworkers union understands that this approach may have to be an incremental approach, even though we understand that we must at some point in time have universal healthcare coverage. We also understand that this must be done right. That we cannot go through the disasters and the conflicts and the problems that we're going through, for example, with this current prescription drug program. That's all one had to do was look at the aspects of that program when it was first enacted. The first thing that struck me was how in the world could the United States of America, our Federal Government, end up with a situation that we prevent the Government from bidding -- from using its purchasing power for buying prescription drugs. How can that happen? We all know that there's one reason why that happened, don't we? And I'm not here to get into it. You all understand why it happened, and we've ended up with these types of situations through a bandaid approach that has not fixed the problem, and we're still confronted with the problems we have statistically, and we can talk about the statistics. Statistically we see that -- and those countries that have socialized national

healthcare, universal healthcare programs, whatever one wants to call them, that the cost of medical care is less by the tune of almost a hundred percent than it is in the United States and everybody likes to see the -- look at the horror stories. I remember the Harry and Louise commercial that went back in the early -- when was that, '90s or so, and the problem is that we're not addressing the needs. I have employers that are telling me they can't afford to do business in the United States; that they'll go to Canada. It's happening with the auto companies. It's happening -- it's happening with so many other employers. Fifteen hundred dollars on the cost of a car more than the steel. I have a written-up statement that I know that I've got about a minute left, but I just want to give the commission a warning, and, that is, in the current environment good ideas are exploited and I just want to say relative to tort reform that we hear so much about and don't practice. The actual statistics on the cost of healthcare coverage as a result of so-called frivolous lawsuits or lawsuits -- total lawsuits is less than one half of one percent. Five tenths of one percent. And the healthcare in the large part of the state and federal economy sixteen -- almost sixteen percent of our gross domestic product. It is a legitimate cause, but there are vested interests. There

are interests that do not want to see change, that are worried about change. The anecdote to this is to build a strong enough coalition to support the past good legislation and real reform. After the legislation is passed, we have to be prepared for the backlash from those self-interests that exceed the public interest. The U.S. stands ready -- the United Steelworkers stand ready to assist in building a good coalition of support and a good legislative proposal that can overcome the resistance to change that has blocked reform up until now. Your job is critical. The citizens of Illinois depend upon it. The country depends upon it. The ability of the state government to meet its budget constraints depends upon it. The future of our economy depends upon it, and our future generation depends upon it. I thank you very much.

DENNIS BARKER: Hello. My name is Dennis Barker, D-E-N-N-I-S, B-A-R-K-E-R. I'm a member of the United Steelworkers Local 1899 located in Granite City. I'm the political action chairman for my local union. I want to share with you the story of the steelworkers across America, particularly the steelworkers of the 12th and 19th Congressional Districts and about their loss of healthcare, their hard-earned benefits. In 1999 and 2000, there was an unprecedented amount of foreign steel

that got dumped into this country illegally in violation of our trade laws. This resulted in the steel reaching historic lows driving thirty-three steel companies into bankruptcy. Sixteen of these steel companies ceased operations completely. This was devastating to the steelworkers all across America. Over two hundred thousand of our members losing their healthcare benefits, many of them losing their jobs. Three of those steel companies were right here in the 12th Congressional District of Illinois, Laclede Steel in Alton, SCI Metals in Madison and National Steel in Granite City. Both Laclede and SCI ceased operations completely. National Steel's assets were purchased by United States Steel through bankruptcy court. This resulted in four thousand of our members just in the 12th and 19th Congressional Districts losing their healthcare benefits. These were four thousand individuals, hard-working, middle-class families, woke up one morning finding a judge signing a piece of paper wiping out their hopes, their dreams and promises made from years of hard work. You want to see the faces of healthcare crisis in America? Look across the room tonight. Many of these families are with us tonight. Healthcare in America would be treated as a right and not a privilege if America had universal healthcare systems as every other industrialized western

country; the collapse of the steel industry would have been a nonevent in the families' lives. I would like to present to the Task Force the copies of the Steelworker Healthcare Bill of Rights. This petition has been signed by our members throughout the 12th and 19th Congressional Districts. We have four thousand eight hundred thirty-seven names on these petitions and the petition -- the petition calls for three simple things: A healthcare program where everyone has a right to good, quality healthcare, an affordable program that covers everyone with cost controls, a prescription drug program where everyone has access to affordable and prescription drug coverage. I would also like to present a letter from Congressman Costello commending the steelworkers in our effort and our fight for universal healthcare. I'd like to present that to the Task Force. I would also like to present a letter from the President of the Cerro Copper who gave a letter to us addressed to Congressman John Shimkus urging him -- urging Congress to address this issue. So as a Task Force looks for solutions, you should consider looking at the Medicare program as a model. Of course, opponents of expanding the Medicare system to include all American citizens will use the fear of government control and healthcare to defeat these efforts. The plan we envision as steelworkers is a

government administration of healthcare, not government control of healthcare, and that's a big difference. Government, whether it be state or federal, is the only entity that has the power that can bring about change. The solution we need is a publicly-funded healthcare system that treats healthcare as a right, not a privilege in this country where everyone is included and no one is excluded. Thank you.

JEFF RAINS: I'd like to thank the Task Force for coming down and listening to our plight. My name is Jeff Rains. J-E-F-F, R-A-I-N-S. I represent the United Steelworkers Retirees Reunion Move. As the name implies, I deal with retirees from all walks of life, and I'm here to urge you to put forth legislation that will make their life easier. Many of them have been subjected to the hardships that you've heard about due to either the loss of health insurance or increasingly high contributions required on their part many times, making their contributions more than their monthly income. That's how many retirees are affected, but the story doesn't end there. Working men and women, who in the past would have retired, thereby opening up good paying jobs for younger people now find themselves working longer. The reason, the horror stories related to them by their peers about life without security. Many continue performing tasks

that were meant for those much younger, thereby increasing their chance of experiencing a life-changing injury, one which will make their final years much more difficult. We have a chance here to change the scenarios, and I urge you to put forth legislation that will do so. Thank you.

ED WARDEN: Good afternoon. My name is Ed Warden, E-D, W-A-R-D-E-N. I represent the NAMI Madison County Board of Directors. I am here this afternoon, first of all, to thank you for your time. I appreciate it, and I do not envy your task. With that in mind, I'd like to ask you just one or two questions. Would you elect to cut healthcare benefits to twenty percent of the population? Would you elect to cut healthcare benefits to the second highest cause of death to young people between the ages of eighteen and twenty-five? Which is suicide. Most of us would quickly answer, well, of course not. Unfortunately, administrators of medical plans and/or politicians that suggest reductions of benefits for mental illnesses to reduce cost or balance budgets are answering just the opposite. Just last year there was a series of three suicides in our area: Gillespie, Staunton, Edwardsville. These young people were roughly between the ages of eighteen and twenty-one. Mental illness includes such things -- such disorders as

schizophrenia, schizophrenia affect, bipolar, major depressive disorders, obsessive compulsive disorders, panic and other severe anxiety, autism, borderline personalty. It's a rather lengthy list. One out of five of us have a mental illness. I am standing here today asking, begging, pleading and doing everything I can within my heart to explain to you that mental illness is not something that we inherit simply by being lazy, bad genetics, black, white, rich, poor. The good news is mental illness doesn't see those. It has no blinders to that. With that in mind, as you're examining your program, please do not -- do not cut mental illness. In fact, do the opposite. When you're shaping your program, we've talked about proactiveness, I personally have a son with mental illness. He has had some very traumatic experiences, but through the help of state programs he now is a successful young man capable of education, sustaining a job and a happy lifetime. Yet, this young man was hospitalized thirty-six times by the age of eighteen. It's a very, very serious issue. You're dealing with people's lives. You're dealing with family impact. If you do not see in your hearts, simply look at the evidence in terms of how broad this disease is, but the good news is treatment can and will occur. The road to recovery is not difficult, but just as you would not

find fault with someone who is diabetic and continues to need treatment, nor should you find fault with those who have mental illness and recognize that the road to recovery can be there. I thank you very much for your time.

DESIREE HUTTON: My name is Desiree Hutton, D-E-S-I-R-E-E, H-U-T-T-O-N. I'm a student at SIU-E, and I've been a certified nurses' assistant for seventeen years. And hold on a minute. Sorry. Seventeen years ago I became a certified nurses' assistant. In the past ten years I've watched as the demands on skilled healthcare workers have become harder and excessively demanding. I recently quit my job at a local hospital. In my last year of employment, my job description had expanded to leave me with the duties, which used to be fulfilled by three people. The last night I worked a twelve-hour shift I was responsible for the care of twenty-five patients, all their needs, the transportation and admission of new patients and the role of secretary, which includes doctors' orders. I was alone that night because my coworker was sent home. The hospital census grid did not call for her to stay. Had she stayed, the hospital would have been in danger of not making a profit. Every year the demands on nurses' assistants get higher and the work force gets small.

Many hospitals and nursing homes run with a minimum amount of staffing to keep profits coming in. They preach about quality of care, but the staff often hasn't got the resources for quality care. Many times we don't even get to know our patients' names before they move to another unit. The people that are entrusted with the responsibility for giving care to the sick and injured are often unable to perform their duties. Healthcare is an industry created to provide help to people in need. It isn't about a profit. Often the doctors, themselves, are unaware to the reasons why their orders weren't followed properly. When someone you love is sick, the last thing anyone thinks about is whether or not the person responsible for their care is able to answer them when they call because they're trying to meet the needs of twenty-five plus people with similar problems. People have to become aware that hospitals are no longer a place where people will take care of you when you're sick. One day when I came to work, I was instructed not to wait on a patient. The nurse told me he had been discharged but was refusing to leave because he did not have a way home so late in the evening. She also told me that if a new patient needed his room, that I would have to take the eighty-year old man to the lobby. I asked why they didn't just charge him for another night. I was told it

was because he was on Medicare, and he didn't have the funds to pay. Seventeen years ago this would not have happened. What kind of healthcare system do we have when we resort to leaving people in the lobby of a hospital all alone because they have no money and no family. I, like most healthcare workers, wanted to help people when I became a CNA. It is hard to consider uniting together against an employer when it means leaving the people you care for with no one. The people who run hospitals and nursing homes need to remember what field they really work in. We have an ethical, moral duty to care for human beings. Our patients are members of families. They're someone's mother, father, grandparent or child. The people entrusted with their care are also people who have families and stress and morals that affect them while they try to fulfill their obligations. As a nurses' assistant, I was not allowed to be sick myself more than twice a year. I couldn't even afford to use my insurance when I needed it. It is time for people to take a stand to demand that people get ethical quality care when they desperately need it. That means remembering they're human beings and not dots on a graph that reflect profit margins. I came here respectively to ask that when you consider everything else you put into your healthcare program, to consider limitations. I'm

sorry. Thank you very much. That are placed on us and, you know, that the amount of patients that a healthcare worker has should be based on quality of care not how many the grid calls for and not how much money there is.

ROBERT STEPHAN: Good afternoon. My name is Robert Stephan, R-O-B-E-R-T, S-T-E-P-H-A-N. I represent U.S. Senator Barack Obama. Senator Obama is sorry he could not be here today. He wanted me to weigh in with some of his thoughts for the hearing. Although Senator Obama is now a United States Senator, he remains an Illinois Senator at heart and continues to follow a great interest of the health initiatives of this state. Illinois always has and always will be a leader in the area of health. And the work we are doing today is just one example of how Illinois has shaped the dialogue around the problem of the uninsured and has challenged other states and the Federal Government to take action. Over the last century, the nation has witnessed tremendous advances in medical science and technology. We now have treatments and cures for diseases and conditions that were at one time surely fatal. Thirty years ago if children developed cancer, doctors couldn't save their lives. Today more than three quarters of children with cancer survive. Heart disease is no longer the leading cause of death because of

significant improvements in medical treatments and surgical procedures. Americans with AIDs are living many years longer and spending more time at home and not in hospitals because of new drug cocktails that prevent infections and other deadly complications. The unfortunate and bitter irony that while the number of medical breakthroughs continues to increase, so does the number of Americans that will never benefit from them. Right now forty-five million Americans have no healthcare coverage, and this number continues to rise. In this land of plenty and opportunity, hundreds of thousands of uninsured children with earaches and sore throats will never see a doctor. Sixteen million uninsured Americans cannot afford to fill prescriptions. Uninsured women who develop breast cancer are forty percent more likely to die as are fifty percent of uninsured men with prostate cancer. The Institute of Medicine has reported that eighteen thousand adults die every year because they're uninsured. The United States Congress can't seem to overcome the political gridlock to meaningfully address the problem of the uninsured, and this administration continues to turn a blind eye to the issue of promoting empty solutions such as HSA and AHPs that won't significantly expand coverage, won't help low income Americans and won't help strengthen the health insurance

system that we do have. Many states have stepped up to the plate to address the growing crisis of the uninsured, and I am proud that Illinois is one of them. Senator Obama firmly believes that healthcare is a right for every American and is committed to fighting to expand health insurance coverage until every man, woman and child can get the healthcare they need at the time they need it. He commends the efforts of the Healthcare Justice For All Coalition. He commends the efforts of the Task Force, which is why he started the legislation which created it, and he looks forward to working with you in the future to make affordable health coverage for all a reality. Thank you.

VICTOR RAMSEY: My name is Victor Ramsey, V-I-C-T-O-R, R-A-M-S-E-Y. I am speaking here as a member of the United Congregations of the Metro-East and as the clergy representative to that board from New Bethel United Methodist Church in Glen Carbon. I am very concerned for a solution to the healthcare crisis, which confronts all of us. Although I am officially retired with full clergy rights of the Illinois Great Rivers Conference of the United Methodist Church where I was a past chairman of the Committee on General Welfare of the Board of Church and Society in Centralia, Illinois, and have had a ministry of more than sixty years, I continue

to have a major concern for the health needs of everyone. I have been a hospital chaplain. I have been a pastor, and I have been public relations director for a healthcare home of that conference, a church related home. In support of our working together to find a satisfactory solution to the increasingly difficult healthcare crisis, I want to reaffirm a resolution thirty years -- of thirty years or more ago in which I was a participant in which our board of Church and Society, our conference, set forth a policy calling for a new national healthcare program inclusive of every person and every age, every status of life without discrimination against anyone but inclusive of all. This year again a resolution of our Conference Board of Church and Society will be presented for a vote in early June. It may be passed, amended or not passed, I realize. But in support of the cause here and in support of what they're saying, I want to share with you their advocacy. They write the cost of prescriptions and other healthcare is rising far above the rate of other inflation. These costs are causing more employers to pass costs onto the employees or to drop healthcare as cost prohibitive. Increasing numbers of residents of our nation are without healthcare coverage. Fewer insured people contribute to greater unpaid healthcare bills which increases

healthcare costs further. Women are especially at risk because of their lower incomes, and children are at risk because of their dependence on others to provide care. The cost of healthcare increases the production cost of American-made goods and services providing rationale for outsourcing of jobs. The legislation providing prescription drug coverage allows private providers to write plans resulting in an array of options. Many persons eligible for the plans found them confusing and choosing a plan to be stressful. The Book of Resolutions in 2004 of the United Methodist Church addresses the issue of healthcare. In resolutions 108-111 saying in part now is the time for a comprehensive single payer healthcare program that will provide adequate healthcare to all without placing further barricades to access. Private health insurance in all its forms continues to increase its premium cost while limiting care and/or increasing deductibles and copayments for care. However, these increases do not necessarily reflect rises in the actual cost of treatments. Premiums must rise in order to keep adequate profit margins for owners and investors. It has been estimated that the cost of administration of Medicare is four percent or five percent of its budget while the typical private company's budget for administration and profit is about twenty-five percent.

I agree with the substance of each recommendation, and I recommend to you that compassion and healing be the primary motivation in developing a healthcare system that is just and inclusive. Thus, I urge implementation of a totally nonprofit healthcare insurance system, a single payer system administered by the Federal Government and inclusive of every citizen and every resident of this nation.

MOHAMMED GOLAMKIBRIA: Good evening, panel. And good evening also, ladies and gentlemen present this evening. I'm a member of the United Congregation of Metro-East and also Mosque and Islamic Education Center of Belleville. I'm a minority and also a human being. At the end this morning we have changed. I have a fax from Jerry Costello, and it requested our members that I should read. That was my task. If time allows, I will share some of my ideas and proposals with you. Thank you. My name is Mohammed Golamkibria. M-O-H-A-M-M-E-D, G-O-L-A-M-K-I-B-R-I-A. Thank you. Here is the -- as a matter of fact, it was faxed to one of the panel members, Miss Jan Dakers. Costello wrote, thank you for inviting me to be with you this evening to discuss the critical issues of healthcare in the United States. Unfortunately, due to a prior commitment, I am unable to be with you this evening. However, I do want to commend

you and all of the participants for holding the hearing forum this evening and for your interest in issues affecting the people of our area and our nation. While the United States has the most advanced healthcare system in the world, over forty-four million people are uninsured. Millions are underinsured, and those who are fortunate enough to have health insurance see their premiums rise every year. I want you to know I support universal coverage retaining consumer choice in providers, including chiropractic care and maintaining high-quality care. Congress continues to look at ways of improving our healthcare system. As a member of the committee for the Rural Healthcare Coalition, I assure you that I will continue to work with my colleagues to improve our system. In absentia, thank you, J. Costello, for supporting our universal coverage. Thank you. Now, since I have some time left, thirty seconds, a universal healthcare plan tailored specifically to Illinois will result in an enormous savings to business, individuals and government according to a study released by the National Coalition on Healthcare. This is the United States of America, sir, we can find a way to provide healthcare for all of our citizens. Thank you.

VINCENT MANDRASKO: My name is Vincent Mandrasko. V-I-N-C-E-N-T, M-A-N-D-R-A-S-K-O. I'm reading

this statement for Dennis Vandersen, a pharmacy technician who was unable to be here today. I would like to present two experiences with our current healthcare system, one for medication, one personal and one in my pharmacy work study. In each case there have been difficulties which have caused some to give up. My personal experience is with my adult son. When he was no longer on my insurance because he was an adult, there was a challenge on how to get his seizure medication that would cost about seven hundred dollars monthly. His monthly income was less than six hundred. We knew that some pharmaceutical companies would provide assistance to low-income people. We were able to get help. We were lucky there was someone in a doctor's office who could help us. There were two different pharmaceutical companies that had programs for free or low-cost medications. This required two sets of forms and a patient advocate from the doctor's office to verify information, obtain doctors' signatures and make necessary phone calls. The program had to be renewed annually. We were lucky because some doctors' offices don't have the staff or the knowledge or time to do this process. My son now has a Medicaid card for low-income people with disabilities. Even this took over a year to obtain with forms and doctors' statements. Once the

State told him the paperwork was incomplete but would not tell him what was missing. Everything had to be resubmitted. At one time all the paperwork was lost by the State. It took much perseverance to complete the process. Many others would have given up. I work at Washington Park Pharmacy and have experienced the growing pain with the Medicare Part D, the prescription drug program. I know of thirty-five different insurance companies that provide Medicare Part D, in Illinois; it may be more nationwide. Each company has different premiums, different copays and cover different medicines. Most of my Medicare customers are eligible for both Medicare and Medicare Part D. Copays have significantly increased for our Medicare customers to more than fifteen dollars that once was zero or even three dollars. Even a small copay can be difficult. Some customers have stopped taking medications because of this. We try to ask doctors to change prescriptions to less expensive alternatives. Some do. Some don't. Our work alone has significantly increased with calls to doctors and insurance companies to help solve the numerous difficulties with the new programs. I support a fair system that would simplify all of this for doctors, pharmacists and the patients and would provide better healthcare for all. Thank you.

DOROTHY STRATMAN-LUCEY: My name is Dorothy Stratman-Lucey. D-O-R-O-T-H-Y, S-T-R-A-T-M-A-N, dash, L-U-C-E-Y. I am a registered nurse. I'm a nurse practitioner. I'm a member of the Illinois Nurse Association, and this location of INA is District 10, and our district is also a member of the Campaign For Better Healthcare. And so we're speaking to the choir here, but in terms of nursing, I want to bring up a few issues. The first one is the fact that I'm a pain-management coordinator and anesthesia nurse practitioner, and what I see from the State of Illinois at working at Shriner's Hospital in St. Louis is, number one, there are children in the State of Illinois that don't have providers that know how to adequately treat their pain. I think examples sometimes -- I know this is limited time but if I give you an example, a teenager. She has kyphosis and she has very bad pain with her kyphosis, needing surgery and is on a surgery waiting list with us because they have no insurance; and, in addition to that, she has a fractured L4 level of the spine. A physician here -- they moved from Arizona. A physician here would not even prescribe the renewal on any of the Ibuprofen medication that she was taking for pain because, well, you're a child. Okay. And that's not uncommon. Okay. Medicaid in the State of Illinois does not give adequate number of

physical therapy alternatives. Sometimes we give medications galore to people, but we can't have physical therapy, occupational therapy. If you get a few visits a year, it's useless. If you have somebody that is needing, with chronic pain issues, more care for pain issues, they need a lot of the complimentary therapies. In terms of medications, themselves, when physicians allocate that we've gone through this medicine and this medicine and now this medicine is working and Medicaid denies you because that's not approved on the formulary. So we have lots of paperwork issues. The majority of the people do not spend the hours I spend trying to get these kids covered. Okay. It takes hours, hours, days. The other thing is somebody made the comment about the seizure medicine being allocated free from the pharmaceuticals. Many of the pharmaceuticals will only give their pharmaceuticals free for three months at a time. So, therefore, I'm redoing the paperwork on a three month basis so it's not all -- it would be nice. I would love a year at a time. The other thing that's happening is there needs to be included in our plan an education of physicians and all healthcare providers in the area of pain management. There's an epidemic in pain management for adults as well as children, and I don't think it's being appreciated. They can say that there's

over fifty million people that are out there in the United States that have chronic pain. There's another twenty-five million that have had surgeries and injuries that have pain so we're close to seventy-five to eighty million people. They need to be cared for. Access to healthcare services, please don't forget the advanced practitioner. The advanced practitioner is a way for many people to get access to care. Increasing their prescriptive authority in the State of Illinois would also increase the ability of them to provide more care. Many nurses that I have worked with over the course of my thirty plus years of nursing are living in Illinois in this region, and they all drive to St. Louis to work. There needs to be something in terms of the system here that helps motivate them to work within their own communities. Shortages in terms of nursing, as the nurse aide spoke about, sorry, about that, just to let you know that needs to be included as a recruitment mechanism for the very young as well as to take care of the shortage issues. Thank you.

KITTY LOEPKER: My name is Kitty Loepker, K-I-T-T-Y, L-O-E-P-K-E-R. And I am a proud member and active member of United Steelworkers; and, thankfully, I enjoy the great benefits allocated by my great union. This is my mother Margaret. We would like to tell you

the story of my brother, Dale Robert Loepker. Dale was allowed to die on September 28th, 2004. Because he was neglected by two hospitals. Dale did not have healthcare insurance. Dale worked above a minimum-paying job just barely, could not afford healthcare insurance, and it was not provided for him. On Thursday, September 17th, when Dale woke, his hands and feet were extremely white. He went to St. Joseph's Hospital in Breese, Illinois. When he arrived, his blood pressure dropped drastically. They airlifted him to St. Elizabeth's Hospital in Belleville, Illinois. There they determined he had a blood infection. They put him on a strong antibiotic that night or early morning, 2:30 a.m., my mom was called and told Dale's condition had changed. She rushed to the hospital to find them trying to revive Dale and placed him on a ventilator. They were successful. They believed he had an allergic reaction to the antibiotics, and his windpipe swelled shut. Dale was in the intensive care unit from Friday morning until Monday afternoon. On Tuesday afternoon, September 21st, they sent Dale home even though he was still complaining of feeling extremely ill and having severe stomach pain. They basically did just what they were only required to do, and that was stabilize a patient and send him home. Two days later on Thursday, September 23rd, Dale returned to St. Joseph's

Hospital complaining of severe stomach pain. They took a blood test and found he was low on potasium, calcium and sent him home with a prescription. The next day, Friday, I saw Dale. Dale held my hand and said, Kitty, please fly me to Rush Hospital in Chicago where they will take care of me; I'm dying. I said, Dale, you're not dying. You just have an infection. Take your antibiotic and you will get better. I was in contact with him over the weekend. On Monday, September 27th, my mom and I saw him, and he was still feeling very ill. Tuesday morning Dale did not wake. Dale died. Dale was my youngest sibling. He was only forty-years young. The autopsy revealed that Dale died of diverticulitis. This is when the intestines get infected and pouches form. If they go untreated, they burst and one is poisoned to death. Dale was allowed to be poisoned to death. A simple ultrasound, X-ray, a CAT Scan would have determined that he had this. No one should have to go through with what my mom has gone through the last year and a half. No parent expects their child to die before they do, especially the way Dale was allowed to die. Thank you for your time.

DAN CROCKETT: I've sweated this for the last two days. I'm not smart enough to sweat it longer. You do have a prepared statement, but I'm probably going to

vary from it a little bit. I have had mental illness for fifty some odd years. I'll be fifty-five in August. Early on in my life I didn't know that. I just knew something was wrong. Something was not working like it ought to. Part of that problem turned out to be a hearing loss also since I was fourteen. In those days there wasn't a lot to do about it. You tested. Parents fought about it, who was to blame, and either you warehouse somebody or said it will be okay tomorrow. In those days, too, we also didn't know the connection between the mental illness and physical illness. We somehow disconnected the brain, believe it or not, from the rest of the body. Mental illness, regardless of what label you have on it, is a brain disorder. And whatever affects your brain affects the rest of your body. Very small example. When I was diagnosed with diabetes, I was extremely upset, and I didn't have any history that I knew about in my family about it. Several other things were going on with me at the time that I was also very upset about. During that depressive, stressful period of my life, my sugar numbers shot way up there. I didn't know the connection until I realized that this and this was not working together. Why do I say all that? Part of what I want to say to you tonight is that -- well, part of it is I haven't worked in five years. I'm afraid

to go back to work. I'm afraid to go back to work. Part of it is if I do go to work, I'm going to need time off when I'm sick. I'm not going to look like I'm sick. I may not sound like I'm sick, but I also know that there are no healthcare or work contracts that cover that time. I guess the word parity is what I'm talking about. There's no place that I can work at this time that I can say I need a mental health day. My kids are driving me nuts. That's not an appropriate way to say that, anyway. I already am there. The kids don't have anything to do with it. However, there's no coverage for that. When we talk about illness, most of the time you're talking about cancer, heart disease, and I have heart problems. We talk about time off from the job with insurance and sick days and all that kind of stuff, but how many places do you know that you can go that you can work and be productive and caring and considerate and all of the things that an employer wants you to be, but say, wait a minute, I need a day off. I just can't handle today, and it also sounds like you're also talking about a choice but you're not. You honestly know you can't handle the day. Now, thankfully, since I was a young man and child, help -- mental healthcare is tremendously better. We've got medications. We've got psychiatrists. We've got classes that we can take to show us how to manage

symptoms. We've got it all that makes it work today except for parity, except coverage when we do go to work.

CHRIS MILLER: Good evening. My name is Chris Miller, C-H-R-I-S, M-I-L-L-E-R. And I'm the director of the Illinois People's Assembly. The assembly is a grassroots coalition of community-based groups that organize around issues affecting those living in poverty. Our organization works with over twenty-two thousand families in every corner of the state, concentrating primarily in low-income and rural communities. As you can imagine, given the diverse area in which we work, it's often difficult to find commonality among the many members that make up our organization. However, there is one issue that cuts across all lines, both physical and social, and that's the issue of healthcare. Across the state, the good people of Illinois are being forced to endure unacceptable hardships as a result of how we currently determine who is worthy of receiving sound medical treatment and who is not. Martin Luther King once said that of all the forms of inequality, injustice in healthcare is the most shocking and inhumane, and the members of the Illinois People's Assembly couldn't agree more. In preparation for this testimony, I talked with members from across the state to help get a better idea of what type of system they would like to see the Task

Force recommend. Amazingly, there was a virtual consensus throughout our membership. When formulating your proposal to the General Assembly, the people of Illinois urge you to include coverage for basic oral health and dental screenings, mental healthcare, vision and eye coverage, prenatal care, prescription drug coverage, in-home healthcare and, most importantly, for those living in poverty, transportation to and from the doctor. According to our members, however, the paramount concern that must be addressed when determining what type of healthcare system to establish in the State of Illinois is that no matter what form it takes, the new system must place a priority on preventing people from becoming ill and not just healing them once they find themselves on death's doorstep. In other words, we need to move towards a prevention-based system rather than the acute or emergency care system that we currently have. Though most of us in this room understand the current problem, some may not so let me explain. Right now when somebody is without health insurance, becomes ill, their first and only line of defense is the emergency room. They go to the hospital, spend hours in the waiting room, receive subpar treatment and then are handed a bill that is often double or triple the amount charged to those of us with health insurance. Now, because these bills are

so ridiculously high, both the patient and the hospital know full well that the uninsured individual will never be able to pay it back. But what we all need to understand is that when people without health coverage understandably use the emergency room as their primary care provider and then are, understandably, unable to pay, the cost of that treatment is subsequently transferred directly to those of us who are privileged enough to have insurance. As with most Illinoisans, I personally am more -- more than happy to help bear the burden of ensuring that all of us are guaranteed that fundamental right to have access to adequate healthcare. However, we cannot afford to both help one another and continue to underwrite the greed of HMOs and insurance companies. Now, the members of the Illinois Peoples' Assembly would hope that since providing health insurance for everyone is the morally right thing to do, that fact alone would be enough to convince each and every member of the Task Force to recommend a single payer system to the General Assembly. However, if moral considerations are not sufficient for you, then, perhaps, an economic argument will help sway you. As we've all heard, corporations are outsourcing jobs and factories at staggering rates. General Motors just had to lay off thirty thousand employees due mostly to the rising costs

of private health insurance. An incredible illustration of this fact, as someone mentioned earlier, is that an additional fifteen hundred dollars is added on to every new GM vehicle in order to help them cover the cost of insuring their employees. The fact is that small businesses and corporations of Illinois have to continue spending huge sums of money on private health insurance. It won't be long before they're simply unable to compete in the global market. Furthermore, the argument that a single payer model is less efficient and more expensive to run than a private system is just not true. A well-run, very well-run, HMO has fifteen to seventeen percent overhead cost associated with their operation, whereas a single payer model is around three percent. So if the fact that the people of Illinois are being denied the fundamental human right of living a healthy life is not enough to convince you to recommend a single payer model, hopefully, the drastic effects that the current system is having on the viability of Illinois businesses will. Quickly, in conclusion, the fact is healthcare for all can be done. The citizens of Illinois need to understand that universal healthcare is entirely possible. We spend more money on healthcare in the United States than any other two countries on the Earth, combined. Yet, amazingly, we are ranked thirty-sixth in the quality of

coverage. Every other western nation on Earth has a single payer system of universal health insurance, and most are providing a considerably higher quality of care to their average citizen. Again, it can be done, and it can be done for less than we are currently spending. Now, the General Assembly of Illinois has given you all a mandate to find out what is needed and make a recommendation based on what you learn. The assembled people of Illinois are here to tell you what is needed is a single payer universal healthcare system, and that the only acceptable solution to the healthcare crisis in this state is one that ensures that everyone is in, and no one is left out. Thank you.

DENNIS GILBERT: Good afternoon. I appreciate you coming to Collinsville to give the citizens of this area the opportunity to address this issue, which I believe to be the number one economic issue facing this country. I come to this issue after years of writing senators, the members of Congress, three different presidents and too many newspapers and magazines to count, sometimes, seemingly, futile efforts. I get form letters back telling me what a tragic situation we find ourselves in but no answers that seem to make any sense to anybody. Watch the healthcare system in this country, which is, obviously, the best in the world, but we allow

forty-six million and counting without health insurance in this country to go, and every year more and more by the thousands are added to this. You see this happen and many families find themselves in a situation where there is a choice of health -- of food, housing or healthcare. And that is not a very good set of choices. I firmly believe that the healthcare system can only be reformed by shifting to a system based on Medicare, which contains cost spending only about three, four, five percent on administrative fees, as opposed to the current system that rewards the insurance industry with record profits while hundreds of thousands of people do lose their benefits every year with no seeming end. I work in the automobile industry. The gentleman just spoke after thirty thousand people at General Motors had lost their jobs because of the cost of healthcare. Corporate America is just starting to realize what a traumatic effect that is having. Even the president of Wal-Mart just came out a couple of weeks ago and said himself that until Corporate America takes on the responsibility, because they are the only ones that can change the system as it needs to be done, that this system is heading towards a complete disaster. I truly appreciate the efforts of the Governor with his All Kids Program as well as the Healthcare Justice Act, and you folks that are

doing this fine work, which sets as its goal healthcare for all Illinoisans. At the same time, I believe that the leadership in this America has shirked its responsibilities by not addressing the number one issue facing this country. Double-digit increases in healthcare costs cannot be sustained. I believe strongly that healthcare in this country is a moral issue and a basic human right. It is a deeply held belief by many people. People of faith must help lead the way, reminding our leaders that we are our brothers' keeper. That faith leads us to care for the least of those among us. Universal healthcare, a single payer system, is the only type of program that will be equitable for all. When some people call this socialized medicine, they use it as a blunt instrument to frighten those who have healthcare for their own fear of loss, and they do their fellow citizens a grave disservice. For me, this is a simple issue. We either stand together in community, or we wait like deckhands on the Titanic waiting for the black water to cover us all. God bless you all here for taking time out of your lives to come here and help address this issue, and my appreciation goes to the Task Force members and to the Governor for trying to put a bandaid -- at least a bandaid over what is continuing to grow into a gaping wound. Thank you very much. My name

is Dennis Gilbert, D-E-N-N-I-S, G-I-L-B-E-R-T.

BILL JAKICH: My name is Bill Jakich, B-I-L-L J-A-K-I-C-H. I work for the United Way of Greater St. Louis. I'm the AFL/CIO community services liaison with the United Way of Greater St. Louis Tri-City Division. One of my many jobs with the United Way is I'm the informational and referral specialist on the East Side. So whenever anyone has a problem on the East Side, I'm the person that they call. As you can imagine, I see the homeless. I see the hungry. I see people that have lost their jobs, that are two weeks away from losing their homes. I also receive too many phone calls from workers that have no help when it comes to healthcare costs. One of the heart-wrenching phone calls that I received is when a young man or a young lady calls me and says, Mr. Jakich, I have a debilitating disease or a sickness, can you possibly refer me to an agency that will help me with my cost, and every time I have to tell them there is no help available. This is very difficult for me to deal with as a liaison. When I have to tell these people no, a lot of times they break down in tears because I'm their last phone call. I'm their last hope. It is tearing our community apart. I deal with people that are making low wages. Their employers cannot afford healthcare. I deal with retirees where their steel

company has been bought out, and their healthcare benefits are lost. These hard-working steelworkers that have worked next to a blast furnace or on top of a coke oven for thirty-five years resort to going to the food pantries and the soup kitchens that Mary Trimmer described to you earlier. This is very difficult for me to deal with as an individual, but today I've come to give you testimony of one of my steelworkers. Ten years ago I received a phone call from a young lady describing to me that her husband has been diagnosed with large cell lymphoma. He is on the couch and will not get up. He came to see me, and she came to see me. We were able to work hand in hand with my liaison partners in St. Louis, and we kept their heads above water for almost a year, but this young man beat this cancer for a time. He now has relapsed. He is now fighting this cancer again ten years later. He is now calling upon me again to help him offset his costs for him and his family. As most of you know, with large cell lymphoma, you do not beat this cancer. I would like to say today, please, please take this message to the legislature, and let them know we need universal healthcare. Thank you.

CLIFFORD "RUSTY" MATHIS: Good evening, everybody. Before we leave, I would like to say thank you all for coming, and I give reverence to God. I would

also like to say God did not create junk or a mess or just hurting. God made you there for a purpose, and he will thank you, and he will grant you why he did this to you when you come up to him before judgment. Another thing, I live in -- I can tell you about my mental illness. Everybody -- like a lot of other stories. The main reason I can tell you is that if you think where I live -- where some people know where I live, you would call it a nuclear disaster area. If you take MCT or bus number five or if you take the state bus from downtown East St. Louis to Fairview, you will see that the businesses have moved out. The doctors have moved out. Everything has moved out. It's almost like -- just -- it's a disaster zone. To get to a doctor or mental assistance, I have to -- I don't drive. I have to take a bus. One time, one hour, two hours because all the doctors and medical societies have moved out farther and farther and farther to the county. Now, all I have to say is, one, please, if you do something, think of the society part that has -- basically live in that nuclear disaster area. It is a nuclear disaster area if you drove through it. I'm asking all you, you, please, we all have a cross to bear, but if the cross is real small on you, please put your arm aside, pick up your fellow person and help them carry their cross, and this is the

last thing I have to say. This is a parable. There once was a flower. People looked at it. They said it was beautiful. It was pretty. Then the most beautiful person in the world came by and said, get that weed out of here. Then a politician came by, get that out of here. Then a rich person came by, get that out of here. They got together. They got that thing pulled out, but what happened? God came back and next time when they came back to that same place, a whole bunch of those weeds that they called -- a whole bunch of those flowers they called weeds grew all over the place. Thank you.

NANCY BERRY: My name is Nancy Berry, N-A-N-C-Y, B-E-R-R-Y. And I'm speaking today to share with you the League Of Women Voters on this act. I'm sure you have all the statistics you need, but a couple I think need to be lifted up right now. Fifty percent of all personal bankruptcy in Illinois, nearly forty thousand cases each year, are due to medical costs that are too high for families to pay; and that's not just for families who are not insured. I know a young lady who had health insurance, but it did not cover maternity care. She got pregnant. Fortunately, for her, her and her husband were very fortunate. They had a healthy pregnancy and uncomplicated delivery and a healthy child. Still it took them three years to pay. She came in one

day and said, I own my daughter now, which I thought was an interesting approach, but it took them three years to pay off what was a relatively small hospital bill. So they didn't have to face the bankruptcy issue. Also, in 2005, Illinois family insurance policies cost an extra one thousand fifty-nine dollars due to unpaid healthcare bills of the uninsured. We're already paying the cost. The League of Women Voters of Illinois believes that a basic level of quality healthcare at an affordable cost should be available to all U.S. residents. For this reason, the League supports the work of the Healthcare Justice Task Force in drawing up a plan to bring affordable healthcare to all Illinois residents. As the Task Force considers various approaches, we -- to providing affordable healthcare, we urge to judge them in light of the following criteria: Sharing of risk. Does the approach increase the sharing of risk among young and old, healthy and sick? Does it move to a larger risk pool of individuals? Fair to all income levels. Does the approach increase the sharing of cost among individuals of different incomes? Does the approach ensure that out-of-pocket costs are reasonable for lower income individuals? Purchasing power. Does the approach increase the ability to leverage group purchasing power of healthcare services? Comprehensiveness. Does the

approach ensure that all covered individuals have access to quality coverage and to the same comprehensive package of healthcare services, including prescription drug and mental health coverage. Inclusiveness. How well does the plan expand coverage with significant numbers of people? Does it ensure that the plan does not arbitrarily exclude certain groups? Cost containment. Does the approach contain healthcare costs? Continuity and portability of care. Does the approach assure continuity of care? Is it portable? Does it allow for enrollees to choose their providers? The members of the League of Women Voters thank the Task Force for their work in planning for better healthcare in our state. We hope you will use these criteria in considering what plan to present to the state legislature. Thank you as individuals for accepting the daunting but very valuable task that you have. In the couple seconds that I have left, in my professional life, I work with seniors and I want to -- to affirm that access for disabled seniors and younger with disabilities does often depend on transportation. It's one of the things that many of our not-for-profit organizations are trying to provide, and I don't know you could do that as well as all the other things we've asked, but it is a consideration. Also, I would like to commend the State of Illinois for keeping

its commitment to low-income seniors and individuals in terms of continuing the higher benefits that were under senior care for prescription drug coverage; when Medicare Part D came in with all its problems, Illinois could have said, oh, good, there's federal healthcare coverage now for prescriptions; we can drop ours. Illinois did not. It switched to Senior Care without Illinois Care RX and continued that higher level of prescription drug coverage for our low income seniors. Implementation has been horrendous for everything that is associated with Medicare Part D, but Illinois deserves credit for continuing to protect our low-income seniors in that respect. Thank you.

VICKIE RIDDLE: My name is Vickie Riddle, but I'm reading testimony for Dr. Kathleen Amyot, K-A-T-H-L-E-E-N, A-M-Y-O-T. V-I-C-K-I-E, R-I-D-D-L-E. I am a doctor certified in family medicine and have taught many family medicine classes for a number of years. The majority of my career has been in the military. I very much enjoy practicing medicine in a setting where there was an emphasis on preventative care and where a patient could get whatever tests or medicine that were medically necessary, regardless of their cost. I did not worry that someone was not going to be able to get a particular medication for an infection or for their cholesterol

because they could not afford it. Whatever was required could be obtained. The system works well. Time could be spent counseling patients about caring for themselves, and there was little fear of malpractice litigation. While in the service, I was stationed in Great Britain. They have a national healthcare system. In this system, malpractice is unheard of. The system emphasizes preventative care to the point that primary care physicians are only reimbursed for those patients who have had their preventative services. Everyone had access to baseline preventative services and appointments, though some elected procedures took longer to achieve. There was still a tiered system with those who could afford private insurance getting a faster route to elective services. Military medicine is effectively well-funded socialized medicine for a portion of the population. In this setting, providers determine what care is needed based on medical necessity not based on what is covered for the fear of malpractice. Whatever is needed beyond this standard formulary can be obtained as long as you're willing to complete the paperwork. The level of medical care is outstanding. Currently I'm a civilian working in a rural emergency room at St. Joseph's Hospital in Breese. That's where she is today. Here I see many people who use the ER as their

only and primary care form. Many wait until their symptoms are severe, at times life threatening, because they have no insurance and are trying to avoid medical costs out of pocket. Many ER visits are routine, acute care visits, but the patients have nowhere else to go. Many, if not all, physicians must limit their number of Public Aid patients because payment is so poor. Primary care physicians are reimbursed especially poorly. Physicians who attempt to provide significant preventative counseling as part of their office visits are not paid at all for the additional time spent with patients. One physician told me that the first thirty patients he sees daily pay for his overhead staff and malpractice. He only earns a salary after the first thirty patients. Patients and physicians want to be less rushed in their interactions, but physicians in a traditional practice cannot afford to spend time with their patients. Insurers and the government are willing to spend thousands of dollars for coronary artery bypass and the intensive care hospitalization that goes along with it but are unwilling to pay for preventative counseling on diet, lifestyle, medications or the support required to keep these patients from ever needing the surgery. Certainly Americans are used to having it their own way in medical care. They will always insist upon

the opportunity to buy a faster level of medical care. We will always have a tiered system, but I think a universal healthcare system of being truly to patient for free preventative services and routine chronic illness will keep our country and our economy healthy. It's important to remember this is a physician who supports universal care.

MAURICE BOITER: My name is Maurice Boiter, M-A-U-R-I-C-E, B-O-I-T-E-R. This is my wife, Sheila, S-H-E-I-L-A. I am one of those steelworkers that worked forty-eight years at Granite City Steel, and then National Steel went out of business. Healthcare that was promised for the rest of our lives was taken away. At the present time I am covered under Medicare, but Sheila is not old enough, and so we are paying about seven hundred fifty dollars a month just for insurance for her alone. In addition to that, Pension Benefit Guarantee Corporation took away five hundred dollars worth a month of my income and we also have a son -- a daughter and son-in-law that were both working. Our daughter's job was ended. She decided she would go to school and start a new career; and, in the meantime, her husband, who has multiple sclerosis, also had heart valve problems, had to have surgery; and, eventually, his job was ended. He has no job. They have no insurance coverage at all. Now

they have qualified for Medicaid, and whenever they go to the doctor, they have to have a copay. They do not have the money to pay it so we pay their copays, and we also help them keep food on the table. We make sure they have transportation to get to try to better themselves. Our son-in-law at the present time is sometimes capable of working. Sometimes not. He has no job. His unemployment insurance has run out, and because of my many years of work and a good retirement, which has been reduced, I have been able to keep up the pace; but the pace we are going we're going farther and farther down; and we cannot sustain it very long. The minimum thing we need is some kind of universal healthcare for every person. It's the only solution that I can think of that would help people like us out of the hole, and there is a thing from the Federal Government that says in our situation we should be able to get tax credits to help pay for her insurance, but because I am more than sixty-five years old and she is not, we do not qualify for that. So we bear the full brunt of paying it.

SHEILA BOITER: I wanted to say that I am embarrassed that our country, one of the goodest in the world, does not care to provide healthcare for its citizens. I am completely embarrassed. Thank you very much for coming.

BARBARA SHEPHERD: My name is Barbara Shepherd, B-A-R-B-A-R-A, S-H-E-P-H-E-R-D as in the Bible. I am here for a rather selfish reason. My husband died two years ago as a result of an injury at work. Workmen's Comp Insurance would not pay for it because they tried to say he was not hurt at work. He was knocked off a twenty-eight foot ladder and hauled out by an ambulance. Medical insurance would not pay for it because they said he was hurt at work. He had a neurosurgeon and a pain management specialist tell him he needed surgery. He prayed that God would take him. He got his wish. His fourteen-year old daughter got up with two hours of sleep the day he died and went to school. She made the statement, I promised my father I wouldn't miss school, and she hasn't missed a day of school in four years. He's been gone for two years. He suffered for two. There was no pain medicine that would help him. Now, I have no income. I cannot find a job. I have retrained twice, and there's nothing more in this world than I want to support my child. I'm fifty-six years old, and I paid seven thousand dollars for medical insurance for her and I, and I did not get no claim on my income tax because I had no income. I'm getting seven dollars back on my Federal Income tax. That's not fair to nobody on this green Earth. We should be ashamed, like this lady said

earlier, that we live in the United States. We have people, immigrants coming here wanting jobs, and we don't even have them. Southern Illinois is nothing but orphans. We're considered rejects and everything else. There are no jobs down here. See if you can find one. You won't find one. Thank you.

CINDY HOEF: My name is Cindy Hoef, C-I-N-D-Y, H-O-E-F, as in Frank. I'm a proud member of UCM and an O'Fallon resident, and I thank you for being here even though we're running overtime so I'll try to shorten this a little bit. My daughter died on July 11th, 2003. She was twenty-six years old at the time of her death. She had no medical insurance. She had contracted hepatitis, which is a debilitating liver disease, and by the time she got to the doctor -- I would say this would be the year of 2000. At that time she did have a job with medical insurance, and she started to have symptoms of liver disease, which is like fatigue-like illness, just flu-like symptoms all the time. When she went to the doctor, he diagnosed her with stage three liver disease. Stage four being near fatal. Of course, she continued to miss work and lost her job and lost her medical insurance. She went to Illinois Public Aid for help, and they would not help her because she was not pregnant or didn't have a child. So she tried to go to Social

Security and get disability, which they refused her many times. Finally, we were going to try to get a lawyer to help her get disability. During this time, I would take her to doctors as a private-pay person, although I couldn't afford to pay out tons of money because I was working and not making that great of money myself. So I think the doctors -- a red light must go up when you come in and they know you don't have insurance because you are kind of treated as a second-class citizen. They do the minimal they can for you and get you out the door. There were a couple of times in the middle of the night when she was doubled over in pain so severely I had to take her to the emergency room, and they did very little for her. Said they could not do anything for her. On the wall when you go into the hospital, they say they will not refuse anyone any medical care that can't afford it, and then they turn around and do just the opposite. We tried to get insurance but with her pre-existing conditions it just wasn't -- it just wasn't able to be found. If they would have at least done some monitoring of her heart, they would have found out that she had a heart condition due to her liver disease, which is exactly how she died. She dropped dead, and within a matter of seconds she was gone. There was nothing else that we could do for her. I'm thankful that she didn't

have to suffer in her death. At some point in her life she made peace with this disease, and she told me, mom, no one can help me and she gave up. I just want everybody to know that nobody should have to lose a child or any loved one because they don't have any medical insurance so I support the universal healthcare plan, and I hope that, you know, it works out for us. Thank you.

CHERYL SOMMER: My name is Cheryl Sommer, C-H-E-R-Y-L, S-O-M-M-E-R. My husband and I are the parents of five children. My husband is a stay-at-home dad, who works to keep our family life running smoothly. I work full time as a pastoral associate at a Catholic Church in O'Fallon, which is able to pay for insurance for my husband and I, but because of an already-stretched budget they were not able to cover insurance for our children. Our children are enrolled in Medicaid, which I thought was a good thing until about a year ago. Our thirteen-year old daughter woke up one morning with her ear lobe swollen. Since she didn't have pierced ears, we thought it was a bit strange but sent her off to school anyway. We told her to check in with the nurse if she got to feeling bad. Within an hour, the nurse called us to say that she was very concerned about Elizabeth's ear. She'd seen other kids lose part of their ear with this and said that we should take her to the doctor

immediately. We did take her to our family doctor, who was more than willing to fit her in. He gave her a strong Penicillin shot and sent her back to school. We felt satisfied that everything would be okay. When Elizabeth got home from school that day, her ear looked much more swollen. Within minutes of her returning home, our family doctor called to see how she was doing, and that let me know that he was still very concerned. I told him that it was worse. Panic began to set in with his next words, Mrs. Sommer, I hate to tell you this, but you're going to have to get your daughter to the emergency room right away. I've seen this go into the brain and cause serious problems. We immediately headed out the door, but before we could get away, the doctor called back to say, I don't think there's enough time to go to the emergency room where there's no specialist. I want you to take her immediately to the specialist, and let him see her at his office. He said that he would call the specialist's office. I was getting the sense that this was really very urgent. The fast pace of things continued when the specialist's office also seemed to think it was urgent and called us within sixty seconds to ask what type of insurance coverage we had. I gave her that information that she was on Medicaid, and the receptionist said she'd call me right back. Well, she

did call me back in a couple of minutes and told me that she was sorry, but they didn't accept Public Aid patients. I don't think that I have ever felt as helpless in my life as I did at that moment. Words cannot describe the sinking feeling that I had knowing that my daughter was being refused the medical treatment that she needed simply because she was on Public Aid instead of being covered by an insurance company. Our family doctor's calls to other specialists in the area yielded the same results. Finally, we had no alternative but to drive further into St. Louis to Cardinal Glennon emergency room where there was a specialist on hand. We were lucky in that Elizabeth did get all right. But what if our doctor's fears had turned out to be correct? Also, why did the State of Illinois have to pay a much, much higher emergency room fee when Elizabeth's problem could have simply been solved by going to the specialist's office. After doing further research, I found that it is quite common for specialists not to accept Public Aid patients. I discovered this again with our two youngest children. After extensive testing at school, our family physician advised that we needed to take them to a developmental psychiatrist. No specialist in our area would see them to place them on the medication they needed to succeed in school. After much

searching, our family doctor finally discovered the Knights of Columbus Developmental Center at Cardinal Glennon Hospital in St. Louis, who would see them, but there was a six month to twelve month waiting list. Our son's name finally came to the top of the list and after a couple of very simple visits to the doctor's office, he was placed on the medication that he needed. I feel frustration that he had to wait for so long, so many months of missed opportunity to learn simply because no specialist would see him for a couple of simple visits. I feel frustration that the well-being of my children depends on the kindness of fewer and fewer doctors who are willing to accept patients who receive Public Aid. The State of Illinois now brags that it provides healthcare coverage for all children. I wonder what good healthcare coverage is if doctors choose not to accept this coverage. We need universal healthcare coverage that will provide real access to doctors when people need them. Thank you.

KEN AUD: Good afternoon or is it evening? My name is Ken Aud, K-E-N, A-U-D. I'm a -- organized with the United Congregations of Metro East, UCM, and I want to come to you today to tell you a story that my daughter asked me to tell you. She couldn't bring herself to come here today but wanted me to share this with you, and I

wanted to let you know that she's alive and well today, but her future healthcare, well-being may well depend on the actions of you as Task Force members. My daughter's story starts a little less than two years ago when she came to us with the surprising news that she was pregnant, due to have a baby, and provide us with our second grandchild. She has a daughter that's ten years old. Shortly after we had the joy of hearing that a new grandchild would come, within less than a month our daughter came to tell us she had Hodgkin's Lymphoma. While her husband had healthcare insurance through the work he does and through a lot of worries that we had and through lots of prayers from our families and friends, all went well. A healthy baby was born, even though the baby was in utero whenever she had the chemotherapy. And the ongoing good news has continued in that just recently at one year our granddaughter is doing very well, and our daughter got the good news that she's cancer free, and you're wondering why am I telling you this story. Why? My daughter recently got new news that her husband was about to lose his job, the plant was closing down. And now comes the worries, man-made worries, will she continue to have healthcare in the future? Will my son-in-law be able to find a job that provides healthcare, or if he does find that job and healthcare is

provided, will they treat my daughter's pre-existing condition? These are questions that require your attention today and in the future. They require your attention to recommend legislation to improve our state healthcare system for everyone. Everybody in. Nobody out. We need universal healthcare. Our working families, like my daughter and son-in-law, should have the assurance that they will have healthcare, and those families who are unable to work, are finding work without health insurance coverage should have the assurance that, yes, they, too, will have coverage when they need it. Again, everybody in. Nobody out. There should not be the worries about whether or not healthcare will be there for all. Pre-existing conditions should only reflect upon your health condition and not drastically impact the type of ongoing healthcare you receive. We come to you today to ask that you expand upon the concept of universal healthcare for all within our country and within our state to begin with and, hopefully, within our country. We need this desperately. The health and well-being of so many are dependent upon your actions in the future months. I want to thank you for your attention to these concerns for not only my daughter's family but the many families throughout our state. In closing, UCM stands for United Congregations of Metro East, but I

think today you've heard repeatedly universal healthcare. So I say universal care mandate is what we're about today. I'd like to give you stickers to take back with you.

DR. RON TRIMMER: I'm Ron Trimmer. I want to thank you for coming here, and I want to thank all the people in the audience and people who were here before that came here to speak on this important issue. Ron, R-O-N, Trimmer, T-R-I-M-M-E-R. I'm with United Congregations of Metro East, but I'm also chair of national issues for our national organization, our network, the Gamaliel organization. In Illinois we have groups in Chicago, the Quad Cities and in the Metro East. We have a hundred fifty thousand members in Illinois, and we have over a million members in our churches across the United States and all the Metropolitan areas, the major ones and particularly in the swing states. And this has been a real concern of ours and a concern of Metro Equity, and in Missouri, you know, they did -- got presumed eligibility passed over there for children. That was our sister organization, the St. Louis group and the Kansas City group working together, and we played a big role in getting your committee set up. The Justice Act we worked with other allies across the state to get this to work so we've been in this, and we're in it for

the long haul. I'm actually chair of the local task force for economic development transportation and urban sprawl. And that's -- we usually call it the jobs task force. I'm also a mathematician. So I'm going to talk about numbers and cost effectiveness of universal healthcare. We actually have universal healthcare in the United States because if you get sick enough and you're in danger of dying, the hospitals have to treat you, but what we have is a very cost-uneffective system in the United States. You know, my daughter is a doctor, and when she was in her training, she talked about the train wrecks that would come in to the emergency room and these would be people who, you know, it costs thousands and thousands of dollars to treat these people where if they'd been treated early when the first symptoms came and if they would have been -- had insurance, you know, they could have probably been saved and treated for a few hundred dollars or less; and so it's very, very, you know, very ineffective. And the Government and us as taxpayers and the hospitals, we're paying that money. That's where that comes from. I mean, that's not just free when someone goes to the hospital and they're treated and they can't pay their bill, somebody pays the bill. And what we have now is, you know, very ineffective. It's estimated that healthcare for

uninsured people in the United States costs the nation sixty-five to a hundred and thirty billion dollars a year, and it would cost only thirty-four to sixty-nine billion with a single taxpayer system to cover these people. So we could provide better care for about half the cost of what we're putting out for uneffective time. So I have my notes, and I'm out of time. I didn't see my warning; but, you know, the one thing I would like to say is we have a system that works, which is Medicare, and if we expand Medicare and make it a one payer universal system, we'll save money and have one of the greatest systems in the world.

DANNY STOVER: Thank you for the opportunity to speak. My name is Danny, D-A-N-N-Y, Stover, S-T-O-V-E-R. I am the chairman of the Marion County Community Mental Health Board over in Centralia and Salem, Illinois. I'm a member of the Centralia City Council, and I'm also the recent Democratic nominee candidate for the United States House of Representatives in District 19. I'd like to take just a moment to applaud the state Task Force and especially all the speakers that I've heard today. It's just been my great opportunity to listen to you and learn from you. I'd like to be a candidate that does more listening than speaking. I think it's also very unfortunate that universal healthcare has been pushed

back as a national priority. As a consequence, I've taken the following position: That quality universal healthcare for every American should be a national priority. The system needs an overall that will not tolerate gaps and lapses of coverage for anyone. It's time for congress to roll up its sleeves and see the bipartisan solution to this crisis. No one should have ever have to choose between healthcare and feeding their family. Yes, there are forty-six million Americans that are affected by this crisis today. It's a huge problem. Some of the small items that I want to touch on that have been covered by others, and maybe I can break a little bit of new ground, includes the discussion that was held in reference to caps on frivolous lawsuits. I couldn't agree more. However, what do you do when an egregious medical malpractice does occur? Are you willing to settle for some cap that's been arbitrarily applied whenever your loved one has been injured and is in need of remediation in our court system? I, for one, still have a great deal of faith in the American justice system to deliver justice, especially after this week in Illinois. I'm also concerned that with an institutional interest seems to speak louder than patient needs as evidenced in a lack of assisted living for Americans with disabilities for the elderly and a lack of funding for

the mentally ill and the developmentally disabled. I'm one of the sandwich generation people. We take care of my parents in our home. We took care of my wife's parents in our home, and that's the way they wanted to end their lives. They wanted to live with dignity and not in some institution. I think also the pharmaceutical lobbies have a lot to answer for to the American people. I believe that alternative bargaining and access to prescription drugs is something every American should stand up for and stop listening to the drug companies. I think that Medicare Part D is an abomination and a confusion that we've asked our senior citizens to go ahead and get on line and apply. I think there's a much better way than that. In closing, I'd like to applaud this Task Force and the audience for the time you've taken and the great work you're doing. I hope Illinois can serve as a model for healthcare improvement for this nation, but I think also we need to move this debate back where it belongs, to Washington DC. Thank you.

DR. STEPHAN BERGER: My name is Dr. Stephan, S-T-E-P-H-A-N, Burger, B-U-R-G-E-R. I'm a neurologist based here in Belleville and past President of the St. Clair County Medical Society here locally. I do, in fact, have an intimate knowledge and insight into the many problems of adequate, accessible and affordable

healthcare for the people in communities of Southern, Illinois. As one of the small number of medical providers in Southern Illinois, I'm one of ten medical neurologists covering the southern geographic third of the state. I personally witness the impact of the loss of necessary healthcare services in our area. Medical neurology and neurosurgical services have been eliminated in the last seven years in the area where I practice. My partner and I currently provide medical neurological coverage in seven counties in Southwestern Illinois and indirectly provide care for patients in an additional twelve counties throughout the region. That's nineteen counties. It's almost a fifth of the state. As an example, in my hometown of Alton, Illinois, about an hour north of here, I provide one day a week coverage to replace neurological services that were provided just a few years ago by three full-time neurologists. I'm there five hours a week. Appointment waiting times to see me are typically four to six months for routine care, and typically emergent patient care would simply be given away typically out of the area, typically out of the state. Emergent neurological and neurosurgical services around here have become something of legend, as many treatments such as TPA, the clot busting drug, I gave forty-two cases over to my tenure here. No longer

offered no where in Southern Illinois. Why? No medical neurologists. I can't do it all. Trauma care a thing in the past in the Metro East. We simply don't have it. To address one of the concerns about Medicaid, why doctors don't see Medicaid patients. I no longer see Medicaid patients and I'll explain why. I can't afford to. When I started my practice in Illinois ten years ago, my office was comprised of two physicians and two support personnel, and now it's two physicians and twelve support personnel due to the overhead and paperwork required. With ever-increasing expenses, limited financial compensation, undesirable medical practice business decisions have to be made. Patients throughout Southern Illinois were driving great distances to come to see me. As our patient rolls grew, our practice's financial stability lessened and worsened, and I was faced with a very tough decision. Keep accepting Public Aid patients or continue into a spiral of, unfortunately, a very busy and very successful bankruptcy. What's the problem? I think the problem is pretty straight forward. You've got an ever-increasing patient population in the state more than ever, living longer, requiring greater medical needs. There's a cost to this. And a cost that, unfortunately, we're not supplying. If healthcare is deemed a right and it sounds like everybody here wants

that universal healthcare, I would only caution one thing. I trained at Mayo Clinic. And I saw people from Canada, who have universal healthcare, who left the country to get the medical care they felt they needed. Sweden has come up with universal healthcare. Sweden also pays fifty percent in taxes, and I think those of us who are sitting here today need to be prepared to reach in our wallets because it's coming out. It's got to come out of someplace. I see patients that today I see in the office they have a headache. I'm not allowed to treat them with a medication. I've got to give them an eighteen hundred dollar CAT scan. I've got to give them an MRI scan, multiple diagnostic studies. Why? To protect myself against unnecessary medical-malpractice claims. There's a cost in that and a cost, unfortunately, that the system must bear. So while I'm not opposed to universal healthcare, I want this committee, I want the legislature and the people of this state to be aware there's a cost involved because, ultimately, that cost is going to have to be borne by the citizens of the state, and I thank you all for coming.

DR. MORRIS KUGLER: M-O-R-R-I-S, K-U-G-L-E-R. Surgeon, thirty years here. Past president of St. Clair County Medical Society, Founder of SMASH, Southern Illinois Medical Alliance for the Survival of Healthcare.

This will take three minutes. Called the disappearance of the doctor. This is a completely different bed. St. Mark's Lutheran Church Sunday thirty-nine out of forty-one prayers offered up with the congregational members that had major healthcare problems. People take good health for granted until it disappears. If you have an MI right now, you're going to want to be at Anderson Hospital and have a doctor that can help take care of you. When illness hits, the medical profession becomes a major center of our lives. Prayers are for God to bless the patient, and the hands are trying to help them the surgeon and the hospitals. Madison County and St. Clair County have lost over one hundred sixty pairs of those healing hands. This is largely because doctors are being forced out of business and into bankruptcy if they remain in this area. When Medicare reimbursement and lengthy delays in Medicaid payments increase the doctor's income, you can be sure that the managed healthcare companies follow the same downward trend with deeply-discounted fees. While they may be raising their premiums for the patient and the employers who pays for the insurance, they certainly are not passing this increased cost into the hospital revenue and the healthcare workers. At the same time, the frivolous lawsuits in our state have caused the insurance premiums to rise abruptly. Other

expenses are paying the same health insurance premiums for all employees, the same as any other small business. Employee salaries do not decrease. While the professional liability insurance premiums appear to have slightly stabilized, they are certainly exorbitant compared to our neighbors of Missouri, Iowa, Wisconsin, Indiana and Kentucky. When these two lines cross, expenses and income, it is called bankruptcy. I've borrowed a hundred sixty thousand dollars in the last two years to stay in practice simply because I've had three of my four partners leave, and I'm still trying to operate what four people did. We are losing patients -- that's the fat-cat doctors. I'll take you to the bank and show you the statement. We are taking -- and why am I doing that? It's time for me to retire. I'm sixty-seven years old. Why am I borrowing money to stay in practice? And I do take care of Medicaid, too. We are losing patients across the river to St. Louis, Evansville, Paducah and Cape Girardeau because of the advertising of the large academic institutions. We have the same fine-caliber physicians on this side of the river, and we offer ninety-five percent of the services that the larger institutions across the river offer. Yet, the grass is always greener on the other side; if we do not have the number of physicians to see the patients

in a timely manner, the healthcare dollar crosses the river. This decreases the number of jobs available in our local hospitals. Throughout this state they're, in most instances, the number one employer in the area. In rural areas for sure. It's been said that fifty-eight people are employed because of one physician. If you don't have a physician, you don't have a hospital. If you don't have a hospital, you don't have quality teachers coming into the area. If you don't have quality teachers, you don't have good schools. If you don't have good schools, you can't attract business to your area, and you don't have a good labor force. If you don't have any businesses, industry that are growing, you don't need a Teamster to drive a truck full of lumber and plumbing supplies to a house that's not being built. The solution is to crack our unjust court systems in Illinois. Professional liability insurance companies grow greener in the market. We only have three left in Madison/St. Clair County, and one is owned by us, ISMIE. Competition, if they're allowed to come in by lower premiums, they'll jump at the chance; that will lower our premiums to us; operating expenses will decrease keeping doctors in private practice rather than what's now happening, forcing them into carpet medicine, working for large hospitals that are now forced to hire doctors who

can't get insurance. So they've started their own insurance company. Fair courts will also help correct Workmen's Compensation abuse, product-liability suits and frivolous civil lawsuits. These are all costing every consumer household money. Steven Forbes says it's three thousand dollars a year. It's hidden. Who's going to pay the bill? Forty million a year is spent in defensive medicine, as Dr. Burger mentioned. That forty billion dollars could be used for forty thousand uninsured who are working in America. Over one hundred eighty billion dollars in product-liability lawsuits added to the products that we buy can be used for low income housing. We need judges, legislators and attorneys who put the public good ahead of their billfolds.

JOHN BONVICINO: First of all, I'd like to thank the committee for coming out and allowing us to speak on behalf of our problems. I applaud you for that. Let's give a nice hand of applause here. John, middle initial A, last name is Bonvicino. B, as in boy, O-N, V as in victory, I-C-I-N-O. I'm eighty-four years old. My pet peeve is this. We all talk about the insurance this, that and the other, but what I'm really peeved about with the insurance I do have, where do they come off without giving me an examination or a doctor looking at me to change my prescription? For example, May 29th -- I mean

March 29th. I'm sorry. May ain't here yet. March 29th I was on Xalatan for glaucoma, which is kind of expensive, but I was paying my share. The insurance company says -- I took the prescription to the pharmacy and the insurance company said we're no longer covering Xalatan. You have to take Levaquin. Lo and behold, in seven days' time I was blind. What I don't understand is how can they go ahead and change your prescription without consulting your doctor? This is bugging me to death. They're doing it on a number of things. I just don't understand it. I've been working at Granite City Steel for fifty years. I've got bladder cancer. I've got diabetes. I lost a kidney and everything else. I've got asbestosis in my right eye. When a brick hit my eye, it stayed in there, but there ain't no compensation because it ain't in my bloodstream yet. These are the things that are really bugging me about the insurance company. I know they're not covering people well and they're charging too much, but they've got the gumption to come around and say they'll change your prescription without even examining you. My doctor had to give me my prescription on his own. Fortunately, I got my vision back after three weeks. I think something ought to be looked into there. I don't think the insurance company have a right. Matter of fact, I'd get arrested if I

prescribed medicine for somebody. And I want to thank you for letting me speak out. That's one of my pet peeves.

LINDA BRUBAKER: Thank you for letting me speak. I'm Linda Brubaker from Edwardsville. B-R-U-B-A-K-E-R. And I apologize for my clothing. I was working out in the yard, and we have care givers a couple times a week. My dad lives -- I live at home with my dad, and mother passed away seven months ago, and I wasn't sure if I would have an opportunity or if it would be appropriate for me to speak, but I guess I would like to share this deep concern that I have. Mother had a stroke going on six years ago, and after that quite a number of things happened, and her life changed in many ways, and she had multiple disabilities. One was that she couldn't speak normally. She could barely speak at all, and she had always talked about how important it was to get all the affairs lined up, but it happened that there was only a simple will so there were many legal decisions to be dealt with. She -- I'm not sure where to start, but -- well, my main concern is that she was institutionalized the last twenty-six, twenty-seven months of her life. Two -- close to two and a half years of her life, and, of course, I thought that it was a choice whether she would be institutionalized or

not. She was multi-disabled, but various medical professionals recommended that she be institutionalized, and my sister petitioned to be her guardian, and I also petitioned to be her guardian. My sister was appointed her guardian, and she felt she should follow medical advice, but the last six months -- I have lots of issues I could talk about, but the last six months of her life -- and she was not on Medicaid. She was paying for her nursing home room. She was a hard-working school teacher, thirty-eight and a half years and a church organist; and, anyway, the last six months the nursing home decided that we would not be able to go in mother's room. I would not be allowed to go into my mother's room and we had been -- we had had meals with her almost every evening, and we would no longer be allowed to have meals with her. And it's just kind of hard to understand how this happened. It's hard for me to understand, and I was actually in shock that it happened. I had a lawyer went with me to a meeting we were having with the nursing home, and the director said, well, we won't be needing you. You're dismissed and he left and so there I was and there were all these -- there was the Director of Nursing and assistant, the director of the nursing home, two nurses were called in and said, yes, they saw me do something and I did not do what they said, but on the

basis of that, that's what they needed to bar us in various ways from contact with my mother. My mother, okay. The last six months of her life we were not allowed to go into her room, and, you know, just one small thing, you know, before we were -- before I was barred in this way and my dad was not to visit unless someone was with him to help him get around and so on, and it was usually me so it affected him and not to mention the way it affected my mother and her access to her husband, but one small thing, on Sunday afternoons we had a routine of dad sitting next to the bed sitting in a chair holding mother's hand. They would both fall off to sleep together holding hands. She lost that the last six months of her life. We all lost that the last six months of her life. And right now we're going to go to guardianship court over my dad so I am not working on this issue directly right now, but this is an opportunity for me to communicate with this to you, and I thank you for the opportunity to tell you.

CURTIS MAY: My name is Curtis May. I want to address two things that haven't been mentioned this evening. One of them is medical school. We want good enough doctors? We got a bunch of old men, and we need more access to medical school. The second thing I want to mention is people don't go to nursing homes unless

they're so damn sick they can't take care of themselves. So any insurance, universal or otherwise, needs to enlist long-term care. Thank you.

MS. DAKER: We want to thank you for coming out and sharing your stories and your information with the group. We really appreciate it.

REPORTER'S CERTIFICATION

I, Sara E. Tipton, Certified Shorthand Reporter and Notary Public, do hereby certify that the foregoing is a true and correct transcript held in my presence in the above-captioned cause, and as same appears from my stenographic notes made during the progress of said proceedings.

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Sara E. Tipton, CSR