Falling Through the Cracks:
Stories of America's Uninsured

A Hollywood, Health & Society Writers Briefing in Partnership with the Writers Guild of America, west

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Writers Guild of America, west

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This writers briefing, convened by the Writers Guild of America, west, the USC Annenberg Norman Lear Center's Hollywood, Health & Society project and the Robert Wood Johnson Foundation, brought together leading public health experts to discuss a gripping and compelling problem—the 40 million uninsured in America.

Writers Guild of America, west

The WGAw, led by Victoria Riskin, represents writers in the motion picture, broadcast, cable and new technologies industries. The Writers Guild of America is the sole collective bargaining representative for writers in the motion picture, broadcast, cable, interactive and new media industries. It has numerous affiliation agreements with other U.S. and international writing organizations and is in the forefront of the debates concerning economic and creative rights for writers. Visit the Web site at www.wga.org.

Hollywood, Health & Society

Hollywood, Health & Society is a project at the Norman Lear Center that provides entertainment industry professionals with accurate and timely information for health storylines. Funded by the Centers for Disease Control and Prevention (CDC), the project recognizes the profound impact that entertainment media have on individual behavior. The Lear Center helps the CDC supply writers and producers of all types of entertainment content with accurate health information through individual briefings, special seminars and expert consultation. Visit the Web site at www.entertainment.usc/hhs.

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The Writers Guild of America, west

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Participants

Neal Baer, executive producer, *Law & Order: SVU*

E. Richard Brown, director, UCLA Center for Health Policy Research

Susan Dentzer, health correspondent, *The News Hour*

Arthur Kellermann, chair, Dept. of Emergency Medicine, Emory University School of Medicine

Ron Pollack, founding director, Families USA

Victoria Riskin, president, Writers Guild of America, west

Robert Ross, president/CEO, California Endowment

Stuart Schear, director, Robert Wood Johnson Foundation

Noah Wyle, actor, *ER*

Vicki Riskin: My name is Vicki Riskin and I am president of the Writers Guild of America, west. We have several of our members here. It's a wonderful organization, a great union, and we have several guests here also from the Screen Actors Guild and from the Directors Guild. So welcome to all of you. John Connelly—It's like the most important person in the room is the president of AFTRA, which is about to consolidate with the Screen Actors' Guild.

All across America, citizens are facing an extreme crisis in healthcare. 40 million people are uninsured and those numbers may even be greater than is reported, because people come in and fall out of health coverage. Some people say the largest number of uninsured are, of course, the working poor and unemployed, and then actors and writers between gigs. So we all have an interest in the subject. At the Guilds, our own plans have been under crisis and pressure because of the recession we're facing, the lack of interest that we're getting on the money that we have and rising healthcare costs. So we are feeling it palpably all across America, as well as in the creative community.

This evening is being sponsored by Hollywood, Health & Society. We've had a number of very successful events here on health topics. It's a co-venture between the Centers for Disease Control and the Norman Lear Center at the Annenberg School for Communications at USC. The dean happens to be here tonight—Geoffrey Cowan, would you stand up or make yourself known, as well as the director of the Norman Lear Center, Marty Kaplan. Marty is my partner in crime in every subversive activity that we can think of.

So tonight you're going to have an experience of listening to this wonderful panel that we have. And then the second half of the evening we will have discussions at your tables. We'll turn the conversation inward. We have some people here who have dramatic stories to tell about their own healthcare crisis, some of the people

who've had to turn to clinics and not always been able to get the kind of care they need. The sort of stories that we hope some of you here who are writers will open your hearts to and begin to write about, because this really is a threshold moment in American history. Or as John Connelly would say, we're facing a perfect storm where no matter where you work you may find yourself in a healthcare crisis.

The other co-host for this evening is the Robert Wood Johnson foundation, which I learned tonight is the largest foundation in America doing research and support for healthcare. They've been working very tenaciously over the years to bring attention to the uninsured. And the director of that program is Stuart Schear and we're very proud to have him here tonight and like him to say a few words.

Stuart Schear: Hi. Good evening everyone. The Robert Wood Johnson foundation, as Vicki noted, is the largest health foundation in the United States and the fourth largest foundation. And we spend all of our resources on trying to improve health and healthcare for all Americans, but we are most concerned about vulnerable Americans. And the most vulnerable people are those who do not have health coverage at all. I think all of you know there are 41 million people, at a minimum, who last year did not have health coverage. 8.5 million of them were children. And I think the reason we have an overflow crowd here tonight and the reason that the Robert Wood Johnson Foundation is joining with so many of the people in this room in supporting Cover the Uninsured Week, March 10th through 16th coming up very shortly, is because we all know that there is something simply wrong with this situation. We know that it's absolutely unacceptable that someone who needs medical care cannot get it. It's wrong. Simple, and it's wrong.

In terms of the facts, if you look at what happens to people who don't have health coverage, women who have breast cancer who are uninsured are twice as likely to die as women who have health coverage. Men who have health coverage fare much better if they're diagnosed with colon cancer. Uninsured men who are diagnosed with colon cancer are usually diagnosed much later in the illness and have a much higher mortality rate. This is simply

unacceptable. So as writers who can bring stories to life, tell stories of real people who do not have what they need, which is basic health coverage. We're delighted that you're interested in this. We hope that we have a lot of stories to share with you. And that whether it's Cover the Uninsured Week or any other time, that you can shed light on this injustice, we'd be very grateful. Thank you so much.

Riskin: Now, it's my great privilege to introduce one of my favorite writers and one of my favorite doctors, Neal Baer, who is my co-chair of Hollywood, Health & Society. He's a pediatrician who still practices and he's teaching at USC. And then he moonlights as a writer who is the executive producer of *Law and Order: SVU*. He's formerly the executive producer of *ER*. And Neal is our moderator for tonight and is going to introduce our very special guest.

Neal Baer: When I was a fourth-year medical student, I was lucky to start on *ER* when it first began in 1994. And Noah Wyle was a third-year medical student. Now he runs the Emergency Department and I just finished my internship, so it just tells you what … Actually he's kind of followed the right path; I've just taken longer. What was so wonderful about Noah is that he's compassionate and that came through in his acting. He is a role model for medical school students around the country.

When I was a fourth-year and I was going back and doing rotations in between *ER*, we used to say "Who would you want to take care of you?" And I would talk to other medical students and they'd say, "Well, John Carter." That was the person you wanted to be your doctor. He epitomized someone who was smart and kind and yet was still professional. And I think that whether or not Noah knows it, it really changed the way people viewed medicine. One day I was sewing up a kid's leg at UCLA when I was doing an emergency rotation and the father said, "I wish John Carter was here. He could do it much better." And you know what? If any of us were injured tonight, Noah could sew you up. Believe me. He has learned that. He knows how to do it. He's multi-talented. He has the best comic timing of any actor I've ever worked with, whether you know that or you probably have seen it on *ER*. He's been puked on, peed on, spit on more than anybody else in television and he does it with aplomb.

He's been nominated three times for a Golden Globe, five times for an Emmy. He should have won, and of course did win for ensemble many times for the SAG award. He is dedicated to medicine. He's involved in international medical causes. He's traveled around the world. He is on the National Board of Directors for SAG and is the spokesperson for the National Healthcare Coalition. He brings so much to *ER* and so much to me when I was working on the show, that I always say that through Noah's eyes, through Carter's eyes, we really learned about medicine. We really learned about what was right. We really learned about drug abuse. We really learned about treating cancer. We really learned about how to take care of patients and patients' rights. And so he has done so much. So it's really an honor and I just adore him. He is a wonderful person and a wonderful actor, Noah Wyle.

Noah Wyle: I don't even know what to say to that. That's one of the greatest introductions I've ever received, bar none. Thank you very much, Neal. Thank you very much for having me this evening. Welcome. We're here tonight to discuss a very serious topic that affects everybody in this room, to some degree or another. It's been mentioned already several times. I think it's worthy of mentioning again. 41 million people, eight million children can't get the healthcare they need when they need it. Imagine having a serious medical condition, a heart problem, diabetes, high blood pressure, and having to choose between feeding your kids or going to the doctor. This is a decision that millions of Americans have to face every single day. People wait too long to go to the doctor, where minor health issues become life threatening illnesses, just because they can't afford the care that most of us take for granted. It's already been mentioned that women who develop breast cancer are twice as likely to die as women who have coverage. Uninsured men are nearly twice as likely to be diagnosed at a late stage for colon cancer. Uninsured children are 70% more likely than insured children not to receive medical care for common conditions such as ear infections. In fact, a third of uninsured children did not see a doctor at all in the past year.

I came tonight at Neal's request because I've spent the last nine years working on a medical program that has regularly dealt with this issue, not just the plight of the uninsured, but also the burden that that places on emergency rooms and emergency room personnel. Those of

us from Southern California have got to watch very closely over the last several years as emergency rooms have been shutting down all over the Southland, which is only creating a bigger and bigger problem, accentuating the problem with the ones that are still able to function.

I come also tonight as a union member from a union that boasts a membership of 98,000 members but covers only 20% to 25% of those members who are able to make the minimum wage requirements, which were just raised, in order to make the health plan work. I come as a new father with a three-month old son, who's tremendously concerned with the future. And I come as a student to listen to this extremely learned panel of experts to try and find how I can be of service in the week that's coming up, and in general. And I thank you all for the invitation and I wanted to be here. Thank you.

Baer: Let me say first that Vicki from the Annenberg School, who is putting this on, Hollywood, Health & Society, tells me that there are between 10 and 15 shows here, which is very exciting. Our show, *Law & Order: SVU* is over here. So we're very glad. I know that there are many other shows here as well. And really this night is for you. We've brought these experts here so that you can hear their stories. And if you're like the writers on our show, you're very hungry for stories. You want to get out the drama. And unfortunately, there is a lot of drama that needs to be gotten out, and that's really what our purpose is. So after you hear from them, the various guest panelists tonight, you'll have a chance to talk individually with them. So you're invited to stay after the panel is over and you'll talk to some people who have actually struggled through some catastrophic health problems uninsured. So we welcome you all here and we hope that you'll be able to incorporate some of the stories that you'll hear in your own shows and it will then inspire people across the country as well, because as you all know, as writers, it really does make a difference. We're going to start by seeing a clip to sort of get us in the mood. This is from *Friends* and it shows how they incorporated the issue of covering the uninsured.

[Clip from *Friends*]

Baer: Well, what can I say after that? If only it were so easy in half an hour. That's why I write hour shows. I'm going to introduce the panel. And I'll introduce everyone quickly and then we'll hear from each of them. And we will have questions after each panelist has shared a few words with us about their expertise.

So first is Ron Pollack over here. Ron's a former dean of Antioch University School of Law. My sister went there. And he's one of the founding executive directors of Family USA, which is a national organization for healthcare consumers. And their mission is to achieve high quality affordable health coverage for everyone in the United States. And he'll certainly be able to tell us the ins and outs about what's going on for the 40+ million people who are not covered. He's also helped prepared the Patients' Bill of Rights that passed in state legislatures and is before Congress.

And then right next to me is Rick Brown from UCLA. He's the director of the UCLA Center for Health Policy Research and a professor of Public Health at the School of Public Health. And he's very interested in health insurance coverage or the lack thereof, and the effects of public policies, managed care and market conditions on access to health services. And he's promised to tell us some stories so that as writers we often don't like to hear too much about statistics, but we want to hear about the individuals and the people who are part of those statistics.

And on my left is Susan Dentzer, who is an on-air correspondent with the *News Hour with Jim Lehrer*, where she provides in-depth coverage of healthcare and health policy and social security reform. And she's been there since 1998, I believe, and was chief economics correspondent prior to that and an economics columnist for *US News and World Report*. And she'll be talking to us about the people that she sees across the country who are uninsured, their stories and what the system does and doesn't do.

And then next to Susan is Arthur Kellermann, who is a professor and chairman of the Department of Emergency Medicine at Emory University School of Medicine, and director of

the Center for Injury Control at the Rollins School of Public Health. And he's an expert, obviously, as an emergency physician in running Atlanta's largest primary care emergency department. He sees everybody who doesn't have insurance and he'll be able to tell us the consequences of that. In 2000 he became the only seventh emergency physician elected to the Institute of Medicine, which is an organization that researches and really is sort of the primary institution that does research in many issues on healthcare coverage from a physician's perspective.

Beside Dr. Kellermann is Dr. Robert Ross and he's the president and chief executive officer of the California Endowment, which is a private state-wide health foundation established in 1996 to address the health needs of Californians. And he'll certainly be able to tell us, even though we write for a national audience, what's going on in California is truly frightening.

You've all heard in the news about the level of debt in Los Angeles County alone. As Noah said before, many emergency departments are threatened with closing. Some hospitals have already been closed. Beds at County USC have been closed. So we have a wonderful panel with a variety of perspectives. And as I said, they are going to speak to us and let us know really what's going on. Hold your questions and we'll get to them. So we'll start with Ron Pollack. And he's going to just really start to clue us in on who the uninsured are, tell us who they are. Are they ordinary people? Are they people who change from day to day? Are some people insured, some people not, and then the next day they become insured? Who are they really?

Ron Pollack: Well, the uninsured, by and large, are people who are in working families. Eight out of ten people who are uninsured are in working families, but they tend to be people who are in small businesses. Small businesses often do not offer healthcare coverage because the cost for small businesses is often prohibitive. There are also people who are in companies that might offer health care coverage, but in the process of offering coverage, as all of you know, the costs have been rising very significantly. And because labor markets today are softer than they were before, businesses are much more willing to pass on some of those costs that they

deem unaffordable to their workers. And so, a lot of people who even have health care coverage offered in the workplace can't afford the premiums and deductibles and so they're uninsured.

I would say there are two sets of reasons that you should think about in terms of why people are uninsured. One set of reasons is relating to the private sector and another relating to the public sector. With respect to the private sector, there's a huge difference in terms of whether health coverage is offered to you in the workplace based on the income you receive. For those people who have incomes of $15 an hour or more, you've a 93% chance of having health coverage offered to you in the workplace. If you have income below $7 an hour, you have approximately a one in two chance of having health coverage offered. And I underscore the word offered. Unfortunately, surprisingly, are those people who tend to be in lower wage jobs, they wind up actually paying more in premiums than those people in higher wage jobs. Now I didn't say the obvious thing, that they pay a higher percentage of income. That's obvious. But there was a study not too long ago that showed that people in low wage companies and industries wind up paying more in terms of premiums. And of course, that means they suffer a triple blow. One is they're less likely to have coverage offered to them. They're going to be charged more money in premiums. And of course, they have less discretionary income to pay for it.

Then you have a group of people who might lose jobs temporarily. And I'm sure all of you have heard of COBRA. COBRA is supposed to be this magic way by which people who are temporarily out of a job will get healthcare coverage. Well the dirty secret is that more than four out of five people eligible for COBRA don't get it. And why don't they get it? Because they can't afford it. The rule with respect to COBRA is that you have to pay the full freight, what the employer paid, what you paid, and then actually 2% above that. So by and large, the people who are uninsured are in working families, but because of these problems in the workplace, they don't get it.

The last set of points I just want to make with respect to that is a point that I made to a few of you upstairs. And that is, there is an assumption, and it is an erroneous assumption, that at least the safety net is going to pick you up—Medicaid, childrens' self insurance program. And it is a dreadfully wrong assumption. Children today get coverage if they have incomes below 200% of the poverty line, roughly $30,000 of income for a family of three, or at least they're eligible for it. There are still five million kids who fit in that category who are not enrolled. Parents are treated totally differently in our safety net. The median income eligibility standard among the 50 states for parents is 69% of the federal poverty level for a family of three, approximately $10,000 in annual income. And if you happen to be an adult who is not a parent, you're part of a childless couple or you're an individual, in 43 states there's nothing for you, even if you're penniless.

So let me conclude by answering your question and that is, of that group of people what happens to them? Now we keep a story bank that is part of *Cover the Uninsured Week* and we've been doing this for quite a while. And I would suggest there are three kinds of situations that we find over and over again. The first one is like this episode showed—it's people deferring care. If you're uninsured and you have the onset of an illness or you have the onset of some pain, you don't go to a doctor. You don't go to a hospital, because you don't have the money to pay for it. And then in too many situations, and I can tell you countless stories, the situation gets worse, the disease spreads, and you can really have a tragic situation.

The second situation is that people do get care and they get bankrupted. The second highest reason for people being bankrupted, other than losing their jobs, is because of healthcare costs. And so increasingly you see people whose economic lives have been devastated.

And then there's a third situation, which is not as frequent but you're going to see much more of and I'm hearing the story more frequently, and I just heard this story from some folks in Maine, is that people who are uninsured can't get a mortgage. Why can't they get a mortgage? Well, you apply for the mortgage and the mortgage company wants to know that

you're going to be able to pay up. The mortgage learns that you're uninsured and they think you're a terrible risk and so they don't provide you with the mortgage. So this has devastating consequences in terms of healthcare, your economic wellbeing and your ability to function and make a life for yourself.

Baer: Thank you. And I think you probably all know at times when you've been ill and you haven't wanted to go to the doctor. Well, most all the writers on our show say that and they come to me, being a doctor even though I'm a pediatrician, and say, "Should I go to the doctor?" And imagine if you had no insurance, and the kids I see at Children's Hospital who have no insurance are sicker and harder to treat and don't get better as fast because as Ron said, they don't have insurance. So thank you for putting that in perspective and giving us the point about bankruptcy and the impact of deferring health care.

I want to ask our next panelist—he had spoken to me in the past and brought up an interesting point about the myths of the uninsured. And I think these are myths that you probably all have in your heads as well, because I did too, and I was surprised. So could you talk to us about what are the myths about who these uninsured people are?

E. Richard Brown: Well, I think Ron captured the myths about who the uninsured are. There was an interesting Kaiser Family Foundation poll a couple of years ago that asked people, "In your view are the majority of the uninsured in working families or not working?" And 58% of adults said that they thought that a majority of the uninsured were in non-working families. So this is an important myth about the uninsured that I think really needs to be addressed, because by people perceiving them to be working, they're perceived to be deserving. And if they're deserving, then they require public policy help to get coverage and that's truly what is needed.

One other myth about the uninsured and why they're uninsured is that they really don't value health insurance. They actually get offered it or it's available to them in the private marketplace, and if they really valued it they would buy it or they'd take advantage of these

opportunities. Ron also put his finger on the fact that most of these people work for employers who don't offer it. And I do studies of this and I do them especially in California, but also nationally. So, I and my center do the largest health survey in any state here in California and it's one of the biggest in the country. And our data consistently demonstrates that two-thirds of uninsured employees work for an employer who doesn't offer health insurance to anyone who works for them. And that means these people have no affordable options. Nationally, the average health insurance plan offered through employment for a single person is $3,000 a year. For a family it's $8,000. It's actually a little cheaper in California, but these are costs that are well beyond the means of the low and moderate income workers. That's why there are so many uninsured Latinos in California. It's because Latinos are much more likely to work for an employer who doesn't offer health benefits to anybody.

And a second myth about the uninsured, Ron also pointed out. And that is that there is a myth that when they need care, they get care. You hear that very frequently. "Oh well, they're taken care of someplace. A doctor will take care of them. They go to the hospital. They go to the E.R. They go to the clinic." It just isn't true. They do get some of that care. But as Ron pointed out, they get it late. They may not get it at all. In our study, for example, in California, done just very recently, we found that among adults in fair to poor health, those who were uninsured are only one-third as likely to see a doctor even once in a year as adults with insurance. And these are all people in fair to poor health who need medical care. Among those with diabetes, they are much less likely to be taking any medication, insulin or pills, for their diabetes. And the difference in the need for this kind of medication is not nearly as great as the difference in the actual rates of getting this care.

The third myth is that when they get care they don't pay for it. They walk away from their hospital bills. And this is simply not true. The uninsured, in fact, pay more for medical care, out of pocket, than people with insurance do. And I can tell you about some cases because these are families that I've helped to get onto some kind of coverage. But they're low income, Latino, working families. In one case there was a single mother and in another case

there were two parents. And the people worked full time. And in the case of two parents, between two parents they're working at three full-time jobs. And they still don't get any health benefits. But there was one family that was quite interesting to me. It was a family I helped very recently. They were covered by insurance. They actually were kind of getting to be middle class. But the husband lost his job and with it went the family's health insurance in one month. Three weeks later she was in a car going through an intersection, her car was hit and she was taken unconscious to UCLA Medical Center. She woke up a few hours later in a hospital room and she was discharged a few days later and received a bill for $16,000. She called me up and said, "What do I do about this?" So I said, "Well, did you ask to see a social worker to see if you're eligible for MediCal, our Medicaid program for the poor?" Which, as Ron pointed out, isn't really for all the poor. It's only for certain categories of poor people. And she said, "Well, I did. And a guy came into my room and said, 'Are you working?' And I said, 'Yes.' And he said, 'Well, then you're not eligible.' And he walked out." So even in hospitals, they don't try to get people on MediCal, because she actually was eligible for that. Being employed is not grounds for being declared ineligible for MediCal. And when I went with her to the hospital emergency room and insisted on speaking with an eligibility worker with her and her husband, we met with this woman. And it's kind of interesting because it's one of the ways that the uninsured get screwed, frankly. Because hospitals, you would think they have an incentive to get people covered, but the reality is they don't take the effort to do that. And in the case of UCLA, I'm a UCLA faculty member, so I'm not proud to stick it to UCLA in this case, but this eligibility worker is actually paid by the County Department of Social Welfare and sits at UCLA in this eligibility office. And I said to her, "Do you get much business?" And she said, "No. They hardly ever send me referrals." So she's not called out to do this evaluation. It's just somebody else who does this. I helped the woman get on MediCal. And the point isn't that I helped her, but that without a UCLA health policy expert there to be of assistance to this family, they'd still be trying to figure out how to pay off this bill, because from their point of view they're not eligible for this program. And I think that these are the kinds of situations that people who are uninsured get into.

The last case I wanted to give as an example of how untrue the myth is that when they get care they don't pay for it. I know another woman who had a baby and she was not covered by MediCal nor any other health insurance. She ended up getting into a long-term payment program with the hospital to pay off that bill. And she was paying it off at the rate of $50 a month and she was paying it until her child was eight years old. That seems pretty criminal to me. So first, the uninsured don't have access to health insurance. Secondly, they don't get the care they need. Third, when they do get the care, typically they don't walk away from the bill unless they're facing bankruptcy and simply have nothing to pay them.

Baer: Thanks for summing that up. It's really clear and it's striking how people and families are in a vice. They want insurance. They can't get it. And they get put in these terrible positions. I know that one very significant response we got, once in a show that Noah did, was a family where a kid had Type 2 Diabetes, which is very common in children now. And Noah's character had to lie because the father was ill and if the father didn't get his health insurance, then the son couldn't get treated because the son would have a pre-existing condition. And it turned into this morass involving the doctor and the patients because you can't have a pre-existing condition before you get health insurance, otherwise that won't be covered. And so they had to cover up the little boy's problems and then that came back to haunt them and it's a real disaster. So you're making clear for us in the audience that you're saying the underserved who don't want it, it's that they want it but they don't know how to get it, perhaps, because the people who are supposed to be helping them get it are also in this maze. Maybe Susan can tell us more about what are we doing about it. You work in health policy. You report on it. Are we doing anything to address these terrible stories or are we just folding our hands and saying it's a problem? What's going on?

Susan Dentzer: Probably a little bit of both. I've been covering this issue now for about 17 years. I think I did my first story on the uninsured back in the early '80s when it was then what seemed to be the ungodly number of about 33 million people without health insurance. And here all these years later, we're poking up to 42 million. I don't know what we're doing about it nationally. Although as I was saying earlier when we had a conversation upstairs, I think that the level of

outrage is building again because of the perfect storm dynamics that others have described. But I guess I'm struck how even when we do things, they don't do very much. And I'll give you an example, a story that we covered which kind of illustrates, I think, in a way the points that Ron and others were making, that even when we reach out to the uninsured we cut corners and the system fails them. I care very much about this issue because not only obviously does it impact what I do, healthcare, but also because this is the one great glaring example of social inequity that we systematically tolerate in this country. Everything else we feel compelled to talk about and do something about it. Racial inequality, at least we have Affirmative Action. Uninsured, we just go year by year by year, maybe. In California it's a different conversation, right. But this one is there and this all came home to me, that the great divide and our unwillingness to really face the issue a couple of years ago, when we went out to Indiana to do a piece on the uninsured. Now we picked Indiana because Indiana's, first of all, not quite in the middle of the country but metaphysically it's in the center of the country. So because it's right at the national average in terms of the number of uninsured. It's not like California, which is at the high end, seven million uninsured in California alone. Indiana only has six million people in the whole state. So about one out of seven of the non-elderly population in Indiana was uninsured and the national average, we thought this was a perfect place to go. And we spent some time in Indianapolis, at the public hospital called Wishard Hospital. It's set up to do nothing but take care of the uninsured. Now Indiana had an interesting situation arise in the '90s, which is that lots of immigrants came in, lots of Latino immigrants came in. In fact, there are about 100,000 in the state. And there was a law on the books that said it's totally illegal to give illegal immigrants, undocumented immigrants, anything other than emergency care. That was a law on the books. Well, there are all these people there. They're illegal. They all have fake Social Security cards. They were working in car washes. The whole economy of the state was completely dependent on them. If they disappeared, there would be nobody to conduct the service industry. So the whole state just kind of winked and said, "Well, we're going to create a program at Wishard and we're going to try to take care of these people," even though it was illegal. And so a lot of these immigrants would come into Wishard Hospital and get care. Across the street from Wishard there was a non-profit private children's hospital and Wishard

had a deal with this institution across the street that the kids that needed serious care would go across the street and the city would pick up the tab for them. Well, we went and did a story. We're doing a story on this and we interviewed the head of the program there. We learned some interesting things. I would call it a moderately interesting interview. One of the many interesting things we learned was that some of the patients at Wishard themselves were the workers at the hospital. 500 of the hospital workers didn't have health insurance coverage and so they were actually being treated there. And of course, that's systematic throughout the healthcare system. You'll find many an uninsured person working for a doctor someplace in America who can't afford to offer his staff health insurance. So this is all interesting to us and moderately interesting as I said. And of course, in my end of the business I have to tell you, unlike your end of the business, all the interesting things happen when the camera gets turned off because people, when they know they're going to be on a national television program, don't say what is really happening. It's one of the problems with our business. So we finished up our interviews. We turn off the cameras. The camera crew took off to go to our next appointment and my producer and I were walking out across the street with this woman who was in charge of this program of the uninsured. And she said, "Oh there those people go." "What people?" She said, "See those people over there." Well, we thought we could see some adults walking across the street and they were carrying things. What were they carrying? These were the parents of kids who were being treated at the private children's hospital across the street. They were oncology patients, cancer patients. These little kids were being treated for cancer across the street. The parents, in order to get the drugs for the kids, the chemotherapy drugs, had to go to the free prescription drug window at the public hospital and literally get the drugs and carry them across the street so that their kids could be pumped full of them. And we said, "What?" And she said, "I didn't say that. This doesn't happen. Your camera crew's gone."

This is the state of healthcare in America. And to me it was the perfect illustration of the injustice. We say that we're taking care of these people and the kids were, in fact, getting care. These kids with cancer were getting care. But we were subjecting them to a level of indignity and degradation that we would not tolerate in almost any other aspect of society.

But we tolerate it in healthcare. And systematically, as we go through the country we find examples of this. Just quickly I'll say, when asked who the uninsured are, the title of tonight's seminar is "Falling Through the Cracks," I guess you could call them the crack people. That has pejorative connotations. I like to think of them as the gap people. They're the people who fall up through any of the innumerable gaps that we create in health insurance in America. And I have to tell you as creative people, if you can think of a situation, it's probably really happening, because almost every permutation of this that you can imagine is out there.

If you think about the American health insurance system, about 140 million people are covered in employer-based plans. About 100 million people are covered in some form of public health insurance, Medicare, Medicaid, state workers covered under public employee insurance plans. People always say we can't have Canada in this country. Well guess what? We're running three of them, three times the Canadian population is in public health insurance right here in this country. Then there are the 41 million uninsured, of course, and then there are about another 16 million people who buy health insurance independently in the individual insurance market. There are so many people who fall just on the edge of the gaps in all of those systems.

Ron mentioned people who aren't able to get a home mortgage. When we were doing these Robert Wood Johnson forms a couple of years ago, we met one couple in Binghamton, New York. She was a school bus driver. He was a temporary worker at IBM. No health coverage. Two kids, the kids had coverage under the state program for children. Adults didn't have coverage. He was at IBM, one of the biggest companies in America, used to be, and because he was a temporary worker he was not going to be eligible for the IBM insurance package. So they didn't have health insurance. They were the example of the people who went to the bank because they were going to buy a home and the bank said, "Are you kidding? You could develop a very serious illness and go bankrupt. We can't possibly extend to you a mortgage." So they were people working. Just the points that were made earlier, working, but just right on the edge, the gap people.

Down in Florida, we met another woman, another perfect example. This woman, Sandra Harmea, originally from South America, came to this country, got married, had two kids who were born here. If you're born here you're okay. You're able to get coverage. Her husband had died. She was a widow. She could have qualified in theory for Medicaid in the state except for one thing. She had a used car, which put her over the asset limit for the eligibility in the state of Florida. And Florida's right up there with California and you can't do anything without a car and this woman needed a car to get to her crummy $7 or $8 an hour job. Right at the edge. And again, as I say, as you go systematically through the system you will find people who are just this far away from health insurance, whether it's in employment or in the public sector the gap people. And the gap is big. The gap is growing.

I just want to close by saying I think—did I see Eric Moore here earlier? I did. I thought it was you, Eric. Eric and I met each other at the Venice Family Clinic a year ago when we were out here doing a story on the Venice Family Clinic. Eric is another perfect gap person. I'll let him tell his own story. I'll just tell you briefly. We came out here after 9/11 because so many people in this area had lost their jobs after 9/11. And Eric was with LAInsider.com, and that was a tourist related Web site, and he lost his job. I was thinking of you Eric, when I was watching that *Friends* segment because Eric was almost the same thing. He walks around for several days with this pain, finally collapses on the pavement, gets taken to the Venice Clinic. Because he's obviously under serious duress, they transfer him to a hospital. It turns out he had a blood clot in his leg that had moved to his lung. It was a pulmonary embolism and he walks out with a $16,000 hospital bill which is bigger than his student loans from UCLA. You know, gap people, they are all over the place and their stories are rich and tragic and compelling and I thank you all for being willing to take them on and give them the glories that you can produce when you can really show what happens when the camera's on.

Baer: Thank you. That was compelling and upsetting, as you heard from the audience's response. I was struck when you said that emergency departments were so used to not even considering that the people who clean the floors and wash the windows are not probably insured. It's not a story that I think, at least when I was on *ER* we didn't, it struck me that it's right in your

own back yard. That you take it for granted. And I'm hoping that Arthur Kellermann, who's the director of emergency medicine at Emory can talk about that. He sees it on a day-to-day basis. Is it getting worse? Is it getting better? What are you doing about these people that Susan was just talking about?

Arthur Kellermann: It's getting worse. It's getting a lot worse. I'm not here tonight in any of the usual hats I wear, academic department chair, researcher, member of the Institute of Medicine. I actually chair a committee that's studying the consequences of uninsurance and three of our reports are on the table. I am here as a witness. I'm here as a witness for the thousands of patients who I have personally cared for over the past 20 years of work in public hospitals in Seattle, Washington, Memphis, Tennessee, Atlanta, Georgia.

I'll never forget one of my first experiences with the brutality of uninsurance. Shortly after I arrived in Memphis, paramedics wheeled a young man with diabetes into my emergency room. It only took a few moments for me to determine that he was critically ill. He had what we call diabetic ketoacidosis. His body was dumping acid literally into his blood stream because it couldn't metabolize the sugar from the lack of insulin. He was literally on death's door. I reached to check his pulse on the stretcher as they stopped at the desk and encountered a shiny, brand new plastic wristband. It was a hospital wristband for a world class private institution four blocks up the street. And I looked at the paramedics and said, "What the hell is this?" And they said, "Well, Doc, you know, he's a transfer." "A transfer? Jesus Christ, he's about to die." "Well, Doc, you know, that's just what we do." "What do you mean, it's what we do?" "Well, you know he's indigent. They don't take care of indigent patients. You take care of indigent patients." That's patient dumping. There's a law against it now. Now they have to be a little more clever about it, but it's dumping nonetheless.

Noah asked you to imagine a woman forced to choose between food and medicine. I don't have to imagine it, I've seen it. Donna, a middle-aged working mother, was brought into my emergency room after she collapsed on the street and quickly lapsed into a coma. By the time she reached us her blood pressure was sky high. It was like 250 over 160 and she was

on the bed and sort of breathing through clenched teeth. I could tell, again, classic paradigm picture, that she had a ruptured blood vessel in her brain and in fact, the emergency CAT scan showed it. It was as if someone had planted a small hand grenade in the center of her head and pulled the pin. There was nothing we could do to save her. We did a full court press. We worked hard. But within a few hours she was dead. When I went to break the news to her sister and other members of her family I found out that, in fact, she had made that fateful decision. She had to choose between feeding her kids or buying her blood pressure medicine. And she made the choice that any mom would make. She put the kids ahead of herself. I don't think she knew that within a few weeks she would be dead and therefore, not able to care for her children any longer. But she made the choice, nonetheless.

We talk a lot about the fact that not having health insurance is bad for your health. I'm here to tell you that having bad health isn't good for your insurance either. A few weeks ago at Grady, I was taking care of a young man with asthma. Not a horror story this time, he actually improved readily with treatment, was feeling better. I was writing his scrips and it was one of those rare moments when it was a little quiet so I struck up a conversation. I said, "Now, you've got a doctor that's going to be able to follow you up?" And he said, "Not anymore." "What do you mean 'Not anymore'?" "Well, I don't have any health insurance and so I've got to find a new doctor. Can I come here?" "Well, sure you can come here. It will take a few months, but you could come here. Why'd you lose your health insurance?" He said, "Well, I had a bad asthma attack in the fall and I was in the hospital for a couple of days and when I went back I was fired." "Why were you fired? Didn't you tell them you were sick?" "Yes, that's why I was fired. My boss told me that he could not afford to have an asthmatic on his health plan. Is that legal, Doc?" "No it's not legal." And I gave him some phone numbers to call, but he's still uninsured.

My own brother lives on a mountaintop in east Tennessee, double-wide trailer, kind of a Jeff Foxworthy wannabe. Bill is the butt of a lot of my stories, but this one is not as funny as some of them. Bill, about a year and a half ago, had a very small stroke, taken to the hospital, sent to Chattanooga, Tennessee, the big city for us. And there the doctors

diagnosed a cardiac defect. He had a small hole in his heart that was allowing tiny blood clots to pass through. He needed to have it repaired. They discharged him. He went back to his employer, who in infinite compassion said, "You can't operate heavy equipment. You need to climb off that vehicle. Here, take this fire hose. Work in 98 degree weather. By the way, you can't have any breaks." And he called me that night and said, "My God, they're going to kill me. I have to quit." I said, "Bill, don't quit. That's what they want you to do. Just hold out two days. You can do it for two days." I ran to work the next day, whipped out my Emory letterhead, typed out a letter to the regional office of this employer, put every title I could think of that I've ever had, and a couple that I haven't, mentioned the fact that my wife, my brother's sister-in-law, was an employment attorney, pointed out that they were violating about three federal laws and faxed it to the corporate office. About three hours later an attorney was in the car driving to the company to explain to them that Bill could not be run off the job. Well, it helps if you have a medical skill or public health faculty member advocating for you. It also helps if your younger brother is a medical school professor. But 99.9% of the uninsured don't have that kind of personal advocacy for them. So he dodged a bullet that time, but later on the company got in trouble and he did, in fact, lose his job and today my brother is uninsured.

Over the past 20 years I've treated countless patients who waited too long, put it off, rationalized, did everything they could because they were afraid of the devastating financial consequences of their illness on their families. And by the time they get to me in the emergency room, the disease is advanced, it's far more expensive to treat, and sometimes the condition is fatal. And yet, I listen to politicians talk about inappropriate use of emergency rooms or how the uninsured are lazy or don't care or made value judgments. It's a bunch of crap and I'm sick and tired of hearing it. And I'm sick and tired of watching my patients, your friends, your co-workers, members of your family and my family, suffer as a result of that kind of arrogance.

I want to close by describing one other group that rarely gets talked about and this one is quite personal to me. Another group that's very affected by the problem of uninsured in this

country, and it is the providers of emergency care, the workers at public hospitals who care for the uninsured. My hospital, Grady Memorial in Atlanta, is the only public hospital in the metro area of four million people. When it's full, and it's full nearly all the time, patients back up in my E.R., cannot be moved to inpatient beds and they have to stay there for hours or even days at a time. Meanwhile, we have to care for more incoming patients every hour, 24 hours a day, seven days a week, pouring in, pouring in. And we have to do that with half of our nursing positions vacant. I used to lose docs frequently because they'd kind of get tired of the nonsense of public hospitals and went to take a higher paying job in private practice. Increasingly I'm losing doctors purely because they can't take the stress. They can't take the disappointment. They can't take the fact that they can't practice the quality of care that they went to school and dedicated their lives to practicing. One of my best highly trained, a 10-year veteran, superb physician, called me one night and said, "I can't take it anymore. I'm afraid I'm going to kill somebody. I am so scared to go to work that I vomit in my driveway before I get in the car to come in. I just can't do it anymore." Teaching hospitals and the doctors that work in them are unraveling under the economic weight of carrying for so many uninsured Americans. Last year Grady's burden of uninsured care went up 15% in one year. It added 15 million in red ink to an already losing bottom line. Now if Grady folds in Atlanta, Atlanta will not only lose its public hospital it's going to lose its only Level 1 trauma center, it's only burn unit, it's only sickle cell center, the state's only poison control center, the region's only Level 3 neo-natal intensive car unit and the community's primary front line hospital for disasters and acts of terrorism. When mission critical hospitals like Grady close, everyone in the community, insured and uninsured alike, lose access to life-saving emergency, trauma and disaster care. At that point, it won't matter anymore who's insured and who's not, because either way you'll have nowhere to go.

Baer: Thank you very much. Your dedication is inspiring and I know that we have to tell those stories more often. We'll hear from Dr. Robert Ross, who is the head of the California Endowment. And it's good to have him speak last before your questions because I'd like to ask him to talk about the future, since the present is actually rather bleak. What's going to happen?

Robert Ross: Well, first of all thank all of you for being here. For those of us who've been at the front lines, even backlines of this issue, it really gives me a sense of hope that this industry is interested in putting a face on this issue. It's very difficult to follow Dr. Kellermann because I'm not sure what else I could say to drive the point home. The reality is that this is not hyperbole. It is dramatic, but it's really not drama. It's really happening. And the view I get is I'm now in my third career. The first career is as a practicing pediatrician in inner city Camden, New Jersey, and then as a public health official in Philadelphia for a few years and then in San Diego county. Now my third career as a president of a health foundation, and our foundation, the California Endowment is committed to providing grants to organizations that are working on these issues, like the Venice Family Clinic, and others who provide services to the uninsured and the underserved.

What Dr. Kellermann described, it's important for you to take away because in order to put a face on this issue that in our view would help improve the public will to create a sense of outrage in order for something to have to happen, for those dominos to be lined up and knocked down, this has to turn from an issue that is about *those people* to *our problem*. So myth number one, which has been debunked, is that this is about poor people. And if you still believe in the Elizabethan poor laws, that poor people deserve to be in their plight because they're sinful and they became poor, then we're not going to move this issue from a policy standpoint because many of our elected officials still believe in the Elizabethan poor laws. The fact of the matter is that 80% to 90%, the studies show over and over again, these families are working families. They are working. That's point number one.

Point number two is as dramatic as the individual stories and as compelling as the individual stories can be, let me just tell you about a story which actually changed my career path. And it had to do with a family that was uninsured. And this was in 1988 in Camden, New Jersey. A family came in brought in by the Dad, which was unusual because the mother usually brought the family in, African-American family. Dad worked as a laborer, he was in construction. He had three kids. And they had missed several appointments. For seven

months or so they had not come into the clinic. So the kids were behind on shots and behind on a bunch of other things, just good basic preventive pediatric healthcare. And I started reading Dad the riot act about them missing the appointments. They were uninsured but we had a program kind of like the Venice Family Clinic where if you can't afford it, you don't pay for the whole visit. You pay $5 or $10, whatever you can pay and we'll see you. So Dad brings the kids in and the kids are behind in their shots. "You guys missed your appointments. Where in the heck is Velma?" who was the wife. And he kind of sheepishly pulls me outside the room because he didn't want to talk in front of the kids. And he said, "You know Dr. Ross, we haven't been here for a while because Velma got hooked on crack cocaine. In 1988, some of you may remember, was the height of the crack cocaine epidemic and it really substantially changed a lot of what was happening in inner-city healthcare. And they didn't have health insurance and he couldn't come partly because he had difficulty finding the time, but also, mostly, because he just didn't have the money, because Velma began to use the money to support her habit. And in fact, it was the week before Christmas that I saw him. And he was telling me this story in tears because Velma had broken into the closet where he was hiding all the kids Christmas presents and had taken the Christmas presents to sell to support her cocaine habit. And I knew this family. I knew this mother and it was, first of all, stunning news to me that this had happened to this mother. But we also later found out that one of the kids was having some behavioral issues. And to make a long story short, the kid ended up having lead poisoning, which is typically screened in one of the very early pediatric visits and we had missed because the kid had not come in, and the child was doing poorly because the lead poisoning. And finally we got that treated and got that fixed. But now we had the lead poisoning issue, the mother with the drug problem, needed care, needed treatment, and this was a family without health insurance coverage. And it was something about that story and this mother and it happening to these kids that, I didn't vomit in the driveway, but I said, "I've got to back up from this a little bit. Who's throwing these bodies off the bridge downstream?" And that's when I decided to shift into a career into public health policy because I wanted to do something about how our health care system didn't work. And obviously, I haven't fixed it yet.

But now I'm at a foundation and I get to sort of sit in the balcony because I bounce from talking to doctors and nurses and health care executives and emergency room physicians and patients, and I hear the same stories. And it sounds and feels like a system that is really about to implode. Two years later, after treating Velma's family, I was then the commissioner of health for the City of Philadelphia and we had a measles epidemic. We hadn't had a measles epidemic in probably 25 years. And the reason why we had a measles epidemic, not just in Philadelphia, but nationally in every urban center in the country, was because kids were not getting their shots. The kids were not getting their shots because of the millions of families that don't have access to healthcare. In the City of Philadelphia that year we had 1,000 cases of measles and we had nine kids that we buried. Our Public Health Department, I went to every funeral. And there is no way that a child in this century or the last century should die from a case of measles, not in this country. And there were more than 100 kids who died that year nationally as a result of measles, who really should never have gotten measles.

So I want you to connect the dots from the family who's got a crisis and an issue that they're facing in terms of the financial cost, the cost of their health, the human suffering and pain, and then connect the dots to the picture that Dr. Kellermann just described because it adds up to a system that is under enormous and severe strain right now. Lack of health insurance coverage can lead to epidemics that are absolutely and completely preventable. It can lead to infant mortality rates that are completely unacceptable. It can lead to emergency rooms and trauma centers that are either overwhelmed, they're clogged and so strained or the doors are shut. So if it's your wife or your son or your daughter who's got a fractured femur and has got to go to the emergency room and the wait is six hours, and that's your child sitting on the stretcher and you've got health insurance, and you're saying, "Wait a minute. This is really unfair."

That's the situation we now have in Los Angeles County, which is now the epicenter of this national crisis. We talk about homeland security, and if you were to be smart enough and sinister enough to pick a city to try and implant smallpox, what place would you pick? I would pick Los Angeles County, as four out of every ten residents are uninsured. You would

have the highest chance of giving smallpox to somebody who would delay going to a doctor or seeing a physician for as long as they possibly could, until it was untenable for them to do so. And in the meantime, that person could walk around with smallpox and infect hundreds and hundreds of people. So as terrible and excruciating as the situation is for families, connect the dots to the system that is really on the verge of implosion. And the reason why it's so critically important that you would even think about engaging with us about putting a face on this issue is that we have to build the sense of outrage. You have to put the elected officials or the policy makers in a position where they feel that there is a political price to pay for not dealing with this issue. And I don't know why the outrage hasn't been built up. We spent $150 million a year in grants, and if I know I can make $1 billion grant to solve this problem, I would make it tomorrow. But I don't know what the answers are to that. But I think we can be a substantial part of the answer and I just really thank you for being here and listening and doing stories like this. It makes a huge and substantial difference on this issue.

Baer: Thank you. I think you said it so well when you said the writers need to put a face on the issue and that's really, of course, what television is all about. It's not the issues, per se, but putting the faces on and the stories that those faces involve. So what we're going to do—Kate's telling me that we should go to the roundtables. Roundtables next because if you do have questions you can seek out the person you wish to ask questions of. And we also have some other guests who will be at the tables to speak to you. So, I want to thank Vicki Beck and Kate Folb for putting together the panel and all the work that they've done. And I want to thank the panelists who really inspired me. Even though we do *Law and Order: SVU* which is not about just sex crimes. It is also about children. I'm sure that we have and we will continue to try to figure out how to do these things because I think it's our responsibility as writers to cover what's going on in our country and the struggles that ordinary people have and face. And so I've been really inspired by all of you. Thank you so much for being here tonight.