



The League of Women Voters of Nashville

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LWVN Hosts Health Care Forum June 2

On June 2, 2009, the League of Women Voters of Nashville hosted a forum about health care—*What Comes Next: Understanding Legislative Options for Health Reform*—at Vanderbilt First Amendment Center in collaboration with the Center for Child and Family Policy at the Vanderbilt Institute of Public Policy Studies and the Vanderbilt Center for Health Services. More than 80 people from across the Middle-Tennessee community attended and Public Television

Debbie Miller, director of the Center for Child and Family Policy welcomed attendees and introduced LWVN President Lucy Chism who spoke about the importance of community education about issues that impact all our lives. The program was then turned over to moderator Barbara Clinton, director of the Center for Health Services, who guided the discussion with grace and humor.

Participants included:

Gordon Bonnyman, Jr. executive director of the Tennessee Justice Center, who has worked as a Legal Services attorney for over 23 years. A graduate of Princeton University and the University of Tennessee Law School, he is a nationally-recognized advocate of health policy. His advocacy is focused primarily on achieving access to health care for the poor and underserved.

Mary Bufwack, CEO of United Neighborhood Health Services, has led this nonprofit network of primary care clinics and health programs for 20 years and helped it become a model primary care system—one of the most influential and effective care networks in the country. In 2009, UNH expects to serve 30,000 people—improving the health and quality of life of the underprivileged, vulnerable and minority, whether infants, children, teens, adults or seniors, by providing health services and programs and promoting health policies that prevent and control disease, injury and disability. They received over \$1 million in 2009 federal stimulus funds to launch three new clinics in Nashville.

Kathy Wood-Dobbins has served as the chief executive officer of the Tennessee Primary Care Association since 1991. TPCA is a non-profit corporation comprised of community health centers operating over 140 clinic sites that provides technical assistance, educational training programs, and advocacy for community health centers and works to strengthen the primary health care delivery system for all Tennesseans regardless of their ability to pay. Kathy sits on the boards of Community Health Network, Q-Source, and The Rural Partnership, and provides leadership to numerous health care work groups and endeavors through the Tennessee Department of Health, the federal Bureau of Primary Health Care, and the National Association of Community Health Centers.

Dr. Robert F. Miller is an associate professor of Pulmonary and Critical Care Medicine at Vanderbilt University and the medical director of The Shade Tree Family Clinic. This free health clinic is run by Vanderbilt medical students with the goal of addressing the acute and chronic health needs of uninsured and underinsured patients in the East Nashville area. All services are provided free by trained medical students supervised by volunteer physicians from Vanderbilt and the community. The Shade Tree Family Clinic serves hundreds of Nashville's neediest citizens each year.

Dr. Matthew Ramsey was trained in history and history of medicine at Harvard and served on the faculty there for six years before joining the history department at Vanderbilt. His research concerns the history of medicine, public health, and health policy in Europe and the U.S., with an emphasis on France. He was the founding director of Vanderbilt's Center for Medicine, Health, and Society and has taught an undergraduate course on the history of disease and a graduate seminar on the history of the welfare state in Europe and the U.S., as well as the foundation course for Medicine, Health, and Society.

Dr. Valerie Montgomery-Rice, former Dean of Meharry Medical School, had planned to participate but was unable to attend.

These community experts touched on the legislation currently in process in the Senate Committee on Health, Education, Labor, and Pensions (HELP) and the need for a government sponsored and robust public health care plan (similar to Jacob Hacker's public plan choice described in the LWVN handout available at LWVnashville.org) that would compete with private insurers. Gordon reminded us that this is an issue of moral values and hoped that as a nation we will not flunk our responsibility to protect our fellow citizens.

Matt described how successful universal care models work in Europe and Scandinavia—come of which blend public and private coverage—acknowledging that while none could be duplicated exactly in the U.S., many offered guidance for our own reform process.

Kathy discussed the successes and bipartisan support for Community Health Clinics and the primary care team model of delivery.

Mary highlighted the politics of exclusion that has brought us to a place where so many are without care options and the reality that our economy cannot sustain the status quo need making it essential for all of us to work for reform.

Bob Miller warned that without change to the cost of education and reimbursement of primary care clinicians, including physicians, physician assistants, and nurse practitioners, we will not be able to care for a larger insured population.

All recognized the need for health care reform that ensures:

- Coverage for everyone without regard to preexisting conditions
- Community rating so that those individuals with chronic disease and older adults are not priced out of the market
- Inclusion of a robust, public plan to compete with private insurers
- Promotion of prevention, wellness, patient safety, and quality care
- Development of effective care based on best practice
- Change in the focus and reimbursement of services that promotes primary health care using a proven team approach to provide physical and mental care

- Acknowledgment that without action now our very economy is in peril

Understanding that total health spending in the U.S. reached \$2.1 trillion in 2007—or \$7,026 per capita—while over half of the uninsured have gone without coverage for 3 years or longer, we have a better understanding of the health care rationing that occurs daily in the U.S. Where health care quality is concerned, extensive research shows the importance of having a regular, continuous, and stable source of care. Uninsured people don't have such access, so it's not surprising that children and adults who are both lower-income and uninsured are more likely to be in fair to poor health and as Kathy noted, poverty and disease are closely linked. These are among the reasons that while the U.S. spends the more that any other nation on health care, its health care outcomes rank among the lowest. Our nation has a unique opportunity to make the health reform debate about far more than who has health care insurance—people's health and lives are on the line.