January 6, 2011

The Honorable John Boehner
Speaker
U.S. House of Representatives
Washington, DC  20515

The Honorable Eric Cantor
Majority Leader
U.S. House of Representatives
Washington, DC  20515

Dear Speaker Boehner and Majority Leader Cantor:

We are physicians and medical students who serve patients across America. Every day, we see a broken health care system that is failing patients and health care providers.

That is why we stand behind the Affordable Care Act as an important first step in fixing our health care system.

We know that you have proposed to weaken or repeal the Affordable Care Act as one of your top priorities in the new Congress.

We believe repealing or weakening the Affordable Care Act will move our health care system backward – and we strongly urge against it. Instead, we ask you to work with us in building upon the Affordable Care Act, making it stronger, and ensuring that we can create a health care system that works for all Americans.

The Affordable Care Act will cover 32 million more Americans that otherwise would have fallen through the cracks of our health care system. It takes the biggest steps in history to improve the quality and reduce the cost of health care. It protects our children, our seniors and our sickest patients from the past abuses of the insurance industry. These are just a few of the reasons why so many doctors and patients support the Affordable Care Act.

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Stories from the Frontlines

The following are stories and comments from physicians and medical students across the country.

Please note that both here and above, affiliations are for identification purposes only.

Ann Drum, MD
Alabama
I am a physician and the patient story I share is about myself. I have Common Variable Immune Deficiency and my IV’s and meds cost more than $6000/month. I have a $200,000 lifetime maximum coverage which will soon run out. If that happens, I cannot possibly pay for the medication and will simply risk life-threatening infectious disease which will keep me from practicing anymore. With the health reform, my lifetime maximum will be eliminated and I will be able to continue to work in a medically underserved community.

Rebecca Jones, MD
Whately, MA
I am a dermatologist in Brattleboro, Vermont. The stories I hear are endless, but one stands out. An older gentleman and family man who spent his life working hard at a successful small business was able to save enough money to retire at the age of 68. Soon after retirement, he was diagnosed with multiple myeloma. He has done well on cutting edge chemotherapy, but what should be a relief to him -- he feels great and has his health back -- is marred by the fact he has watched his savings disappear. He does not know what to do now. He has almost no money, and instead of being able to promise an inheritance to his children, he sees himself becoming a burden to them. This is an embarrassment to our country. This cannot be what happens to those who work hard. We need to take care of those who have kept this country going.

Brendan Jackson, MD
Atlanta, GA
I've just completed residency in internal medicine. Being an intern on the front lines of medical care, I met many wonderful people but also heard many sad stories from patients, often related to lack of medical care or poorly organized medical care. It frustrated me to no end needing to treat people in the hospital (at great time and expense, not to mention the detriment of patients' health) for what were medical problems that could be prevented by outpatient medical care had they been able to afford it. One story looms prominently in my mind.

I met Mr. K in the emergency room after he had just experienced his first seizure at age 43 (which is unusual). The CAT scan of his head showed several masses concerning for cancer. After talking with him for a time, he mentioned a spot on his shoulder that had been concerning him. He said he had noticed a new mole start there 9 months ago and thought about getting it checked out, but worried about the expense since he had no insurance. Several months later he had gone to emergency room when it started bleeding frequently; he left, however, after waiting a few hours because he overheard conversations in the waiting rooms about the cost of emergency care.

A biopsy confirmed that Mr. K had metastatic melanoma, a usually fatal disease that could have been prevented with a doctor's visit and a minor skin surgery. I'll never forget his face as he cried when we told him about the cancer. He told us that it was his worst fear all along.

Patients like Mr. K remind me frequently why we need health reform to protect the uninsured and improve our inefficient medical system. We all know that people's lives hang in the balance.

Thank you for taking the time to read this.
Alice Chen, MD  
Los Angeles, CA  
One of my patients who was admitted to the hospital with sepsis looked at me and my resident with utter desperation when we told her she was not yet stable for discharge home. She said, "I made $16,000 last year. I have no insurance. I can't stay in the hospital. I'm sorry. I have to be able to eat." We convinced her to stay, but we just spent her annual salary on a 2-day hospital stay.

Julie Rosenbaum, MD  
Fairfield, CT  
Every time I have a patient who defers a screening test because of concerns over the cost of the copay, I can't wait for the ACA provision to take effect. Every time I get a call from a patient who is having trouble obtaining new insurance because of a pre-existing condition, I am thankful for the ACA. When I think about how fragmented our system is, I am hopeful that the Center for Innovation and pilots that are provided in the law will help lead us to more effective health care. We cannot take a step backwards; we must work together to move forward.

Nancy Hardt, MD  
Micanopy, FL  
As part of our community response to health disparities, we have a mobile outreach clinic that sees patients in neighborhood locations.

Many of our uninsured patients are working, but their employers do not offer insurance or they cannot afford the premium. In a few cases, people have insurance, but the deductible is prohibitively high. We see people with dental abscesses, chronic wounds, untreated hypertension, and untreated diabetes. And very commonly, we see patients who would like to space out their pregnancies but have no access to family planning.

Our faculty have begun to refer their neighbors (who recently lost jobs), their housekeepers, their lawn care assistants, and, most tragically, the housekeeping staff at our health science center. Housekeeping was recently outsourced to an agency that does not provide a health benefit.

Speaker Boehner, please listen to the people who will benefit from health reform.

Minesh Shah, MD, MPH  
Atlanta, GA  
I recently saw a young woman who was denied insurance coverage for her thyroid disease. She is a successful entrepreneur in Atlanta who has been creating new small businesses and hiring hundreds of Atlantans despite the economy. Yet insurance companies would not cover her only medical problem. This is a crime. The Affordable Care Act fixes gross immoral actions such as these for patients like mine. It's not perfect, but it should not be repealed. It should be built upon and improved.

Paul Cook, MD  
Greenville, NC  
I have practiced medicine since 1982. I think I know a bit more about the practice of medicine than Mr. Boehner and Mr. Cantor. Doctors support the ACA. Doctors, not politicians, know what's good for our patients.

Owen Linder, MD  
Safety Harbor, FL  
As of November 1, 8000 Americans have joined the high risk insurance pool. To bring in the hundreds of thousands of other chronically ill and wage earning uninsurable Americans, more work is needed on tweaking this insurance plan. Let us debate it democratically -- not destroy it.
Jennifer Swails, MD  
*Brookline, MA*  
This bill is already making a huge difference with regard to patient access and health security.

John Friedman, AB; MD  
*Phoenix, AZ*  
A young, healthy member of my family was refused health insurance coverage by a company. When my family member requested to have submitted health records reviewed by a physician, the insurance company refused.

Toni Bark, MD  
*Evanston, IL*  
If emergency rooms cannot refuse patients in need, who pays for them? It makes ethical and financial sense to have a national system.

Susan Schwartz, MD  
*Buffalo, NY*  
I volunteer at a free clinic. One night there will convince any naysayer that we must have a solution to the uninsured. A large number of working poor get no care at all.

Laura Gaffney, MD  
*Baltimore, MD*  
I have a patient who can't get the medicine she needs and is now suicidal and depressed. She will need to be in the hospital, which, of course, will cost the system more tax-payer money.

James M. Perlotto, MD  
*New Haven, CT*  
I take care of college and university students at Yale. A recent graduate noticed a lump in his testicle about a month after he had graduated and his student health insurance had expired. He was working a menial job in NYC to pay his bills and had no health insurance. It was heartbreaking to see that I could only offer him my services and exam gratis but could not do the ultrasound or labs that he needed desperately to rule out a cancer. Health reform must go forward.

I am very upset whenever I hear the media quote Mr. Boehner and Mr. Cantor as "speaking for the American People" as if they somehow have been granted special powers. Why is their recent victory in some parts of the country, any different from the even stronger Democratic wins of just two years ago across all parts of the country? It is up to us as physicians to make it clear that most doctors favor immediate health reforms and support the changes that the brave politicians, leaders, and President Obama have enacted: for the sake of everyone's future.

Daniel Debowy, MD, PhD  
*Brookline, MA*  
All of my patients depend on health insurance to see me, from the disabled schizophrenic to the anxious architect. Since Massachusetts guaranteed health insurance for all, it has become possible for well-trained psychiatrists like myself to "do well by doing good" and forego cash-only practices. This leads to a healthier population, and a more stable society, workforce, and marketplace. One need only look at how Massachusetts has weathered the storm of the recession to see that our healthcare plan is both morally and economically the right thing to do. The people don't want repeal, although a third would like an even more progressive plan (single-payer). What we have nationally will help America and help physicians. Don't mess with a good thing, or you will lose the physicians' vote for generations. It may be true that some of your caucus will tell you otherwise, but they left the profession of medicine for some reason or another, and don't reflect people who actually want to do this for a living. Please ignore them.
Tanisha Richmond, DPM  
*Dayton, OH*
I am currently attempting to acquire health insurance through the high risk pool in Ohio. This program was created by President Obama as part of health care reform.

Eric Mayer, MD  
*West Bloomfield, MI*
My patients do not want health care reform repealed! My stories are too numerous to place in this small space, but suffice it to say that after caring for (and about) cancer patients for over 45 years, it is more than time to change our broken system, which is unfortunately not the "best in the world."

Rob Roy MacGregor, MD  
*Philadelphia, PA*
Many of our poorer patients don't come to clinic when they don't have the co-pay money, and they take their medications intermittently rather than daily in order to stretch out the time between refills. It's just immoral in a country as rich as ours to have poor citizens need to choose between medical care, food, and rent. I know from friends and my own travels that these tough choices aren't forced in Canada or Europe.

Beverly Lange, MD  
*Ardmore, PA*
I am a pediatric oncologist. All of my patients have a catastrophic illness. Patients who are uninsured experience delays in diagnosis and gaps in care that jeopardize their chances of cure. Adolescents who have to leave school because of cancer and its treatment will lose their health coverage from their parents' insurance because they are not students. They too will be at risk of delays in care that are potentially life-threatening.

Rebecca Bingham, MD  
*Anchorage, AK*
I work in corrections. It is ludicrous that we give our inmates, our Senators and Representatives, and our elderly the health care that rest of America needs. WE ALREADY HAVE "SOCIALIZED" MEDICINE FOR 'SPECIAL' PEOPLE LIKE YOU. Give it to the rest of America. I know NO ONE who isn't happy about the change. Who are you talking to??????

Mae T. Morgan, MD, MPH  
*Atlanta, GA*
I take care of a population that is indigent, uninsured, under insured, homeless, and in need of preventive intervention. Too often we are presented with cases of preventable diseases, which, because of lack of resources, have advanced to a stage that is much more costly. In many instances, the cost of caring for these individuals, now with advanced disease, affects tax dollars that are needed for other uses. This is not socialized medicine, and legislators need to focus on what will save more money in the long run. A healthier population is more productive. Consider the people and the greater good, instead of promoting a vendetta just because of the source of the plan. Please stop misleading the public and allow them to form an opinion based on factual information.

Curt Freed, MD  
*Denver, CO*
It has taken 100 years to make health insurance available to nearly all Americans. It is inconceivable that the Republicans can be opposed to Americans getting health insurance at an affordable price. The idea of repealing the right to health insurance is preposterous.
Marianne Herr-Paul, DO  
Greencastle, PA  
I have had breast cancer twice. I am a private practice physician. I see patients every day like me. I do not have health insurance (although I might have been approved for the PA health option that was offered to people with pre-existing conditions), because of my breast cancer history. I have paid into the system for 35 years. Now I am bereft and continue to provide care to others. . . . does that make any sense?

Robert Toon, MD  
Mount Sterling, KY  
The Republican promise to repeal healthcare legislation is just mean. If anything, we need single payer.

With all due respect, Speaker-elect Boehner and future Majority Leader Cantor, I have served our country in uniform and am familiar with health care in other countries in the industrialized world. In my opinion we sorely need the health care reform passed last year and if anything should move to Medicare for all or, even better single payer.

The Republican anesthesiologist from Maryland CD 01 makes my point quite well: he wants health care, and is willing to buy in (the public option!). Dr. Andy Harris can't wait to get government health care.

Plus, you may be aware of the McClatchy-Marist poll which shows the majority of Americans want health care reform preserved or expanded.

I have seen it over and over, patients with various debilitating or even life-threatening illness, such as glioblastoma multiforme (a not uncommon malignant brain tumor) treated with compassion and outstanding quality over years including surgery, MRI's, rehab, and eventually hospice without the family having to sell the house and go into debt. That is the way it is with single payer in Canada and in Germany where there is not-for-profit insurance coverage.

So I strongly encourage you to support President Obama and if anything to help him strengthen health care reform rather than trying to tear it down. To try to dismantle health care reform is contrary to the best interests of the American people.

Thank you for your service to our country.

Keith Rafal, MD, MPH  
North Smithfield, RI  
I had a young patient admitted to my rehabilitation hospital with an acute stroke. She had lost her job and health insurance and subsequently could not afford the prescription medications for hypertension and regular medical visits. It is likely that if her blood pressure were well controlled she may have been able to avoid suffering a stroke and the costly consequence.

Itoro Ibia, MD  
Reston, VA  
I have many patients who do not have insurance because they cannot afford their premiums after being diagnosed with a mental illness. I have also had to offer pro bono services to many patients so that they do not stop their life saving mental health treatment because they have lost their insurance.

Israel Coutin, MD, FAAFP, CMD  
Upland, CA  
The America I believe in cares for all of its inhabitants. Sure, abuses exist, and entitlement is a problem for all areas of assistance. But healthcare is or should be a right, not a commodity.
Kathleen Lucas, MD  
*Greensboro, NC*

Polls show that 48% of Americans support the Protection and Affordable Care Act of which 37% want it to be expanded. Polls also show that 47% do not like "Obamacare" of which 17% believe it has death panels and 10% think it means universal single payer!

The health care reform law actually promotes preventative care, prevents exclusive from care due to previous health conditions, and saves families from paying copays or deductibles for check-ups. Lies and fear tactics abound everywhere regarding this great healthcare reform plan. Let us educate the public, our patients, our parents, and the nation so that the People see and understand its merits.

Zaneb Beams, MD  
*Ellicott City, MD*

Last week, my medical assistant, whom I've known or worked with for the past 25+ years, complained of foot pain. She has no health insurance. Until ACA regulations take effect, our practice can't afford to buy it. The rest of the practice employees, including the owner, get their insurance through their spouse.

Back to the story: My assistant started complaining of calf pain and swelling. I was terrified that Linda (name changed) had a DVT, a stroke, compartment syndrome, or fasciitis. She felt better for a day or two, and then felt worse again. Our boss decided to run some labs and look into gout, DVT, and some other problems. We ran our friend's complaints by an internist and planned to pay for her labs out of pocket.

Now, what if Linda didn't know anyone who could spend a few hundred bucks (or more) on labs and call up a friend and get free medical advice? What are we going to do if Linda has a pulmonary embolism or a stroke while we're figuring out the logistics?

These are the kinds of insane scenarios that SHOULD NOT happen and might no longer happen as the ACA starts taking effect. Anyone who took the Hippocratic Oath should speak up and tell our legislators that the ACA must survive and thrive and that attempts at repeal are damaging to all of us.

Chris Streib, MD  
*Pittsburgh, PA*

I see patients on a daily basis whose healthcare costs far exceed what they or their families can afford. This may be due to traumatic injury or chronic disease. Often, they are excluded by insurance companies and have no options available to them. The impact on their lives from their disease and associated healthcare costs is unbelievable. Health care reform is imperative. Please do not take us back to a system that was already failing so many people.

Vikki Stefans, MD  
*Little Rock, AR*

It is heartbreaking on a daily basis to see that the parents of my patients in the muscular dystrophy and other pediatric rehabilitation clinics have no medical care for themselves. Some are affected with the same condition as their children and are wearing themselves out as caregivers with no support for their own health. It makes me feel so useless to know that science and knowledge have advanced so far, but we have no way to deliver it to people who need it most.

My daughter was left with no medical or dental care coverage at age 19 when she decided to work part time and study part time. Even when she went to a full time job, nothing until recently offered any coverage. If I were not in a position to purchase a plan for her, she would have nothing but the occasional free clinic, and even then the one I could afford would have left us with high deductibles. The age 26 rule is a godsend, and she is back on my insurance now.
Corinne Rao, MD  
Osage Beach, MO  
I have never seen worse conditions in health care since completing residency than I do now. Every day it is a struggle to provide what patients need. Sometimes this is due to a lack of insurance, but very often it is due to insurance company denials for medications, tests, consultations, or hospitalizations. As a physician, I feel helpless when the insurance company denies an MRI that I know the patient needs or tells me to change their medications for a cheaper one. What most people don’t realize is that not all medications come in generic form. Very often there is no reasonable substitute. I don’t understand why anyone would think that health care reform is not needed. Just spend one day with a physician and you will have no doubt how badly health care reform is needed.

Michael Msall, MD  
Chicago, IL  
I am a developmental pediatrician who sees children with disabilities throughout Chicago and its suburbs. Whether a child has cerebral palsy, Down Syndrome, autism, a genetic disability, or requires life sustaining technologies, they and their caregivers do best if they have health insurance and community supports. Small businesses cannot afford to have an employee who has a special health care condition or a neuro-disability among their family enrollees. In addition, when our children with disabilities complete higher education, they cannot access insurance because of their pre-existing conditions. I strongly urge you to ensure that all families with children and all individuals with disability have ongoing health insurance.

Gayathri Kumar, M.D  
Atlanta, GA  
One of my regular patients had been suffering from diabetes and hypertension for five years. She was a single, dedicated mother who had been working long hours at a local grocery store to provide for her fifteen-year-old daughter. She understood that good health meant that she could perform better at work, and the earnings she received from her work would help her provide a stable home for her daughter. Therefore, she did whatever it took to keep herself healthy -- monitored her diet, took her medicines diligently, and visited me regularly.  

Things changed one day when, during one of her visits to my clinic, she said, “Doc, I just lost my job. I don’t have insurance anymore. Medicaid denied me coverage even though they said it was ok for my daughter to have insurance. I can’t pay my co-pays to see you anymore. I may not see you next time.”

The healthcare system in our country that should be serving patients exactly like this one is instead preventing patients from receiving the care they need and deserve. Our new health reform bill will help so many patients like mine get the quality health care they need by expanding coverage and decreasing overall costs of care for our patients.

This new bill is one significant step forward in helping improve the care of the American people. Our patients need this.

Andrea Darby-Stewart, MD  
Scottsdale, AZ  
As a family physician in an urban residency program, I care for patients of all socio-economic demographics. At this time, I have to create “diagnoses” so that many of my patients can get routine screening tests. I spend much of my day sorting through various formularies to determine which medications my patients with diabetes, hypertension, and heart disease can afford. I deliver babies to moms who couldn’t afford their birth control because it’s not covered under the $4 formularies. The Affordable Care Act does not go far enough to provide excellent medical care to ALL of the citizens in this country. However, it is a good first step in that direction and will alleviate the burden of healthcare expense and worry for many of my patients. Please direct your energy and influence to BETTERING rather than rescinding this important legislation.
James Bennett, MD  
Santa Cruz, CA  
I am a primary care pediatrician. I witness every day the effects of our broken health care system -- families delaying care for their sick children because of lack of insurance, the near impossibility of accessing mental health services for those in need, our expensive prioritization of high-tech treatments over cost-effective prevention, and, most notably, the constant and shameful obstructionist practices of the insurance industry in undermining the delivery of honest and timely health care services. Health care reform needs to happen. The latest attempts at health care reform are like a toddler's first step -- clumsy and unsteady -- but necessary in our attempt to address the fundamental issues plaguing our broken health care system.

Que Areste, ND, MS, AC  
Seattle, WA  
I have a Wellness Clinic twice a month for those who have lost their jobs or have low income. Their health insurance doesn't cover my services, or they don't have health insurance. At this point, it's my busiest day.

Barbara Cook, MD  
Cockeysville, MD  
I am a family physician in practice for twenty-five years. After January 1, I will be able to provide an annual exam to my Medicare patients thanks to healthcare reform. To repeal this bill would be an enormous mistake. This is NOT "what the American people want."

Phat Dang, BS  
Anaheim, CA  
Without the health care bills, my parents WILL NOT be able to buy any insurance since they have what insurance companies call "pre-existing medical conditions." When did they decide that having illness, which is an essential part of aging, is a crime that should prevent millions of Americans from protecting their health?

Margaret Johnston, OD  
McLean, VA  
It is incomprehensible to me that anyone who claims to value the overall good of our citizens could possibly question that 1) our health care system is seriously broken and 2) that the Affordable Care Act is at least a step in the right direction.

The only reason anyone could possibly hold an opposing opinion is that they value the overall good of the corporations (with their grossly overpaid CEO's and the basic goal of pleasing stockholders) over the good of our citizens.

The Affordable Care Act was the first step toward a fairer and more humane (and less profit-oriented) health care system. A public option for all is the inevitable next step.

We must develop an alternative to a health system that currently values profit over the welfare of our citizens.

Rachel Wheeler, MD  
Concord, MA  
I will never forget the woman in her 50's who waited six months for evaluation of rectal bleeding because of a temporary loss of health insurance. Her intestines were irreversibly damaged by what turned out to be severe ulcerative colitis.

I will never forget the diabetic African-American man I first met on his 65th birthday, the day he became eligible for Medicare. I helped to arrange the amputation of his lower leg that could have been avoided with timely medical care.
Elizabeth Peverall, MD
Burnsville, NC
I have a medical student who was shocked to find I had a patient who had actually died from cancer just because he was denied health coverage. I have people without insurance becoming disabled and having to leave work due to treatable illnesses. We do need some changes to the reform legislation, to simplify it, make it more efficient and affordable, and make health CARE actually more accessible to patients, but repealing the only progress we have made in 50 years will set us back 100.

David Oberdorfer, MD, MFA
Bonner Springs, KS
To make a longer story short, I had a patient come to the emergency room early one morning, DOA (dead on arrival), because as his wife explained, he refused to come to the doctor or the hospital or let her call an ambulance when he was too weak to get out of bed, because they didn't have any insurance, and they “couldn't afford it.” I have actually written a longer version of this story and can share it on request, but it is too long to put in this editorial space.

Christine Adams, PhD
Houston, TX
We need to eliminate the for-profit health plans from our system. They are unnecessary middlemen. They do not provide health care, nor do they raise any funds independent of our health insurance premiums to help pay for health care. You decry "big government" while you let the taxpayers pay for your health insurance - while over 50 million Americans are now uninsured themselves. Yet you have the gall to want to make it even harder for patients to get care and to keep doctors in business. My sister, a pediatric ophthalmologist, is retiring early because health insurance reimburses so little for her work, it's not sensible for her keep her practice. No one wants to buy the practice because of the low reimbursements. I am a psychologist who happens to work with many nurses, doctors, and other health professionals. They tell horror stories of an imploding health system -- even at prestigious institutions -- because the for-profit health plans are sucking all the money out of health care and into their corporate coffers. Republicans have an opportunity to do right by America and improve the health care system.

Taking consumer protections out of the health care reform law will only kill more Americans who don't have to die. It is that drastic for many people. No other industrialized nation allows its citizens to suffer or die from lack of health care like we do in the U.S. They spend half as much as we do, cover everyone, and have as good or better medical outcomes as we have -- according to the World Health Organization, the Commonwealth Fund, and the Organization for Economic and Cooperative Development. And they can do this because they do not allow for-profit health plans to play a major role in financing their health systems. We are becoming weaker each day by not having a national health insurance program. No matter how much you try to spin it, you cannot change the facts, and the facts are that we are going down the tubes if we keep for-profit health plans in our health care system. They contribute a lot to campaigns but provide no other service that cannot be done better by other people or other entities. Look at the German system. It has fewer people insured through government health programs than we do. It has private health plans -- they are just not-for-profit and have their benefits and premiums heavily regulated. All these other democracies are not voting to change their health systems to look like ours. No, they vote to improve their systems. That many democratic nations can't be wrong. Please start thinking more about the public good and less about your next election.

Peter T. Capell, MD
Seattle, WA
As an endocrinologist, I witnessed many examples of people with diabetes who could not get or afford any insurance or were dropped by an insurance plan. I am proud this country is trying to help these people and am ashamed that many of the representatives in Congress want to trash the bill while accepting huge campaign contributions. The stain of allowing people to die is on them.
Philip Hewes, BSE
Boston, MA
Fundamentally, universal health care serves to reduce the burden placed on the health care system, particularly emergency departments. With the lack of appropriate primary care for underserved populations, the onus for care is shifted to emergency departments, where the lack of preventative screening and treatment for common conditions elevates the cost of care. While working with homeless populations, it was often necessary to transfer patients to the emergency department for treatment that would be more appropriately given by a primary care provider.

Mark Tolpin, MD, FAAP, MIDSA
Retired Head of Pediatric Infectious Diseases at University of Chicago, Retired Lt Cmdr
PHS/NIH/NIAID/LID
Millburn, NJ
I could give you too many medical horror stories for you to maintain sanity. I have seen everything from fatal delays in Medicaid authorization of bone marrow transplants to inadequate distribution, availability, and public awareness of available vaccines ranging from mumps to meningococcus to pneumococcus to influenza. Most of the vaccination problems were attributable to failure of one or more of the following: government (funding, distribution, preparedness); for profit research and development enterprises (contamination and other GMP issues leading to late, irreversible identification of shortages); and for-profit medical cost coverage (from non-coverage to inappropriately narrow age-restrictions on coverage to lack of publicizing benefits and availability). Many of these have resulted in fatalities and a breakdown of the "herd immunity" and exogenous booster processes that are basic to the effectiveness of disease control by vaccination. And this is just one of the many failures of the current US system -- an institutionalized system that ranks us both as highest healthcare cost and yet among the highest mortality figures among developed nations. And this is just one aspect where our healthcare system has fostered treatment over prevention; delays over action and the well-being of corporate balance-sheets over that of our citizens -- all of which have resulted in inadequate delivery of medical care and feelings of helplessness among physicians, nurses and other healthcare providers.

Bottom line: our current healthcare system runs counter to the Hippocratic Oath, and any move toward hampering its reform will move U.S. healthcare even further from medicine's credo and result in further needless (and, for all intents and purposes, at best reckless and at worst premeditated) death from which only corporations will benefit. Should this occur, shame on all of us -- but most of all shame on those of our legislators who have allowed and/or continue to allow their own narrow and callous self-interest, hubris, greed, and affinity to moneyed interests to cause this to happen.

Earl Smith, MD, PhD
Fort Lauderdale, FL
I work with patients with advanced illness and see so many people whose doctors don't have time to talk with them.

Ruben Frescas, BS, MD
Baltimore, MD
Not only do patients struggle to get into the system, but as a provider, I had struggled to navigate the most vulnerable patients through the system once they are "in." It would be a shameful act to relinquish the government's duty to provide a standard of health care as stated in the Universal Declaration of Human Rights. I hope that politicians put politics and profits aside to ensure that lives are not jeopardized.

Ruth Stewart, MD
Nashville, TN
Every day I see patients with conditions that would cost a few dollars a month to treat but instead go untreated due to lack of insurance. These patients often have complications (such as renal failure and stroke) and end up disabled, costing thousands if not millions to care for. Health care reform is about smart care and saving money.
Matthew Bosley, MD  
*Lincoln, NE*  

Even doctors can lose their health insurance just because they become ill and required treatment; it happened to me. Members of Congress never have to worry about getting health insurance and paying for their health care, and the Republicans have obviously forgotten or are too wealthy to have ever known the anxiety of being one ER visit away from bankruptcy. Just try to imagine it--or, for once, talk to someone who CANNOT afford a campaign contribution, because they have to pay for all their health care plus prescriptions!

Kohar Jones, MD  
*Chicago, IL*  

I am a family physician in a federally qualified community health center. So often when I see a new patient, and I ask "what brings you in today?" they say, "Well, I used to have health insurance, but I lost my job, and . . .". Then we scramble to bring together their health records to ensure continuity of care.

When everyone has health insurance, everyone gets to keep their doctor and develop partnerships for health over time. Don't take away health insurance. Don't repeal health reform.

Paul Monahan, MD,  
*Chapel Hill, NC*  

Representative Cantor - I am a doctor who takes care of children with cancer and with hemophilia, a bleeding disorder that costs on average $100,000-300,000/year for drug costs alone (due in part to parasitic drug pricing by pharmaceutical companies). I look forward to driving up the Shenandoah Valley to be in Virginia in the house my mother and father have lived in for four decades with my four brothers and sisters. I will drive through Charlottesville and be thankful for the lessons that I learned getting my medical degree at U. VA, where my father and two brothers got their law degrees and my sister her degree in education. My Virginian parents taught me to value the importance of each individual and to understand the opportunities for personal growth and fulfillment that come with embracing a shared commitment to the care and support of others.

I was proud (although surprised) that the electorate of Virginia was able in 2008 to stand behind a candidate who realized that, not only was health care reform essential for the preservation of the health of all in our society but also essential for the economic well-being of our country. I am deeply upset by the refusal to take part in the legislative process that so many in our government cynically display as a badge of honor.

It is my request that you put your considerable energy and influence into moving the country forward, as opposed to trying to insure your legacy by rescinding the fundamentally humane and economically necessary provisions of health care reform that have recently been enacted. It is easy to recognize that major contributors to your campaign coffers (Blue Cross Blue Shield, New York Life Insurance, Guardian Life Insurance) will feel that they are your constituency and deserve to dictate your agenda and your mindset. I would ask that you consider (and this could potentially be an important public relations opportunity) visiting a Pediatric Oncology and Hematology unit, be it Washington Children's Hospital, Medical College of Virginia in Richmond, Univ of Va. Children's Hospital in Charlottesville, King's Daughters Hospital on your coast, and consider the devastating effect on this part of your constituency... the children who are the future of your state. We must embrace the steps of reform that will allow these children to survive and reach their potential; we need to shake up the status quo of a health care industry that allows the United States to stagnate with one of the least effective health ratings of the developed world countries that are our intellectual and economic competitors.

Keith Fuleki, BS  
*Philadelphia, PA*  

Every day I witness doctors fighting insurance companies and insurance companies fighting patients. The ignorance, hypocrisy and broken ethics held by those opposing reform is beyond disgraceful.
Adrian Castro, MD  
Los Angeles, CA  
An adolescent female patient in our clinic was having heavy periods which had been controlled by medications. When her mother's insurance (and subsequently her insurance) was interrupted due to cumbersome paperwork and provisions of her health insurance, they worked for two months to get insurance so they could afford the medication again. In that time, the patient bled enough that she had to be hospitalized and given blood transfusions. No daughter, no child, no American, no human should have to suffer like this, especially in our country. Not only is this tragic for this child and family, but it is tragic for our system because of the thousands of dollars spent to hospitalize and give transfusions, a cost which could have been avoided by a medication which costs less than $100. Health reform must move forward to ensure all Americans are covered and insurance companies are not excused for making it so difficult to protect patients and their families.

Margaret Campbell, MD  
Charlotte, NC  
I am a hospitalist in North Carolina. I decided to become a doctor after my own son developed leukemia at age 2 -- just weeks after our family lost our health insurance. My son is alive and well, but the experience of five years of harassment over medical bills took its toll. I treat patients every day who are harmed or die due to the inequities in our health insurance system. Please do not allow this genocide of the uninsured go on any longer. Support Health Reform.

Mitzi Sampson, MD, DABFP  
Fredericksburg, VA  
I look forward to the day when over 80% of our premiums will be spent on health care dollars and the uninsured with pre-existing conditions can afford health insurance. I look forward to that day being January 1, 2011 and not a day later. How many of those who want to repeal the health care reform bill have ever been without affordable insurance?

Evan Saulino, MD, PhD  
Portland, OR  
I am a family physician, and I have seen the state of health care worsen during my career, but I wasn't motivated to act until I lost two patients in 2006. Despite working full time, neither John nor Irene had health insurance, and they died because they lacked affordable access to care. John lacked access to basic primary care and medications to prevent and control his illness. He died with $200,000 of debt that was "cost-shifted" to other purchasers of health insurance via higher premiums, co-pays, and deductibles. Irene, a hardworking mother of three in her 40s, died because she thought she could outrun the "pre-existing condition exclusions". She was wrong. Her cancer caught her.

As a physician and an American, I find the status quo situation unacceptable. I recognize the ACA as progress toward a time when my patients and my children are guaranteed affordable access to health care when they need it. The ACA is not perfect - it does need improvement - but we should go forward and make the legislation better and make American health care the best in the world. Obstructing progress and going backward to the dysfunction we know is not an option. Our duty as Americans requires us to work together to reach the day when stories like John's and Irene's are only in our history books.

Marcella Spera, MD  
San Francisco, CA  
I have seen first-hand how hard economic times and inadequate coverage affects the health and lives of children. I recently saw a young child in the emergency room with recurrent visits for asthma because her family lost their insurance and couldn't establish care with a primary care pediatrician. She was behind on her vaccines and her condition worsened because her parents didn't have a doctor to follow up with. We all know that using the ER for routine healthcare is inefficient, costly and dangerous. Healthcare is a basic human right that has to be provided equitably and appropriately to all American children and families.
Robert Mittleman, MD, FACC  
*Newton Center, MA*

I trained at Brooklyn's Kings County Hospital, and every day I saw the inequities as well as the money wasted in treating patients in the Emergency Ward who could have had their problems avoided by insurance coverage of preventive care. It is a tragedy as well as an unnecessary expense when a patient has a stroke because he has never had his hypertension treated. This legislation is a long-overdue remedy that must be preserved.

Whitney McFadden, BA  
*San Diego, CA*

I am a medical student and am now covered under my parents' healthcare plan, which allows me to be less in debt.

Garold Faber, ND  MPH  
*Ventura, CA*

I did my internship in 1950 at a USPHS hospital presuming that national health insurance was coming. I still think it should.

Anne Albert, DO  
*Chicago, IL*

There are too many stories of uninsured patients delaying care, resulting in permanent disability and chronic pain to detail. This is everyday work life in a Federally Qualified Health Center (FQHC).

Deborah Kasman, MD  
*Kenmore, WA*

Last year, I worked for a small firm with limited benefits. My son had severe mental health issues; as a family doctor, my two kids are on DSHS. I personally know how much home equity goes into medical bills; after saving for years, I spent all the equity in my home on medical bills. I will have better benefits at Kaiser (where I start in January) than working for a smaller private office, but at least I had benefits... although very pricey for my two kids to be included.

As a doctor, I know how many patients cannot get tests done or prescriptions filled. I know how discrepant the level of care is depending upon if or where you work. My Microsoft patients had ALL the service plus some; this was not true for most other patients.

Please do NOT repeal the reform. We must start somewhere.

Neal LeLeiko, MD, PhD  
*Providence, RI*

I will no longer have to tell parents of older teenagers (and) younger children with Crohn's Disease, Ulcerative Colitis, or chronic liver disease that their children will be unable to get health insurance once they leave the household.

D.A. Dessouky, MD, PhD  
*Charlottesville, VA*

In the Free Clinic, I see many patients whose health insurance was dropped for a variety of reason, but largely: "can't afford anymore because of higher premiums or getting sick."

Richard Folks, MD  
*Riverside, IL*

Hundreds of my patients have suffered without this reform. We have given them hope for a better America. This act is clearly balances a free market approach to funding human health with human well being. The free market is not perfect. This bill provides a reasonable balance for my patients and insurance companies.

Please leave this bill to prove itself.
Sara Hartley, MD  
Oakland, CA  
Not only must there be no repeal, but there must be incremental cost-saving expansion: everyone chips in, universal risk pool, coverage, and low overhead all leading to medical care for all.

We cannot afford an untreated underclass – if not for humanitarian reasons, for pragmatic self-interest. Just rampant infectious disease (e.g. atypical tuberculosis, HIV, Hepatitis C) can make all our lives precarious. Defunding crucial shared services leads to ‘Calcutta.’

For-profit health insurance cherry picks the healthy while public care is left to carry the sickest, ballooning the deficit and debt. Employer-based benefits are destroying the U.S. ability to compete in world markets. Escalating astronomical acute care costs result when decent preventive care could be humane and cost effective. The health insurance industry can be redirected to operate a new system.

Keedra McNeill, MD  
El Cerrito, CA  
At least once a week, I see patients for the last time. It is senseless for a parent to have to worry about finding care for their infants and young children due to layoffs and loss of their primary health insurance. I have even seen parents decide in the office whether they have money to pay their rent/mortgage or a necessary medical procedure for their child. If we are not able to guarantee health coverage for children who essentially represent our futures, then we are ultimately failing them and our adult population as well.

Jeffrey Krauss, MD Candidate  
San Francisco, CA  
There are so many provisions in the health care bill which are great for our patients. It encourages prevention (a huge benefit -- please don't use this fund to pay for the SGR fix), it eliminates the ability of insurance companies to reject patients based on existing conditions, it eliminates lifetime insurance limits, etc. While I am a big supporter of the free market, a completely free market does not work in healthcare. We've seen the profit motive too often work against our patients' well-being (for example, I've seen insurance companies drop sick patients and refuse legitimate claims in order to increase their bottom line). Of course, no one likes a "mandate" from the government to buy insurance, but there's no other way for health insurance to work effectively -- the costs must be spread across the sick and the healthy population.

Jonathan Shaw, MD  
Portland, OR  
I am a family physician working in a community health clinic. Daily, I see patients with significant illness and pain who cannot afford the recommended tests, medications, or specialty referrals they need. It is most challenging for those with chronic illnesses who are still too young to qualify for Medicare, yet for whom private insurance is unaffordable or unavailable because of their "pre-existing condition." In the past year since health care reform passed, I have had many discussions with such patients in which they have expressed hope that they may be able to get affordable insurance once the reform comes into effect and disallows the discrimination against patients with pre-existing conditions.

I urge the incoming Congress not to shatter the hopes of these patients by overturning health care reform bill.

David Tayloe, MD  
Goldsboro, NC  
By expanding Medicaid, assuring fair payment to providers who provide health services for Medicaid enrollees, improving federal support of CHIP, and helping citizens in marginal income brackets pay for health insurance, the health care reform legislation is moving the US into a position that is comparable to other countries that have better health outcomes.
Linda Maki, MD  
Menlo Park, CA
An urgent care patient came in with a severe leg infection. He was very worried and upset. He stated he had lost a close friend in his 40's the month before who had the same problem. That friend died because he delayed a visit to the doctor for a leg infection because he lacked health insurance. The infection suddenly started spreading quickly, and the man's mother rushed him to the ER. However it was too late, and the man died of overwhelming sepsis.

My own brother is unemployed and ran out of COBRA coverage. He has preexisting conditions and cannot get health insurance. I pray daily that he does not have any severe health problems until 2014, when he will be able to buy health insurance under the Health Reform Act passed earlier this year.

Leslie Webster, MD  
Charlotte, NC
I see "healthy" patients every day become financially crippled after suffering a ruptured appendicitis, diverticulitis, breast cancer or other disease processes which are not brought on by a "lower moral standard." These are problems which simply happen, and the average person cannot afford to pay the cost in our current system without insurance. The current healthcare act provides a glimmer of hope that care can be delivered equally and fairly, and that people do not have to give up their house or savings to pay for a stay in the hospital.

Victor Bloom, MD  
Grosse Pointe, MI
My wife got breast cancer four years ago. It was caught early and she is doing well, but she could not help but think, what if I was a younger woman who did not have Medicare? We saw what the costs were, and we did the math. If she were a young woman, the cost would have bankrupted her, and her life would have been ruined. We don't want that to befall a fellow American when the USA is so rich.

Suzanne Eaton Jones, MD, MPH  
Fuquay Varina, NC
I have a patient who lost his insurance after getting diagnosed with cancer. This was done by his insurance company due to something completely unrelated; he forgot how long ago a previous back surgery was. He thought it had been more than 5 years before the date he filled out the paperwork to get his insurance. After his cancer diagnosis, his insurance company did some digging and figured out when he had his surgery and used that to cancel his policy, so here he was with no insurance and a diagnosis of lung cancer, and no way to pay for having it treated.

Judith Chamberlain, MD  
Brunswick, ME
I live in a college town where we have a very busy free clinic. There are many people working one or two jobs without insurance. They have nowhere to go for health care. Many do not find us until they are very ill. We need universal coverage for basic health care needs. The working poor are suffering because we have an inadequate (or non-existent) system of health care in the USA.

Peri Kamalakar, MD  
Edison, NJ
A 36-year-old African American woman -- NOT an illegal immigrant -- was seen in our adult clinic with a breast mass. She did not have insurance. As she could not find a surgeon who would operate on her, she was lost for follow up for six months before she returned with metastatic disease. Now it will be ten times more expensive to treat her. Our institution -- as an inner city, major tertiary care center -- loses millions of dollars each year.

At the end, taxpayers are paying for the care anyway, but at a much more higher price. Preventive medicine is always less expensive. However in the U.S., we have more expensive care due to lack of proper primary care that everyone has access to.
Zachary Ortiz, MAED, MD/MPH (2012)
Phoenix, AZ
Even in my short time as a medical student, I've seen far too many people falling through the cracks with our broken primary care system. Conversely, I've seen the improvements in health that patients can reap when they have affordable and continuous primary care. A healthy society is a productive one; working to repeal the PPACA will not only consume a lot of the time and energies of Congress, it will secondarily stall our economic recovery.

Please work to improve, and not discard, the PPACA.

Thomas Pretlow, MD
Cleveland, OH
In the same year, approximately three years ago, I talked with a family of a young man and the college roommate of a young woman both of whom died within six months of college graduation because they received very suboptimal therapy. Both suboptimal therapies resulted from the fact that neither of them had health insurance. The young woman postponed seeking medical help until too late for a pneumonia that killed her. When her roommate encouraged her to see a doctor, she explained that she could not afford it. The young man had the therapy of his acute leukemia changed when the people at University Hospitals of Cleveland found that he was uninsured. Appropriate therapy cures approximately half of patients with the type of leukemia that he had. Both of these individuals could have been included on the insurances of their families under the new law.

Gail Baldwin, MD
South Range, WI
Many (70%) of the patients I see are uninsured or underinsured and below 200% of poverty. They are not malingerers. They are working at jobs that do not provide insurance, or they are ill such that they cannot work or are unable to be hired. They have inadequate insurance to allow for treatment of basic diseases such as hypertension and diabetes. The hope of our future is to have health care for all of the persons in our nation. Please be sure that we do not destroy a step in the right direction by waiting for the "perfect" solution.

David Watson, MD
Littleton, CO
As an OB/GYN, I have seen patients go uninsured at the most critical time of life -- the womb. We cannot deny the unborn adequate prenatal care. If some are so concerned about abortion, why then do they not also support the health of that baby.

David L Rabin, MD MPH
Chevy Chase, MD
The health status of the U.S. is worse and becoming even less favorable than that of other countries. The difference is not attributable to lifestyle where, except for obesity, we are no worse and often better than other nations. Obtaining less favorable outcomes while paying twice what comparable nations spend for health care demonstrates what poor value our health care system provides. This is ironic given our national advocacy of efficiency and effectiveness. The difference in health status is due to a combination of delayed access to care through uninsurance and underinsurance with high-deductible care discouraging those who are ill from obtaining necessary diagnosis and treatment. Health care legislation needs to be improved -- all should be covered and coverage should be improved not worsened as contemplated by consideration of vouchers and loosening of requirements for coverage, regulation, workforce restructuring, and private and public insurance oversight.

Sonali Kulkarni, MD MPH
Los Angeles, CA
As a young physician, I support the progress that this bill represents in terms of covering more Americans with health insurance.
David Keller, MD  
*Pawtucket, RI*

Last month, I saw a 6-month-old in my office who had been refused immunizations by another pediatrician in our community after the family lost their insurance due to the loss of a job. The child was eligible for CHIP, but the family was so hurt by the slight to their honor that they wouldn't go back to that doctor. The Affordable Care Act moves us towards systems of care that are seamless and promote the health of children in a way that a fragmented system of private insurance never will be. Please give us a chance to make it right.

Thomas Connally, MD MACP  
*Arlington, VA*

I treat patients in need of health insurance every week, but I am terribly troubled when our clinic, one of the most respected volunteer clinics in the country, has to turn away an increasing number of people without health insurance every week.

Robert Keimowitz, MD, MS  
*Chevy Chase, MD*

I'm partially retired and see patients only two days a week. Nonetheless, not a day goes by without my hearing of patients who didn't fill prescriptions because of cost -- and I'm only seeing patients with Medicaid, Medicare, and private insurance. The health care system is in total disarray. It is true that we, the wealthier of the population, have excellent care (although no medical system); the problem is the huge number of people who still can't navigate a system designed not for patients but rather for the providers of care and the supporting institutions.

The law is not perfect and needs further work, but to go backwards is to move back at least 15 years and force people to live with far less than a good system for at least that many years. Don’t go backwards; work with physicians and improve the system for all our citizens.

Risha Raven, MD  
*Polo, IL*

A patient in my community recently had a tumor removed from her belly that she allowed to grow to the size of a football because she was uninsured and worried about the cost of seeking care sooner. America causes our citizens to go bankrupt regularly due to health care needs while most civilized countries make sure their citizens have access to the care they need at an affordable cost. We need the reform. PLEASE add to the ability of people to care for themselves before it is too late. We as a nation need more, not less, help with health care costs, especially in the area of prevention.

Daniel Palazuelos, MD, MPH  
*Jamaica Plain, MA*

Every patient I see either suffers from a broken medical system, or can stand to benefit from our efforts to improve it. This is not a political issue, but a human issue. Health care reform is a process, and I'm personally glad we've begun to address it in a rational, iterative way. Repeal would be not only wrong, but against the American people.

Valerie King, MD, MPH  
*Portland, OR*

Nearly all of the uninsured people I see, in all of the settings in which I work from Labor & Delivery to a Free Clinic, are employed full time. It is clear that employer-based health insurance is not working for this group. They delay or do not receive care. They suffer life-threatening and expensive complications. And they cost all of us more. They show up in emergency rooms when their problems could have been dealt with earlier and more effectively with good primary care. We need to strengthen, not repeal health reform.

Oscar Enstrom, BS, MD  
*Lincoln, CA*

Too many stories to tell. Enforcement of consensus treatment, examination, lab studies, and follow up care would be a step forward also.
Edward Marine, MD, FACP, FACR, FACPE  
*Buffalo, NY*

This is my 50th anniversary year as a physician, and I have had a career with many highlights. The downside has always been bearing witness to the shameful failures of our system to provide equitable access to all. Heartbreaking examples are everywhere we look. The much derided new Health Care reform act lacks sufficient muscle to drive up quality and safety and drive down and out the costs of unnecessary and improper care. It does contain many opportunities to support the needed revolution in quality improvement, change in incentives through robust experiments and other means towards bending the cost curve. Improve this new law and support Don Berwick, the new chief of CMS, who offers the best chance for quality-driven cost reductions.

Susan Miller, MD, PSF  
*Richmond, VA*

VCU Health System cares for 40% of the indigent population in Virginia. EVERYDAY I see patients whose care is compromised by the fact that they did not have stable access to a Medical Home and continuous financial coverage. I strongly support Medicare for ALL Americans. It is shameful that our elected representatives are trying to repeal this SMALL step toward adequate care for all in America.

Peter Barnett, MD, MPH, FACP  
*Corrales, NM*

Neither of my working adult children can afford health insurance. I have been refused individual insurance for myself by BC/BS and United Healthcare for "pre-existing conditions." My practice at UNM cares for 50% uninsured patients and they have terrible access to primary care. The number of medical students entering primary care continues to fall as primary care and Medicare pay falls. The entire system is flawed.

Antal Solyom, MD, PhD  
*Lynchburg, VA*

March of 2010 was a critical point in our history as a people. It was a historic marker for the American medical profession as well. For about 60 years (since the Universal Declaration of Human Rights in 1948), our country has been standing practically alone by not providing universal health care for her citizens. Thereby, our government has been responsible for the inexcusable deaths, chronic diseases, disabilities and suffering of millions of our fellow citizens over these many years. It is incomprehensible to the rational mind that the “right” of insurance companies to make profit on people's diseases and disabilities has been regarded as more important than people's need for health care. Those who feel unfairly treated by the insurance companies probably understand the predicament of the more than 30 million of our countrymen who cannot afford commercial insurance coverage at all! Fortunate are the poor young, the seniors older than 65, and the military veterans for whom the government has provided health insurance through Medicaid, Medicare and the Veterans Administration.

How could this have happened? In 1952, the President’s Commission on the Health Needs of the Nation stated that “Access to the means for the attainment and preservation of health is a basic human right…” and that “The same high quality of health services should be available to all people equally.” While not implemented, this recommendation probably helped the establishment of Medicaid and Medicare as a partial recognition of the importance of universal health care. Three decades later, in 1983, the President’s Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research watered down the basic human right claim of 1952 by stating that “Society has a moral obligation to ensure that everyone has access to adequate care without being subject to excessive burdens.” For more than an additional quarter of a century, not even this obligation has been fulfilled. The legislative attempt of 1993-94 was crushed without meaningful discussion of the moral imperative of health care for all. Do we care or dare to estimate how many more have died, suffered and became disabled in the past 16 years since then? Do we care to reflect on the role the American Medical Association played in this unsavory history? Are we able to admit – notwithstanding the many laudatory and phenomenal achievements of American medical science, technology and practice – that we failed as a profession to confront the fundamental moral problem of unrealized rights and unattained justice with the consequence of explicit harm to a large portion of our compatriots? We should know by now that the
current call to "start over" is an attempt at doing the same as before for some additional decades. At this time, however, there are hopeful signs that the AMA and many members of our profession want to play a constructive role in shaping the future of health care for all in our country. I have long held the view that physicians should have a tripartite identity: that of a healer, teacher and leader (1).

We know that diseases and disabilities may deprive any of us of the realization of the inalienable human rights to life, liberty and the pursuit of "happiness." I interpret "happiness" as the achievement of such level of satisfaction and self-respect that is consistent with dignified and productive well-being. Education, training, job, income, relationships, self-respect, wealth, etc. may all suffer or possibly be lost, if we lose our health (= adequate functionality). Therefore, health care is a prerequisite human right, and health is both a basic human need and a primary social good for the individual and society. Morality and justice require us to regard them as such. Even if we stipulate that all human beings are born with equal dignity and rights, we cannot claim that we are born with equal and intrinsic good health. An individual's health has to develop and it has to be maintained. Health care means the habilitation and maintenance of the physical and mental potentials of each individual from his/her fetal development on, as well as the rehabilitation of adequate functionality when health is compromised by acquired physical or mental illness or disability. Depriving anyone of health care is a grave injustice to the individual, but it also deprives society of the productive contributions of many of its members. The practice of medicine (= all the different kinds of professional work that physicians do) is a moral activity because responsibilities and decisions about life, health and death are moral issues.

The care for people's health entails reciprocity between individuals and society: the obligations by society toward individuals (through her support of health care professionals and institutions), and the responsibilities of individuals for their own, their families' and their communities' health. These societal responsibilities are inherent in the values of the moral philosophies of Christianity, Judaism, Islam, and secular humanitarianism. Therefore, one would expect that ecclesiastical leaders would find it very objectionable that scores of our people continue to die and suffer day after day for the lack of health care they need. For the most part, however, they have not lived up to their social responsibilities by echoing what the Rev. Dr. Martin Luther King, Jr. said: "Of all the forms of inequality, injustice in health care is the most shocking and inhumane." We should also listen to Thomas Jefferson who emphasized in several letters to his relatives that "without health there is no happiness" and that "health is worth more than learning." Jefferson also stressed that the all-important personal health doesn't depend solely on the services of doctors, but also on personal lifestyle. In other words, although the care provided by professionals is extremely important, it cannot in of itself make individuals and communities healthy. Individuals cannot exempt themselves - morally speaking - from social responsibilities.

The health care reform legislation signed into law on March 23, 2010, is an imperfect yet important opportunity to right the wrongs by minimizing the moral plight and the losing of many human lives. It is only the beginning of what may become a just and high quality health care system. Its potentials cannot be realized without the professional and moral leadership of physicians. Fortunately, we have the likes of the Mayo Clinic, the Cleveland Clinic, etc. to guide us on this journey. In the ensuing process we will have to be vigilant, because many politicians and business interests may continually try to hijack these moral issues and make them into political or economic ones to kick around, as if health care did not directly matter to people's lives. The integrity of our noble profession continues to be on the line.

Antal E. Solyom, MD, PhD, MA

(1) Solyom, A.E.: Improving the Health of the Public Requires Changes in Medical Education.

Arla McVicker, DO
Cedar Falls, IA
I have been a physician for over 20 years and have encountered so many patients without health insurance. They rely on charity care or delay care until health problems are quite serious. I am ashamed that anyone in such a rich, powerful country as ours should not have health care due to lack of medical insurance. Many are hardworking, taxpaying citizens, who work several part-time jobs that do not offer health insurance to employees and they cannot afford to purchase it on their own. This is disgraceful. We must move forward on this, not backward on health care reform.

Gabriel Archdeacon, ND
Montpelier, VT
I practice in a state that provides more insurance coverage than most. Even so, here in Vermont there is still a huge gap for the self-employed middle class who don't have good, affordable options.

Already I have seen the impact of some of the provisions of this legislation. My patients are very thankful for the elimination of the pre-existing conditions discrimination.

Jennifer Hicks, MD
Madison, MS
As a primary care provider in rural America and one who serves the "least of these," I believe this healthcare change is needed for the survival of my patients and for my ability to continue to practice medicine.

Constance Magoulias, MD
Cleveland, OH
Every day I see the effects of lack of medical coverage: poorly controlled diabetes with complications due to not being able to afford care, women who don't have Pap tests for years, men with severe hypertension who are at risk of having strokes, asthmatics who end up in the ER because they can't afford their medications and follow-up. There is no reason why everyone can't be covered. This has to change. The health care reform bill is a good first step.

Andrew Janssen, MD
John Day, OR
As a rural family physician caring for patients from newborns to pregnant moms to elders, I see the need for comprehensive, cost-effective medical care daily. The recently passed health care reform law will provide medical coverage to every American, young and old. I could list the patients who need tests for debilitating back pain or screening tests to avoid cancer or young adults who defer care without insurance or patients who have mounting debt or have gone bankrupt without insurance. Comprehensive coverage is critical. Do not repeal health care reform. If you want to make changes, look at the tough decisions and begin to determine how to help reduce the costs. When you look internationally at the quality of care we deliver for the high costs, it can be rather embarrassing.

James Powell, MD
Portland, OR
My story is simply one of seeing and hearing the distress of the non- and underinsured citizens of this country in various locales for the past forty years. The only changes that should be made to the health reform legislation are those that ought to have been included from the beginning. Legislators opposed to adequate health insurance for all Americans need to escape the “bubble” in which they reside.

Janet Legare, MD
Louisville, CO
I take care of many patients, children, whose parents can't afford shots or appropriate medicines. We are the only country besides Burma that doesn't give children universal coverage. We are teaching our children not to take care of themselves and this is only going to hurt further generations.
Kenneth Lewis, MD  
*Chatsworth, CA*

We must not only provide health care coverage to our citizens, but also initiate a program to promote patient education.

Joe Singer, MD  
*Riverside, RI*

Americans are protected and secured by the mightiest, best trained and best equipped military in the history of humanity. This is regardless of how much a person deserves it. Good people, bad people, rich, poor, any race are protected by this. If we believe that citizens should have the same security regarding their health, then we should have universal health care. Don't worry about the rich, they'll always have better stuff - cars, homes, education, health care, etc. If we don't believe that Americans should have that same health security, then what we are saying is, “If you have money, you get health care/insurance. If you don't have money, well, too bad for you.” What do we think?

Kenneth Lamkin, MD  
*Wheat Ridge, CO*

As a consultant for the State of Colorado evaluating applicants for social security disability, I have interviewed people who are destitute and unable to work because their original injury or illness was not treated. These unfortunate people did not have the money or health insurance to afford the care that would have prevented their disability.

Mark Olsky, MD  
*Madison, WI*

A 60 year old man, the retired VP of an insurance company, was dropped from his own company’s insurance plan when he began to experience complications of diabetes. He requested that we not do the testing that we thought necessary to minimize his immediate risks and that he would forego any resulting liability if that led to a bad outcome. Reluctantly, I complied with his request, since he is an intelligent man who made an informed choice with the risks fully explained. This is not unique. I regularly get requests for less than adequate care, made by intelligent people who simply cannot bear the expense that results from better care. They are not destitute, thus don't qualify for charity care, Medicaid, etc. They are making a "market" choice about life and death. I think it is immoral for a society with our resources to have a system where such choices are understandable, frequent and have to be honored. There are much lesser priorities that we do fund. (e.g. tax breaks for high income earners). I benefit from these breaks personally, but would rather see the benefits go to people who need them.

Jamie Botelho, MD  
*Reno, NV*

Please do not move us backwards. Even if there are flaws in the legislation, it will be much better to improve upon it rather than repeal it. Our patients desperately need health care coverage. Often there is nothing that we as medical professionals can do to help our patients if they do not have adequate health insurance or another means to pay for care. Politics are not as important as getting adequate care to people who need it. If I cannot provide the best care simply because of administrative and monetary reasons, my dedication to medicine and years of training seem wasted.

Samantha Read-Smith, MD  
*Portland, ME*

Just today I saw a patient who lost her insurance, was able to get on MaineCare (our Medicaid program in Maine), and then lost that too. As a consequence, she cannot afford insulin. Without insulin, she quickly gets sick. That is why she was admitted to my hospital with diabetic ketoacidosis, a life-threatening condition. Our system is pitiful and broken.
Laura House, MD
Raleigh, NC
I work at a state supported institution. I have patients that drive from 2.5 hours away to come to UNC because we offer Charity Care: people with no insurance making up to 250% of the federal poverty level can obtain medical care through our hospitals and clinic with a small copay.

One of my patients who drives all the way from Charlotte had not seen a doctor or had any health maintenance for years. He is 64 years old; he was trying to hold out until he could get Medicare coverage at age 65. He qualified for our patient assistance program, so I sent him for a routine screening colonoscopy that was now 14 years overdue (screening usually begins at age 50). During his colonoscopy, he was found to have stage 3 colon cancer. If he had been able to afford colon cancer screening at age 50 when it was due, this would have never happened. Now he has undergone major surgery, has a colostomy, and is still undergoing chemotherapy.

The lack of medical care available in this country is an absolute travesty, and I fully support health care reform that will ensure coverage of the entire population.

Eva Mauer, MD
Pasadena, CA
It is unaffordable to be sick enough to be hospitalized or take several medications in this country. Looking for insurance for young people, particularly if they need pregnancy benefits, shows how many plans are offered at what looks like a low rate but would actually not cover most of what a young person would need. They also have outrageously high copays for preventive care, ER and hospital visits. Without appropriate, available health insurance many people will go without and end up bankrupt, with illnesses that should have been prevented or treated at a lesser stage.

Hardy Kornfeld, MD
Wayland, MA
I cared for a woman with autoimmune hepatitis who was a single mom, caring for three children. She lost her job and her healthcare insurance and could not refill her prescription for immunosuppressive drugs. Her disease flared and she ultimately succumbed to fulminant hepatic failure. This tragic death would have been avoided if our country provided proper health insurance coverage to all Americans.

Cindy Osman, MD
Port Washington, NY
Since our faculty work at both Bellevue Hospital, a public hospital in New York City, and Tisch Hospital, a voluntary hospital next door, the interconnectedness of the entire healthcare system is very obvious to us. When people don't pay for insurance, others are impacted -- in their premiums, in their taxes, in the economic viability of healthcare institutions and of the country that supports them.

Neeru Jayanthi, MD
Oak Park, IL
I saw an 18 year old high school student whose mom died after a long battle with cancer, and then her stepfather abuses her, so she is essentially “displaced homeless” and trying to attend high school. Even through all this she wants to enroll in the navy/military.

She has no health insurance and lives now with her grandparents. She has some lymph nodes on her neck, the same thing her mom found prior to her cancer, and they are all concerned about how she will be able to manage this, particularly with no insurance. Will repeal of health care reform truly engage this wonderful young adult into our health care system? I don't think it will. If opponents of reform have a solution of how to engage many others like this young patient into the health care system, I am open ears, but I am not sure this has been evident!!
J. Michael Herr, DO
West Hartford, CT
I see people everyday who have no insurance and who just scrape by with sub-standard care because they can't afford many things that we consider routine - from drugs to blood-work to X-rays or other procedures. My head is bloodied from beating it against the wall while trying to figure out the least-expensive way to handle most of these cases. I often have to beg people for their own good to go to the hospital ER, knowing that they'll be out thousands of dollars. And I risk my reputation weekly acting as a patient advocate trying to get various specialists to see people who have no coverage. This has GOT to change!

Miles Weinberger, MD
Iowa City, IA
Just like the police and fire department, everyone expects the health care system to be there for them when it's needed, and few can predict when that need will occur. Therefore, all need to participate in one way or another in the support of the health care system. The only way the system can continue to provide for those who need it when they need it is for all who don't need the health care at the time to contribute. Just as we pay taxes to support the police and fire department when we don't need those, so they will be there when we do need them, we must all pay for healthcare when we don't need it, so it will be there when we do.

Martina Nicholson, MD
Santa Cruz, CA
Every day patients come in worried about whether they will still have coverage for their care. The hospital is full of people who do not have sufficient safety nets for housing, mental health, addiction and recovery services, and yet, we try to get some sort of coverage if they get sick - Medicaid, Medicare, local emergency services need to cover their needs. The society is so poverty-stricken that we refuse to acknowledge the needs of these neighbors, in our own communities. Greed and selfishness have risen to an all-time high. We need to turn this around. The sick and the poor need to have access to health care. Dying in front of the hospital because of no insurance coverage should not be an option!

Dorothy Tompkins, MD
Keswick, VA
While in practice at the University of Virginia I cared for many patients without health insurance. Their care was paid for by the tax payers of Virginia. Much of that system is inefficient. Medicare has demonstrated that a comprehensive system can be efficient.

S.J. Sunny Kim, MD
Portland, OR
My patient, S.C. just died today. I got the call from the coroner's office. I will be signing the death certificate, and I would like to write on there "LACK OF INSURANCE" as the cause of death. Perhaps the diabetes and the nephrotic syndrome were problems, but it was really "LACK OF INSURANCE." She would get so ashamed by the hassle that she got from the collectors - from the ER visits, hospital stays, specialist appointments. She was loathe to seek medical attention. I think that she would've received the same care from a third world country - death from nephrotic syndrome.

Paul Mazur, MD, MPH
Belfast, ME
I spend a significant portion of my contact time with patients trying to cobble together some form of coverage -- often free care, until those funds run out -- for tests, procedures, or medications. And there are many in this state who will tell you the same. Life is very tough at the bottom, and Congress would be committing grievous injury to the vulnerable, the voiceless, and the powerless if it, and the courts, attempt to kill the ACA.
Don Rubin, MD  
Nashville, TN
It should be noted that the current law is more of health care insurance reform than true universal health care. There is a difference between thinking creatively about healthcare and health insurance. We are unfortunately stuck with health insurance reform, which now appears in jeopardy. It was suggested by the judge who ruled against health care reform that no one should be forced to take out health insurance. However, we ‘force’ individuals to take out car insurance in order to operate a car.

How different is health insurance than safe driving, in navigating through life? Car insurance is obligated to protect those who may come into contact with someone who has driven in a fashion to be part of an accident. Thus, it protects the person who is insured and the potential others who are involved. I suspect even Virginia has laws obligating vehicle insurance. So, why is this type of insurance more important than health insurance? Does the absence of health insurance affect others? If one factors in the cost of providing medical care through emergency services, a highly costly way to provide such care, then the absence of full insurance deprives society of resources that could be directed elsewhere. Perhaps the major issue is whether the insurance companies feel vulnerable with universal coverage. If this is the case, it would be because they have not done a good job in providing coverage to all.

As long as the discussion is on coverage for all - please note this is something the law moves toward but does not fully embrace. What about providing health insurance to illegals? It is time to develop constructive debates on who is an American that goes beyond guarding the borders and mean spirited attacks on those who risk everything to live in a country with our freedoms. If health care saves lives, then we should make the service available to all - not just those who can pay or are fortunate enough to have papers proclaiming legitimacy. There are ideals in this country that have been subverted by those who deny liberty to others and who claim health benefits are theirs alone.

Jayshree Chander, MD, MPH  
Berkeley, CA
A male friend, age 42, working full time, without health insurance, develops a kidney stone which gets infected. He delays seeking treatment. The infection spreads to his blood. He ends up in the emergency room and gets hospitalized for 4 days. He needs IV antibiotics and a surgical intervention to allow the urine to drain past the stone which is obstructing the flow of urine and causing his kidney to swell. Four days later he leaves the hospital with a $60,000 bill. The stone has still not passed. Two weeks later he undergoes another surgical procedure to remove the stone. Total bill close to $80,000.

Eileen Hammar, MD  
Columbus, OH
I want my child, with Type 1 Diabetes, as well as others to have access to affordable health insurance.

Elizabeth Sanders, MD  
Concord, NH
I have insulin-dependent diabetic patients who don't come in for routine visits due to inadequate health care coverage or lack of coverage. This sort of thing should never happen in a country with the economic power that ours has.

Gina Johnson, MD  
Sherman Oaks, CA
I had two different patients yesterday tell me that they did not give their children medicine because it cost too much to buy the medicine—amoxicillin for an ear infection! I had one patient today sent to a county facility for a fracture because their health insurance has lapsed, and the mom mentioned that his two asthmatic siblings do not have asthma medicine because their insurance also lapsed!
Joseph F. Cubells, MD, PhD  
Atlanta, GA

My patient, let’s call him Mr. A, is in his fifties and has struggled with schizophrenia for his entire adult life. He is highly intelligent, and the only one of his siblings who is not a highly successful advanced-degree professional. Yes, the illness has taken an awful toll. Mr. A wants only one thing - to find a job and work to the best of his ability. As is typical in schizophrenia, his paranoid symptoms sometimes interfere in his ability to work with others, his thought disorder makes it difficult for him to focus for long periods of time on a single task, and his sleep is often disturbed, making it difficult to maintain a 9 to 5 schedule.

Yet, for years, he has sought, and sometimes kept, low-paid jobs. He has never lost his work ethic. Indeed, he sometimes becomes depressed and self-critical because his sense of dignity is very connected to working and “earning his keep.”

Mr. A’s treatment in my clinic is supported by Medicaid, which also pays for his medication. The particular medication he is on is a “second generation” anti-psychotic medication, which is extremely expensive because it remains on patent. Older, less expensive medications caused severe side effects, so it is a good thing for Mr. A that he can take the new medication. While it does not by any means “cure” him, the medication attenuates his symptoms to the point that he can recognize and monitor them, learn to distinguish paranoia from real-world concerns, and cope most of the time with his thought disorder.

He received a call the other day from a representative of a vocational agency—the representative found him a job interview. Even though the job will likely mean he will lose his food stamps, Mr. A. wants to interview for it—he would gladly spend money earned on food rather than rely on the government. But here is the thing—if he earns just a little too much, he loses his Medicaid. And if he loses that benefit, there is no way he can afford his medication. And if he stops his medication, he will certainly relapse, becoming too symptomatic to function, and in all likelihood, will end up homeless.

And so Mr. A faces a choice between working and losing his health care, along with his home, his dignity, and, once homeless, perhaps his life.

How is it that the richest civilization in the history of humanity tolerates any citizen having to make that choice?

The Affordable Care Act, once fully enacted, will spare Mr. A.'s choice to work for a living. Surely, no conservative would favor taking his right to work away? Repealing the Act would be a terrible blow for Mr. A., and for millions like him all over this great nation. Please my Republican friends, you've won your election, now start governing rather than politicking. Support full implementation of the Affordable Care Act.

Thank you.

Jan Newman, MD, MA, FACS, ABIHM  
Clinton, MT

The problem with the Affordable Health Act is that it did not go far enough. The failure to cap premiums caused insurance companies to raise rates. My personal insurance is $6000/yr with $7000 out of pocket before the insurance company pays - an increase of $1200/yr. I am in significant debt due to illness despite having "good" insurance. I have a friend whose policy for herself and her husband who receives cancer treatment is $24,000/yr.

Very few can afford that. She is going to have to go to a $10,000 deductible policy.

It is unconscionable that you want to repeal the bill and kowtow even further to special interests.
Suhas Radhakrishna, MD  
*Los Angeles, CA*

In Pediatric Rheumatology we treat patients with chronic diseases like juvenile arthritis and lupus. Our patients often need very expensive medications to control their diseases. Every single day we have to deal with overcoming the hurdles posed by our current insurance system. Insurance companies do everything possible to limit their own costs and that often means denying access to medications or delaying approvals. What that translates into is worsening of erosive bone disease and more complications for patients. Without the protections for pre-existing conditions and ability of children to be on their parents insurance until 26, these patients were even more vulnerable to loss of care. In the state of California, for medical patients we have an easier time getting access to needed medications through California Children’s Services -- a government institution funded by tax dollars -- than through most patients' private insurances. Sadly, it’s the families who are actually paying large premiums to private insurance companies who are often suffering more. Their kids are the ones who are being denied access to medications. To those who fear “rationed” care by “government” institutions, do not be fooled into thinking that the current system is fairly distributing resources - in fact, at least for pediatric patients with chronic diseases in California, it seems to be paradoxically punishing those with private insurance. This is just one example of the myriad other inefficiencies and costs associated with our current failed system.

Robert Grundmeier, MD  
*Ambler, PA*

Yesterday I prescribed antibiotics to the two year old child of a family who did not have insurance due to recent loss of a job. I doubt the child will receive the antibiotics due to cost. Hopefully the child will be lucky and the illness will resolve spontaneously.

Jule Assercq, MD, PhD  
*Baton Rouge, LA*

I have a patient who lacked health insurance after being laid off of her job in her early 60s. We did our best to keep her covered medically; however, one evening she fell, but did not want the expense of paying for a trip to the ER. Instead, she waited at home in pain until the next day before finally calling me. It being a Saturday, I insisted she go to the ER where they determined that she had a dislocated shoulder. Due to the delay in treatment, she ended up with a shoulder that is extremely limited in movement. She now has Medicare, but it is too late to help out her shoulder. How sad that our current medical system does not provide help for people like this who work their entire lives and then end up with no coverage. The medical expenses of the ER treatment were devastating for her.

Elizabeth Peterson, MD, FAAP  
*Beaver Dam, WI*

As a small business owner, I am unable to afford to provide health insurance for my employees. As a physician, it pains me to have parents ask me “which should I not do because of cost - the chest x-ray to diagnose pneumonia, or the daily control medicine for his asthma?” If all are required to have insurance, the costs will be lowered. Public option or health insurance exchanges will allow my employees to afford insurance coverage. Medicaid/Medicare payment parity will allow me as a pediatrician to accept more patients with Medicaid without fearing that my business will go bankrupt to care for the neediest patients. Please allow insurance reform to go forward, and keep working to improve it.

Mary Morrison, MD, MS  
*Wynnewood, PA*

Every day as a consultation psychiatrist at Temple Hospital in Philadelphia, I see the results of delayed health care because of problems with access without insurance. Problems are neglected and instead of being easy to treat, they are expensive and complicated. Families and jobs are disrupted. People who are already financially stressed become tipped over the edge. Enough is enough. And while health care has its business aspects, health care is NOT A BUSINESS. I have worked in the pharmaceutical industry - that is a business. Not health care itself.
Heidi Feldman, MD, PhD
Palo Alto, CA
My patients are children with developmental disorders. With the right supports and services, many will grow up as valued members of families, hard-working students at school or workers on the job, and contributing members of the community. To get an evaluation or needed therapies, these children and their families often battle to get medical insurance to support their care. Sometimes their conditions, such as autism, are labeled mental health and their choice of providers seriously limited. Sometimes the family thinks their child has a medical problem and we make the diagnosis of autism or anxiety disorder and the insurance company refuses to pay for the service because the diagnosis is considered mental health. Sometimes their conditions are called developmental and services are denied because the company determines the problem to be in the purview of education. On our end, we hire many individuals whose sole work is to establish who has authorization for which service. A simpler, fairer system is necessary so that these children grow up included, productive, and healthy.

Lethenia Baker, MD, MT(ASCP)
Riverdale, GA
I've spent the last 2 days begging life-saving diagnosis and treatment for a 37 year old woman with cervical cancer. She is out of work and uninsured. She was denied Medicaid. A friend of a friend, who is not even a gynecologist, offered to try to perform a cervical procedure to remove the cancerous lesion after she was turned away from our operating room when she could not afford the deposit required. This "procedure" was performed under local anesthesia (we use general or epidural), and was done absolutely incorrectly. Now this mother of three is right back where she started: no money, no insurance and needing surgery - except now we know her cancer is poorly differentiated and she has two different types. Her husband works, but has no health benefits. They can barely make ends meet. These are the types of people that need us as physicians to stand up and advocate for them. Forget the red, forget the blue, forget the petty arguments and bickering. This is about lives, about families, and about building a better healthcare delivery system for our country. No matter what your political views, access to care is absolutely necessary, and while these laws may not be perfect, they are a start, and we MUST start somewhere, and we MUST start NOW!

DeeAnn Saber, NMD
Tucson, AZ
I am one of the uninsured and have been for years. As a self employed health practitioner, I really cannot afford to get insurance. It is a great incentive to stay as healthy as possible. Otherwise I pay out of pocket and that is fine.

Gary Greenberg, MD, MPH
Durham, NC
Every day, my agency sees about 15% of the needy patients who actually deserve care, based on their status as uninsured and poor. Given the severity (and treatability) of their clinical troubles, we do the best we can with a team of energetic volunteers and a strained but careful staff team. Patients who have missed 2-12 months of critical therapies are commonplace, meaning they lose all control of their diabetes, hypertension and respiratory disease, suffering daily symptoms and incurring life-shortening damage.

Such cruel debasement of human dignity is avoidable, when these folks can be covered by Medicaid under the Affordable Care Act. It's hard to imagine our country would choose to deny such necessary treatment.

Oscar Lovelace, BS
Chapin, SC
As a rural physician for the past 23 years, I am convinced that it is far less expensive to provide access to and promote use of primary medical care than to treat the devastating consequences of untreated advanced illness.
Andrea Nederveld, MD  
*Grand Junction, CO*

I currently work in a clinic for people without insurance and thus see the effects of the current health care system on people who can't afford coverage daily. I often encounter patients in situations where some health issue is preventing them from working but they can't get appropriate treatment because they don't have health insurance. Obviously this means losing the contribution to society that these people would be able to make if they could become well. I also see people making decisions on a daily basis between perhaps paying their mortgage or getting needed tests or treatments. I know that health care is a business in our country, but I do not believe it can be viewed through the same lens as most other businesses as everyone at some point must receive health care.

Suzanne Lee, MD, MS  
*Boise, ID*

I understand it's hard for a financially strapped family to imagine paying for another thing, insurance. But they are taking a gamble the rest of us can't afford, either. I treat Emergency Room patients regularly, for very non-emergent issues, who "couldn't afford to go to the clinic because I don't have insurance." It has to be up to the system to provide the perspective, and change this pattern. We have daily evidence that individuals who can't afford health insurance will still seek care, and from the most expensive venue because there, by law, they cannot be turned away.

Jon Dennis, MD, MPH  
*Saint Cloud, MN*

With my own children as well as with other young adults I see, there has been increased difficulty with getting coverage for health insurance as they previously had gone off of their parents in insurance and were not eligible for other insurance. The change in the health care law has been a dramatic improvement.

Charles Schleifer, MD, MS  
*Narberth, PA*

There is the patient with no insurance coverage on dialysis because of Medicare. Because of poor insurance coverage they cannot get a kidney transplant and must stay on dialysis (which is more expensive in the long run).

Rebecca McPherson, MD  
*Mount Pleasant, SC*

My son in law, who is a commercial fisherman, had chest pain while out at sea. I recommended he see a cardiologist as his father died young of a heart attack while he was out at sea. He had a thorough workup and no cardiovascular disease was found. He is now unable to get health insurance at all! A major illness would be financially catastrophic for his family, for which he is the only breadwinner.

Neal Rojas, MD, MPH  
*Palo Alto, CA*

I recently had a patient who unwittingly took a demotion to get a job with health insurance. Once he came back to me he learned that we didn't have a contract with his insurance and couldn't continue to see him. So in fact, by having private insurance rather than his previous public plan, he lost care and incurred increased time and financial costs trying to get it back. Meanwhile, I can't keep writing him for medication or seeing him or I will be penalized by my institution. How dysfunctional is this? I went into medicine and public health to provide expert care to those who need it most. Now I'm feeling handcuffed by our lack of a rational system.

J Griffin, MD, MBA  
*New York, NY*

Single Payer is THE way to get this huge problem to work equitably . . . for all. The English made medical health a human right . . . for all her citizens. We Americans must do likewise.
Linda Burke-Galloway, MD
Winter Springs, FL
A dear friend of mine was supposed to be hospitalized for 2 days for a prostatectomy secondary to prostate cancer. He had 2 life threatening complications including a DVT with a small PE requiring an umbrella shunt and 2 hospital readmissions. My friend is retired and now has additional medical expenses he had not bargained for because of the additional hospital stays and treatment. The hospital bills set him back tremendously and he now faces the threat of foreclosure. This is not right America. This is not right.

Pramod Wasudev, MD
Brentwood, TN
The new “Healthcare Reform ” is not perfect but is a far improvement from the current law. As a physician and as a patient myself I see several positive things which will help in my private practice. No more arrogant behavior of the insurance companies, drug companies and hospital administration. No more unnecessary denials, limited and controlled pre-op certification and prior authorization. We can continue to practice in the compassionate and caring approach, rather than being swamped in paper work. As an “advocate”, I personally will be gratified to see additional 33 + million people having health insurance and access to healthcare. We are one of the richest countries which does not have universal coverage for all of our citizens. We need to help our underserved and underprivileged. As a patient I will receive affordable and quality healthcare with the friendly attitude of the insurance and drug companies. Just in the past five years there were three class action lawsuits against three of the top insurance companies for denying payments to physicians. They accepted their wrong doing and agreed to a settlement. Of course we as physicians receive only small percent of the award.

Crystal Terry, MD
Berkeley, CA
The necessity of health care coverage has impacted my patients and my family. Coverage becomes the reason to take a job ill suited to one’s skills or to keep a job that has become undesirable. Every year I care for emergency surgical patients who have no insurance, not because they are drop outs from society’s mainstream, but because of misfortune and lack of healthcare. Push health care reform forward and make it work!

Lynn Morski, MD
San Diego, CA
My uninsured mother was diagnosed with breast cancer and it was only the state funding for breast cancer patients that saved her. My father has skin cancer but is also uninsured, and since there are no state programs for that, the cancer persists and progresses. We need a public option now...please don't let the greedy docs who are bothered by their decreasing Medicare compensation stop this bill!

Randolph Merrick, MD
Orange, VA
Dear Eric,
My father Tom Merrick worked hard in the GOP and stood up for you when others didn't. I have to run a FREE CLINIC in Orange in order for many in our county to have access to medical care. You need to stand with us to reform health care now!

Farris Johnson, MD
Athens, GA
I have been an Air Force physician, an ER Physician, and a Family Physician. I know that health care is available for all. Failure to receive preventive care however leads to costly catastrophic care. Health care is the equivalent of education: valuable for all, paid for by all, necessary for all.
Adam Tsai, MD  
*Denver, CO*

I see many patients who are in need of services that they would get if they had Medicaid. The state program for poor people in Colorado is not adequate. Just last week I saw a young man with traumatic brain injury who really needs psychological treatment but will not get it because he doesn't qualify for Medicaid. He will suffer because of this.

Bernard Robinson, MD  
*Aiea, HI*

My practice is full of underinsured and uninsured patients as well as those that are insured. Sometimes I have to turn down patients who are underinsured because no hospital will allow them to be admitted without ability to show that their required care can be paid for by their insurance company. Personally, I can barely pay the expenses for staying in practice with my current income limited by the poor mix of underinsured and insured patients. The choices for me are not kind to mankind, including me. I either refuse to see underinsured patients in my office or go out of business. By the way, the underinsured includes those with Medicare, Medicaid, worker's compensation, no-fault insurance among others who feel that they are adequately insured until they need to prove it.

Also worth noting is the reality that even if a patient has "good" insurance they might be surprised to find that there is a doctor shortage in the specialty they need. Yes, they will have to travel because practicing specialty care in their community was not cost effective nor practical for the specialist to stay in business in their town.

The fact of the matter is that I am willing to care for patients as a professional humane duty. However, I have learned that in America's healthcare system "no good deed goes unpunished". The ACA was a start in the right direction but is by no means a done deal. Fixing ACA in the courts is counterproductive. Perhaps the current ACA can be the beginning of the solution to all of the things that make American healthcare today such a nightmare for everybody, especially sick people.

Ann Imber, BS, MS  
*Dayton, OH*

I've grown up around healthcare, in one form or another. I watched a family care clinic establish itself, become an integral part of its rural community, and I helped to provide transitional care for the last few patients when the clinic was forced to close its doors some twenty years later. The cause was delayed payments from insurance providers, some years before an enhanced public awareness of the value of primary care and how its loss would ultimately cripple U.S. health care as a whole.

I remember very clearly the emotion from the patients that had long established relationships with the clinic. I also remembered thinking that some of the older patients would likely delay re-establishing their long-term care, as while we had worked with them on their bill payments and ensured that their medications were accessible to their budget, a new clinic might not. Or perhaps should not, if it wanted to maintain open doors.

Since then I have experienced the life of the uninsured myself, as a poor student too old to be kept on my family's insurance. I have also experienced the impersonal machine that medical care has largely become. The medical staff that I have met who seemed to genuinely care I saw only for a few minutes, and then not again.

To not belabor the obvious, US medical care is first and foremost a business in its current form, and that will suit many policy makers perfectly well, I should think. Business policies can and will deal in hard truths and support the millions of individual needs in terms of supply and demand. Just be thankful that, as a policy maker who must make these hard choices, the faces of the individuals lost to the bottom line are not apparent. I can only hope that in the future enough policy makers realize that maintaining the motivational superstructure of healthy profits for some is likely a poor exchange for the literal health of a nation. Otherwise, like the others on this page, I am afraid that it will take the outcry of a great many more wronged patients, particularly the very young and the very poor, before reform is made.
Laura Viehmann, MD
Pawtucket, RI
Every week my patients' parents who have no insurance ask me questions because they cannot afford to go to the doctor. Every month patients do not come for routine well child visits because they have no insurance. This has gotten much more frequent as the number of unemployed has increased. These families want insurance and want healthcare, but they cannot afford it.

David D. Jones, MD
Oviedo, FL
I volunteer at Shepherd's Hope. Healthcare should be national, not tied to business. Too many individuals have poor or underinsured coverage and must use free clinics like the one above that I volunteer with.

Richard Kavey, MD
Cazenovia, NY
Health care in the US needs urgent reform. The recent legislation is inadequate. The American Medical Association does not speak for America's physicians; only a small minority of US physicians are members of the AMA. There is currently enough money being spent to provide high quality health care for every citizen of the US; how it is apportioned needs to be dramatically changed. The current health care system is run for the benefit of private insurers and the pharmaceutical industry, not for the common good. These moneyed interests continue to act against the common good via massive lobbying and money. Health care in the US needs to be restructured using either a single payer model as in France or private insurance as in Switzerland or a combination of the two.

Kimball Bockmon, MD
Austin, TX
I see patients every week who cannot obtain decent health coverage even though they are employed full time. Please allow these vital access programs to survive.

Scott Tyson, MD
Pittsburgh, PA
The United States has the only health care system in the industrialized world that is rationed based on ability to pay and employment. We must continue to move towards reform.

Laxmidas Sawkar, MD
Overland Park, KS
Few of my patients I treated refused chemotherapy only because they could not afford the cost. Some of the patients were on the verge of stopping the treatment so I treated them free of charge. I paid the cost of the drugs and treated free. They are alive only because I could help them financially. Finally, I could not continue my practice because I could not continue to treat poor and uninsured people free of charge. I quit the practice and had to retire.

Andrew Murry, MD
Lancaster, OH
Many of my patients must tap several sources of payments for their medical care, be on waiting lists for life saving HIV meds, and they are the lucky ones. All Americans deserve access to affordable, high quality care. Health reform is an important first step that must move forward.

William Young, MD
Glenside, PA
Every week one of patients gets too sick to work, loses their insurance, can't afford their medicines and gets even sicker. Please make sure the current health reform remains in place and is strengthened, not weakened, in the upcoming years.
Erin Longley, MD  
_Lakewood, WA_

I work with uninsured and underinsured patients every day. Recently I saw a mother, 3 months postpartum, with painful, swollen fingers. It was severe new onset rheumatoid arthritis, and no rheumatologist would see her in the town we live because she didn't have insurance. By the time we found someone to see her, more than 1 month had passed and she has permanent deformities, difficulty caring for her infant, and now has weight gain and cushingoid syndrome from the steroids I gave her as a temporary measure until she could be seen by a specialist. If she had had insurance, she would have been seen within the week.

Leif Hass, MD  
_Berkeley, CA_

Every day I see people who have put off seeking health care only to end up in the ER then find themselves being admitted to our service for preventable conditions. The vast majority of our medical staff and our hospital administration support the current efforts to reform the health care system and see efforts to repeal the bill as counterproductive. We need further efforts to curb costs, not going back to where we were.

James W. Wright, MD  
_Lynchburg, VA_

I have worked in a free clinic for 20 years and have seen on a regular basis the sad plight of many decent, hard-working Americans who can't afford health insurance. The greatest nation on earth can and should do better by its citizens. The Affordable Care Act did not go far enough but it moves this nation forward toward a more just, more humane future. I support it.

Nelson Handal, MD  
_Dothan, AL_

We, as doctors, get paid the same or less than 10 years ago by the insurance companies who made record profits at the expense of patients who are paying very high premiums. My staff has to spend more time dealing with different tricks the insurance companies challenge our clinic with, than helping the patients who cry in my office because of coverage being denied. We serve them anyway. My patients, my staff and I are tired of insurance companies not doing what they need to do, which is to serve the insured and pay the doctors' bills.

Linda Prine, MD  
_New York, NY_

Getting Medicaid for 20 million more people is a huge deal and very much needed. I see many, many uninsured patients at the Federally Qualified Health Center where I work. People let things go until they are desperate, and sometimes we have to send them to the ER, where they will pay much more, because they have waited too long.

Mary Cabrera, MD  
_Chesterfield, VA_

I have been working in a small community in rural Virginia for the past 2 years and there are many of my patients who do have to make a choice between getting their medicines/preventive care screenings and paying their bills/helping their kids financially. They NEED this health care bill! Plenty of them talk to me about the out-of-touch Washingtonians who vote themselves raises and a full health care plan without taking care of the rest of the country.

Ana-Maria Rizzuto, MD  
_Cambridge, MA_

The poor and the elderly need the protection of the health reform. Too many people ignore their symptoms because they don't have insurance.
Karen Luster, MD  
*Atlanta, GA*

I work at a health system whose mission is to provide the best care possible to the underserved. Throughout my years of practicing medicine I have met many people who are thankful and who say "Everyone should have healthcare. I didn't realize it until I lost mine." We do our citizens a disservice when we deny them healthcare. It is shameful that this nation only guarantees the people who are incarcerated healthcare. I worked briefly at a prison while in medical school. It amazed me how inmates could get medication for heartburn that cost $200 but how I could not get the same treatment if needed because I could only afford the "emergency insurance coverage" on my father's insurance plan.

I have family members who have recently been downsized and they cannot afford insurance but they have chronic medical conditions that are unable to be managed because they cannot afford insurance.

The system we have now is broken. We have to do something else. All we have is speculation about the new health system. To suggest that providing healthcare is a bad thing is fine until you become ill. We have proof that what we have had in the past does not work. We need to treat our citizens at least as well as inmates. We should be ashamed to complain about treating citizens let alone attempt to block healthcare.

Robert Blake, MD  
*Columbia, MO*

A 58-year old Missouri farmer suffered a disabling stroke that devastated him and his family. He was never able to work again, and his family lost the farm that the family had owned for over 100 years. He had been told several times that he had high blood pressure that needed treatment, but he could not afford the medication. With health insurance, he would have taken the medication, probably averting the stroke and preventing the huge financial burden it generated for the system and the terrible social and emotional burden for him and his family. In the long run, having so many persons uninsured costs society more money than insuring them.

Gordon Comstock, MD  
*Arcade, NY*

I live and work in a medically underserved area, and I have a number of patients who have lost their insurance. It is difficult for these people to get care—particularly if they require specialty care.

Peter Dalum, MD  
*Marshfield, WI*

I keep telling people that to fully understand what pain and suffering so many of our fellow human beings are subject to by not having health insurance, or being underinsured as so many are, we must have exposure and/or experience. In medicine we have both, and for me it is heightened by the number of people I am seeing and assisting in a local free clinic. We should have a national goal of making sure that all our fellow citizens are able to receive health care, not that it be available only for those who can afford it. This talk of returning to what we have had is shameful. Listen more to those who are suffering and have nothing than to those with pockets full of money who are selling their products and you will agree. I guarantee it.

E. deSchweinitz, MD  
*Anchorage, AK*

Our healthcare system has the most illogical and inequitable payment system that could be devised. ALL must be insured to spread the risk and prevent self-pay patients from paying exorbitant fees. Insurance companies MUST be required to spend premium dollars on medical care, not shareholder dividends, advertising, or high executive salaries. Medicare payments MUST cover physician's overhead costs so seniors can find a physician. Your job, as a Representative of the American people, is to create a system that works.
David Donohue, MD  
**Wilmington, DE**
Please let’s set aside our pro-corporate ideology and provide the reforms to our health care system that the American people desperately need!

Mark Vakkur, MD  
**Dulles, VA**
I cannot count the number of my patients who have been failed by the pre-reform healthcare system. Healthcare reform is simply not an option. It is unconscionable that hard-working Americans and their family members are one pink slip away from financial and medical disaster.

Reena Koshy, MD  
**Seattle, WA**
If you are really concerned about cutting costs, then take the next steps in health care reform to cut costs. Implement the changes we have voted for now and continue to work on costs in this next session of congress. My patients don’t have time to wait for partisan politics. Many are out of work or can’t find work because the cost of doing business in the US is too high and most of that cost is due to health care costs!

Barbara Snyder, MD  
**Belle Mead, NJ**
We are so desperately need of health care/health insurance reform. While this law is not perfect, it is a good start. Please resist lobbying from the insurance companies!!

Akkaraju Sarma, MD  
**Douglas, GA**
Request Congressmen and Senators to give up their insurance and buy in the open market like the average Joe. Then if they are satisfied, repeal the insurance reform. If they are not, leave it alone.

Shihab Sugeir, MD  
**Dallas, TX**
Do not be intimidated to change something that is great.

Gary Greenberg, MD, MPH  
**Durham, NC**
I’m privileged to have moved from volunteer to professional at our charity “Safety Net” clinic. Sadly, what we mobilize on behalf of our patients cannot meet the deep need for critical services.

Jodie Wohl, MD  
**Seattle, WA**
I work in a system of community clinics, and a large percentage of our patients lack insurance. I see, on a daily basis, people deferring health care or having to choose between buying their medications and paying for food and rent. It is appalling that we live in a country that treats a portion of its citizens so poorly. And of course, this ultimately drives up the cost of care, as patients often end up in ER’s, getting much more costly interventions.

I had one patient who had had a prior heart attack, and when he had recurrent chest pain, he did not call 911 because he said he’d rather die than end up impoverished by the bill he would have run up in the hospital.

Kenneth Lamkin, MD  
**Wheat Ridge, CO**
In evaluating patients applying for Social Security Disability, I have been repeatedly saddened by patients' stories of their inaccessibility to health care at the time of their injury. Many people would not be applying for disability if they had affordable access to health care.
Sharron Manuel, BS  
*Philadelphia, PA*  
I am a mother of two and a student. My husband and I can't afford the high cost of health care for our entire family, which is why both of my children are on the free CHIP program. Therefore, I know the importance of access to good healthcare. For the longest time my husband didn't have health insurance and it was always a hassle paying medical bills. Having universal healthcare may even limit many communicable diseases by giving a means to which everyone who's sick can get the care they need.

Nathaniel Barusch, MD Candidate  
*Salt Lake City, UT*  
I recently received a CAT scan that would have cost 8,000 dollars were I uninsured. This IS rationing of care for all lower and middle class families who for whatever reason don't have insurance. We can't accept the status quo.

Harry Brodie, MD  
*Littleton, CO*  
I have been a family doctor for 30 years and recently retired due to illness. I strongly feel the health care bill should not be repealed. I believe everyone in the US deserves insurance. Other modern countries have universal care.

Luella Toni Lewis, MD  
*Brooklyn, NY*  
My colleagues and I have seen way too many patients arrive at an emergency room across the country at the 11th hour because they couldn't afford health insurance, their medications, or preventive visits with a physician. Whether you are considering an individual life, the health of a community, or the life of an underfunded institution - or justice, we need health reform to move forward to better our lives and the future of this country.

Matthew Noordsij-Jones, MD  
*Dayton, OH*  
I work in an FQHC (Federally Qualified Health Center) and see patients every day that have little or no insurance. They are either hanging on by a thread or not at all. The funding from this bill allows us to continue to help people that have no other place to go and will give options to millions who desperately need healthcare. Thank you.

Peter McGough, MD  
*Seattle, WA*  
I am a family physician at the Univ of Washington. I have had several student patients who were able to get coverage through their parents plan because of the expansion to age 26. This has been an enormous relief/benefit both to the parents and the students. This will also soon apply to our daughter, who is a senior in college.

David D’Alessio, MD  
*Ohio*  
I am a University professor and clinical endocrinologist.

A young patient, and new parent, has been followed in our clinic for a heritable syndrome of endocrine cancer for 8 years. There is active but stable disease. This patient recently lost their job . . . and insurance. Monitoring of patients with this condition is essential, but since losing insurance coverage some symptomatic treatment has been deferred. This person is now virtually uninsurable. At best their health care is now compromised because we can waive our clinic fees but laboratory and other diagnostic costs must be paid out of pocket.
Donald Steinmuller, MD
*Illinois*

My patient is on dialysis waiting for a kidney transplant for many years. He was generously approached by a friend who expressed a willingness to donate her kidney. The transplant center provided her with an informational consent brochure. One of the potential "complications" of donation is the inability to get insurance subsequent to donating her kidney (she would have the "pre-existing condition" of a nephrectomy - one kidney removal). The potential donor was very concerned about the ramifications to her of this policy.

My patient has been an outspoken critic of the health care bill on my weekly rounds and we often share respectfully our different opinions. When he told me this development in his quest for a successful kidney transplant and hopefully a return to a more normal lifestyle for him and his wife and young children, I realized my opportunity. "You know Jim the new health care bill will eliminate this possibility by not allowing insurance carriers to use these pre-existing conditions to affect insurability and your transplant center will tell your potential donor this and this provision is going into effect." He smiled and thoughtfully commented, "Maybe I need to reconsider my opinion of this bill." I nodded in agreement.

Thomas Connally, MD
*Virginia*

I am a retired general internist, but am still active in patient care as a free clinic director and volunteer. I also have published a book on health care for seniors, and am currently teaching a course on health policy to a group of adults in our community.

I was at a meeting of a group of men at an investor's club, and one man said that his wife who suffers from lupus had an enormous rise in her health insurance premium, to slightly over $20,000. He said "the Obama health plan is doing nothing about things like that." I went to great length to correct him, in a courteous manner. I said that extreme cost increases or removal from insurance plans for people with pre-existing conditions was one of the major, and probably the most effective facets of the ACA. I said that it was his wife, and thousands of people, in the exact same situation as his wife that would benefit enormously from the legislation. As I went further into the details he seemed convinced, and backed off his criticism of the legislation.