

Healthcare: a personal challenge

There may be nearly as many different ways that we are concerned about health security as there are numbers of us. Several members of SEIU Local 503, OPEU spoke with *The Oregon Public Employee* about how it affects them. They spoke as Union leaders, spouses, parents and adult children.

The health care plan at CODA, an alcohol and drug treatment program in Portland, "is very difficult to afford," said CODA Local 963 bargaining team member **LaDawn Martin**. The employer plan requires out-of-paycheck premium charges for

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-Rosalie Pedroza
Welfare Office Workers, Local 461

family coverage that Martin cannot afford on her CODA salary. Unlike state and local government employers, many private nonprofits don't have a history of providing adequate, affordable healthcare plans to their employees if, indeed, they provide any at all; including nonprofits, ironically, in the healthcare field.

What's more, many workers, including Martin, have an income that just exceeds the limit to be eligible for the Oregon Health Plan.

"I'm increasingly distracted by the costs of healthcare benefits going up and up," said **Rosalie Pedroza**, the secretary of Welfare Office Workers Local 461. "We pay for people who don't have healthcare and that raises the cost for everyone."

Pedroza, who is the legal guardian of one of her relatives, notes that a prescription that not so long ago was \$10, now has risen to \$25. "We've got to get a handle on this," she said.

Pedroza, who also is the state-wide chair of CAPE, SEIU Local 503, OPEU's political action committee,

said, "Politicians. Nearly all are saying we have to do something. That something varies with the candidate.

Marion County Employees Local 294 President **Evie Pech** has seen how the rising costs of healthcare have even challenged the most far-sighted efforts to control it.

As the local looks ahead to bargaining and faced with premium increases that are following large premium increases, local members are asking themselves, "What can we cut without making our health plan into just a catastrophic plan?" A plan which had previously no out-of-paycheck premium charges,

now has them for the so-called "cadillac" plan.

"I'm happy with it," said Beaverton Local 198 President **Terry Priest**, referring to his current health plan. "We got a good deal in the last contract, but we have less than a

year to go before we return to the table and people are already getting worried whether we can keep it."

Negotiation last time resulted in some cuts in benefits to maintain the cost, but, Priest noted, the ratification vote had the highest turnout ever and the highest favorable vote.

"We're concerned about what comes next," Priest said, "because everyone sees what's going on."

Because of a prescription that costs \$150 each 30 days, Western Oregon University Local 82 President **Melody Williamson** says she sometimes asks herself, "Shall I take my pills today, or pay for groceries? I know I'm just one of many who have to make that choice. When I go to the doctor, just walking through the door costs \$10." ●



Meeting Healthcare's Challenge

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homes where we are seeing elder-abuse and a lack of accountability.

◆ **Insurance company red tape**; especially too many complicated forms and excessive paperwork.

◆ **High cost of prescription drugs**; particularly the increased demand of designer drugs caused by expensive advertising campaigns.

But, despite our role in this issue, and even the leadership of SEIU working on our behalf nationally, we are a small force weighed against a very large problem. And, several of the forces arrayed against us are very powerful.

The United States is alone among so-called "first world" nations in that it does not provide healthcare for all of its citizens. Attempts to change this fundamental wrong have been met with vociferous scare and lobbying campaigns funded by wealthy groups and corporations with a strong incentive to put their bottom line first. If Willie Sutton had been a healthcare or, particularly, a drug company exec, his storied phrase would still apply: marketing drugs or health insurance is "where the money is."

Drug companies are entitled to make a reasonable profit on their products. But drug companies make profits that are four times as large as other Fortune 500 companies. Their marketing budgets have risen to 81% above their research and development budgets in the year 2000. Advertisements on television hawk prescription drugs. All of that can make reasonable people wonder whether this is the best way to provide healthcare for the widest number of people.

It can make working people with employer-provided health plans where the boss is demanding more and more out-of-pocket payments, wonder if they are being treated fairly. It can make all of us wonder if this is right when a growing number of Americans have no health coverage at all.

Drug companies, for example, spend three times as much on costly marketing as they do on research and development. They've also been instrumental at keeping generic drugs off the market. Generic drugs are of the same quality as the brand name products, but do not have the burden of carrying the marketing costs the brand names do and, because of that, any company can make them and competition reduces their price.

The problem is something we're all aware of. In few words, it's availability and cost. The SEIU Health Security Campaign is the beginning of the answer for everyone. ●