

Ithaca Health Alliance Newsletter

Affordable, Comprehensive Health Care for ALL: The Time is NOW

By Rebecca Elgie and Bernie Fetterly

Two main factors make health care the number one domestic issue in the U.S. One is because health-care premiums have been rising at a rate of 8–10% each year. In order to compete in world markets, U.S. manufacturers have had to avoid passing on higher insurance costs to consumers via higher prices. Second, even for the middle-class, the quality of insurance coverage is lower as a result of additional co-pays and deductibles, along with decreased benefits. Businesses have had to cut employee benefits in order to contain costs. As a result, 46 million U.S. residents are uninsured and 40% of Americans are poorly insured. Fifty per cent of the personal bankruptcies in the U.S. are due to high medical bills and of those, 75% of the people say they had health insurance when they became sick. In 2006 alone, 500,000 medical bankruptcies were recorded in the U.S.

Business owners had hoped that managed care plans would lower costs, but insurance has continued to rise because HMOs are in the insurance business to make money. Once thought of as a way to address the problem, high deductible health savings account plans have failed to bring relief, because these plans do not help people with chronic illnesses or health crises. With the exception of Dennis Kucinich, the many plans suggested by presidential candidates all maintain the for-profit insurance model, making it impossible to obtain affordable health care.

After many years of studying this issue, the Tompkins County Health Care Task Force believes that the only way to cover everyone and lower the cost of health care is to create one risk pool and replace for-profit insurers with a public single-payer system. Such a system would greatly reduce administrative costs from the current 25–30%, down to 3–5%. It would simplify the system so that physicians could continue to charge on a fee-for-service basis, but payment would come through taxes. No longer would the system deny care to those who are seriously ill. This new plan would emphasize preventive and primary care rather than treating the disease after it has become serious, forcing people who can't afford premiums to use the emergency room for primary care. A system such as the one outlined in the U.S. Health Insurance Act, HR676, would provide a comprehensive benefit package including inpatient and

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Volunteer with the Ithaca Health Alliance!

Our committees want and need help with a variety of projects. Call the Ithaca Health Alliance at 330-1253 for more information. Be part of creating a healthier community!

This newsletter is a production of the Ithaca Health Alliance, and is published on a quarterly basis.

The Ithaca Health Alliance was founded in 1997. Our mission is to facilitate access to health care for all, with a focus on the needs of the un- and underinsured. The Alliance operates the Ithaca Free Clinic at 225 South Fulton Street, Ithaca, offers educational programming, and administers the Ithaca Health Fund.

Become a member!

Alliance members receive discounts from participating health providers, and are eligible for financial assistance with preventive and emergency care through the Ithaca Health Fund. For more information:

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outpatient care; emergency care; mental health coverage; prescription drug and durable medical equipment benefits; long-term care; vision, dental, and hearing care; and chiropractic care. This would be achieved through progressive taxation in the form of payroll and income taxes. Government, employers, and employees would share the responsibility through taxes, and the cost of health care would be much lower for all. Such coverage would be cheaper, simpler, universal, continuous, and portable, and would allow for a free choice of healthcare provider.

We have tried incremental approaches and they have failed. A mixture of private and public plans that some people have suggested will always put the public plan at a competitive disadvantage, treating mostly sicker and older folks. We hope you will join this movement to bring about a real change in the system. If you belong to a group we ask that you educate your membership about the issues and legislate for change NOW.

For more information contact the Tompkins County Health Care Task Force, Rebecca Elgie and Bernie Fetterly, tchctforce@earthlink.net or (607)272-0621. ●



Welcome, IHA Outreach Coordinator!

Early in June, **Jenn Marks** became the third staff person employed by the IHA. Formerly of Saratoga Springs, Jenn brings knowledge of non-profit norms with her and will be an asset to our office staff. She can be reached at 330-1253 or outreach@ithacahealth.org.

Heart Attack... or Not

By Beth Harrington

This year about 1.2 million people will have a “heart attack,” and over one-third of them will not survive it. Risk factors, those medical conditions or life styles that potentially increase an individual’s chance of having heart-related problems, have been well-identified and include high blood pressure, obesity, smoking, physical inactivity, as well as diet, and diabetes. Some risk factors can be controlled by the individual and/or with medical intervention(s), while others, such as aging, gender, race, and family history, cannot. Heart disease is the nation’s single leading cause of death. Men and women, almost equally, can have heart disease and heart attacks.

Pressure, crushing pain, or fullness in the chest represents the “typical” or classic symptom of a heart attack. This pain may also be felt in the back, jaw, neck, or shoulders. However, only about one-half of patients having a heart attack feel this type of pain.

Other common symptoms include nausea, vomiting, and cold sweats. Sometimes the pain is thought to be “heartburn.” Denial that one is having a heart attack is very common, often causing the person to delay calling for help. Women, the elderly, and patients with diabetes often have “atypical” symptoms, such as shortness of breath and weakness or pain in the abdomen. In a major medical study, the most frequent early warning symptom of a heart attack in women was unusual and severe fatigue.

Many other medical conditions exist that may share some of these symptoms; however, any time any of these symptoms occur, immediate medical attention should be sought. This year over 300,000 people will die of sudden cardiac death before ever reaching the hospital. Prevention is always the key to reducing death. Get regular medical checkups and work on minimizing those risk factors that can be controlled. Remember, the life you save could be your own! For more information, visit www.americanheart.org. ●

Beth Harrington, RN, EMT-P, is the Assistant Director/EMS, Tompkins County Department of Emergency Response.

IHA Continues to Fight for Tax Exempt Status

Several years ago, the Ithaca Health Alliance began the effort to get federal designation as a 501(c)3 tax exempt organization. In February, 2006, the IRS issued a preliminary rejection of the IHA’s application, with the opinion that the uninsured do not qualify as a charitable class. The IHA appealed the ruling, an appeal that the IRS rejected this June.

Given national and local statistics showing that low-income residents in the U.S. make up the bulk of more than 46 million uninsured people in this country, the IHA is confident that our organization does indeed constitute a charitable class. The IHA

is a progressive organization, providing innovative solutions to our community’s health needs. The IHA’s philosophy and programs set the organization apart from other community health enterprises, leaving the IRS with little justification for its ruling. In the face of these considerations, the IHA’s Board of Directors has opted to reapply for tax exempt status, a task that is now underway. The IHA has hired a local tax lawyer who, after conducting relevant research, has advised the Board that the IHA’s case has merit.

Further updates on this matter will be made available as they occur. IHA members with an interest in helping with this project should email the Office Manager at office@ithacahealth.org. Ask to make contact with the President of the Board. ●

Warfarin: Drug of Choice in Preventing Strokes

By Bethany Schroeder

Findings from the largest study ever conducted to compare the effects of warfarin versus aspirin in elderly patients with atrial fibrillation have recently been published in *"The Lancet."* Both warfarin and aspirin have long been known to prevent the formation of blood clots.

Nine hundred seventy-three people, with an average age of 81 years, participated in the study. Until the release of these study findings researchers believed that warfarin caused excess bleeding in the elderly, making the drug too risky to prescribe. Yet those over the age of 75 are also typically more inclined to suffer stroke as a result of atrial fibrillation, another condition more common in the elderly and one that can lead to the formation of clots. Among participants taking warfarin, only 21 strokes occurred in more than two years of observation, whereas 44 strokes occurred among those taking aspirin.

Researches noted nonetheless that warfarin can cause excess bleeding in some patients who are often difficult to identify beforehand. And contrary to the use of aspirin to prevent strokes, warfarin requires regular blood monitoring in order to be sure that therapeutic ranges are maintained. ●

—From Yahoo! Health, http://health.yahoo.com/news/178268;_ylt=AjN5AfpzIX44FV0Rqf

Sarcoidosis: The Most Common Disease You've Never Heard Of

By Jack Rossen

I was recently diagnosed with a disease I've never heard of, but apparently is quite common: sarcoidosis. Although general rates of the disease are 800 per 100,000 people, there are concentrations of sarcoidosis in North Carolina and Central New York. Sarcoidosis has no known cause or cure, and the disease has baffled scientists for a century. One theory is that sarcoidosis is an auto-immune disease related to bacterial infection. It can appear in many organs of the body but most commonly manifests in the lungs. I have a dry cough and shortness of breath and was misdiagnosed with asthma two years ago. My case was re-evaluated when a cat scan showed enlarged lymph nodes in my chest. A biopsy ruled out lymphoma. While I am one of the first cases of sarcoidosis my doctor has encountered, other physicians in the area have reported seeing an upswing in cases. Information on the internet is confusing and contradictory, with many debates about fatality rates, treatment protocols, and possible causes. The best source of information is sarcoidinfo.com, which includes patient and physician tutorials and a chat room. ●

Jack Rossen is associate professor and chair of the anthropology department at Ithaca College. He can be reached at jrossen@ithaca.edu. Bethany Schroeder is a local writer and healthcare consultant. She can be reached at nidus@pinax.com.

The Ithaca Free Clinic is open on Mondays from 2 p.m. to 6 p.m. and Thursdays from 4 p.m. to 8 p.m. The Clinic offers pediatric services on the fourth Tuesday of every month from 4 p.m. to 8 p.m., as well as free pre-employment physicals. Call the IFC office at 330-1254 for more details. Ithaca Health Alliance and IFC offices are located at 225 South Fulton Street, Suite B, in Ithaca.



ITHACA FREE CLINIC UPDATE

The Clinic continues to be busy to the max! Many patients visit to get care from a physician or nurse practitioner, but many also come seeking herbal, acupuncture, or other complementary consultation. Clinic volunteers typically see between 20 and 40 patients during each clinic session.

Jim Goodreau, who was hired this spring to fill the role of Clinic Coordinator, has been working with other Clinic volunteers on creative scheduling as well as adding new services. Through the ongoing efforts of Judy Hoffman and the Clinic Operations committee, nutritionists will hold regular hours at the Free Clinic, and Jim soon hopes to confirm more regular massage therapy sessions for Clinic patients.

Those who have been following Clinic funding will be aware that the IHA successfully applied for two large grants to help with funding of operations. HUD and the NYS Health Fund have made site visits, proclaiming the Clinic work to be within scope and to match their expectations of performance.

The Chair of the Clinic Operations committee, Beth Harrington, headed up a successful effort to get an Urgent Rx grant. The grant provides financial support for pharmaceuticals in the form of vouchers, which Clinic patients can use to pay for initial therapy. Administered through the Health Planning Council, the grant pays for medications purchased from Kinney Drugs at discounted rates. Kinney deserves major kudos for its support of the program.

The Ithaca Free Clinic is a project of the Ithaca Health Alliance. More than 95 percent of the work we do in the community is by way of volunteer efforts. If you'd like to become a member of the IHA, call 330-1253 or visit our site, www.ithacahealth.org, for more information. If you're looking for volunteer opportunities, call 330-1254. Ask to speak to the Clinic Coordinator.

IHA BOARD ELECTIONS

In its annual elections, IHA members recently elected Melissa Burns, Richard Eshelman, Lou Munchmeyer, and Jane Baker Segelken to the board. At its first meeting since the new seating, the board has elected its executive members, in addition to appointing Deirdre Silverman to a vacant board position. Along with board responsibilities, directors typically volunteer on at least one IHA committee. Newly elected members usually require orientation before assuming committee responsibilities.

Bethany Schroeder, *President*, Clinic Operations Committee and Education Sub-committee

Bob Hest, *Vice President*

Richard Eshelman, *Treasurer*, Finance Committee

Amanda Messinger, *Secretary*

Melissa Burns, Outreach Committee

Robert Harris, Development Committee

Lou Munchmeyer

Jane Baker Segelken

Deirdre Silverman

Larry Wallace, Finance Committee

During upcoming committee meetings, committee members will elect their respective leaders.

IHA members are eligible and welcome to volunteer for committee work. Current committees include Clinic Operations, Development, Finance, and Outreach. Call 330-1253 for more information, or contact Bethany Schroeder at nidus@pinax.com.

Ithaca Health Alliance Board meetings are held every month, usually the first Tuesday of the month. IHA members are welcome to attend. Call 330-1253 for dates and meeting places. We hope to see you there.



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Find us online at
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IHA

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