

October 23, 2020

Healthy California for All Commission

Dear Chairman Ghaly and Commissioners,

We understand that the Commission is recessed until February 2021 due to the complexity of public health and economic issues. These daunting challenges have created even more need for increased deliberations of the Commission rather than retreating from them.

We have examined the “Environmental Analysis of Health Care Delivery, Coverage, and Financing in California” document and agree with much of the analysis of the existing problems facing healthcare delivery in our state. Some 3.5 million of us have no health insurance coverage because our system is disorganized, piece-meal, inequitable, expensive, wasteful and is mostly driven by for-profit interests. For so many, healthcare is simply inaccessible.

Many of these deficiencies have been examined by the Commission, but you still do not address the basic standards necessary to establish the goals that you list in your document. We can all agree that we need a system that offers (1) lifetime coverage without interruptions for everyone, for every medical need with free choice of doctors and hospitals, (2) reduced costs—for all residents as well as for California’s economy, including drug costs (3) improved outcomes—better care, including preventative and long-term and (4) we need a healthcare system that addresses healthcare inequities and racial disparities. Neither does the report address the wastefulness of for-profit health insurance and pharmaceutical companies, which ironically are making ever greater profits during this pandemic. This is the core of our dysfunctional system that must be confronted, not just tinkered with if we expect to control cost.

The Commission is wasting time gathering ever more information about today’s deficiencies when it should be focusing first on what kind of system will best address these principles and how to implement a system to achieve them. Our healthcare non-system is like a swimming pool filled with drowning people—we shouldn’t waste time fulminating over how to drain the pool. The Commission needs to be more transparent, too, about its consultants and vested interests and talk publicly to each other about their positions. It needs to directly address the issue of single payer, develop a financing system, secure federal waivers to implement such a plan and establish a public trust fund. These are the real issues for moving forward.

In Humboldt County we face a dwindling of healthcare service in rural areas coupled by the growth of a West Coast regional hospital merger that unfairly competes with the smaller rural hospitals in our area and ultimately promotes ever higher prices

for services rendered. Our small rural hospitals are barely surviving by a thread. Research has shown that health expenses and health outcomes worsen as people have to travel more miles to a hospital or physician practice. Global budgets as proposed by a single-payer model would replace current wasteful and damaging hospital practices.

We are not calling for re-invention of the wheel. We invite you to examine the multiplicity of non-biased, academic, economic studies that outline how a single-payer healthcare system would save our state money and provide better outcomes while addressing all residents' medical needs. Additionally, the successful single-payer records of other industrialized countries should encourage us to go in that direction. We urgently request that the Commission reconvene as soon as possible to avoid more Californians going bankrupt, homeless and unnecessarily dying during the four months that the Commission is on hiatus. For the safety and health of us all, California needs to establish a single-payer, non-profit system that provides comprehensive, accessible, affordable, high-quality care for all California residents.

Health Care for All/Physicians for a National Health Program—Humboldt Chapters

Corinne Frugoni, M.D. and Patty Harvey, Co-Chairs

,Including hundreds of residents of Humboldt County