



"Proud to be a Democrat"

Democratic Party of Door County

July/August, 2009 Newsletter

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Democrats, Democrats Everywhere this Summer

It has been a busy summer as Democratic candidates for the 2010 general election have started their campaigns, and your DPDC is mobilizing for a coordinated campaign to elect Democrats up and down the line.

Senator Feingold attended and spoke at our July 11th picnic, emphasizing his commitment to a government-based option as part of any health care reform legislation.

Russ emphasized the need to generate momentum early because he expected another tough campaign. He has only one announced opponent so far, but this is likely to change.

The Senator left to attend another of his approximately 1200 listening sessions.



Sen. Feingold with Field Organizers Paula Zellner and Will Lemke

Also speaking was Dr. Monk Elmer, Democratic candidate for the first State Senate District (see article page X). He spoke passionately about his commitment to Democratic ideals, shaped by his gratitude for the government grants that made it possible for him to attend college and medical school.

Other notables sharing in brats and many home-made dishes included Dick Skare, 2008 candidate for the First Assembly District seat.



Dr. Elmer



Dick Skare



Ruth Kelsen at the County Fair

Democrats were represented at the County fair with a "booth" staffed by DPDC volunteers. Thanks to all who helped with our display.

(Continued on page 2)

Upcoming Events

AUGUST

Aug 26 **Northeast WI Women Speak Out for Health Care**, a forum on health care reform at Stone Harbor, Sturgeon Bay, 5:15 - 8:00 PM. Lt. Governor Barbara Lawton will participate in a panel discussion. The event is free, but registration is required. RSVP online at northeastwomenspeakout.eventbrite.com/ or call (920) 746-9444.

Aug 27 **August Membership Meeting**, Sturgeon Bay Library, upper level, Jane Green Room, 7:00 PM. Health Care Panel Discussion (see article, below).

SEPTEMBER

Sep 24 **Cheese Curds, Booyah and Beer Fundraiser**, (Tentatively scheduled) time and location TBA.

OCTOBER

Oct 22 **October Membership Meeting**, Sturgeon Bay Library, upper level, Jane Green Room, 7:00 PM, Campaign Finance Reform.

Health Care Reform to be Addressed at August Membership Meeting

The hottest topic of summer is surely health care reform. Our August membership meeting will feature a panel discussion of many aspects of health care reform from the perspectives of panel members:

- State Senator Jon Erpenbach, chair of the State Senate Committee on Health, and one of the authors of the universal health care bill passed by the Senate.
- Ms. Josephine Guenzel, R.N., founder of the Community Clinic of Door County.
- Phil Hansotia, M.D., retired physician who practiced for many years at the Marshfield Clinic, and who has observed first-hand health care systems in many other countries.
- William H. Perloff, M.D., retired physician who has practiced at academic medical centers, and will address some of the myths being created by opponents of true reform of the system.

Much of the time will be available for questions and comments from the audience. A lively discussion is encouraged, but **civility will be expected and enforced**.

Democrats Everywhere, continued

Democrats also made a strong showing at the Washington Island Fair for the fourth straight year. Bill Olson writes that Sylvia Landin, who just turned 100, remembers when there were only two people on the island who dared admit to being Democrats. Thankfully that has changed!



Judy and Harry Porter and Mary Marik, Washington Island



The Porters in the Baileys Harbor July 4th Parade

We were well represented in parades throughout the County, thanks in large measure to Harry and Judy Porter, who took their classic car replica all over.

Thanks to them and the many other volunteers who handed out our brochure, "Why Should I Join the Democratic Party of Door County" and ensured that Democrats made a strong presence.



Bob and Lorna Winn in the Baileys Harbor July 4th Parade

Message from the Co-Chair:**Summer 2009: When We Bite the Bullet of Health Care Reform**

It has been almost two decades since we began to acknowledge that something is rotten in the health care system that is dominated by private insurance companies. Since Barack Obama took office not quite six months ago, the mainstream press began to report what independent investigators have known for years.



**Estella Lauter,
DPDC Co-Chair**

For starters, it is the world's most expensive system. It is a big contributor to the loss of jobs at home in the past decade, and if not fixed, it threatens to stop our economic recovery.

The problem is not just the current level of expense, nor the fact that at least a quarter of our citizens are uninsured or underinsured; it is that the costs are constantly increasing with no end in sight. It is a failed economic model.

What we haven't yet fully understood is that it is a failed medical model as well. This point is brilliantly argued in an article by a surgeon, Atul Gawande, in the *New Yorker* (June 1, 2009, pp. 36-44). Dr. Gawande went to the most expensive health care market in the country—McAllen, TX—where Medicare spent \$15,000 per enrollee in 2006—to find the causes. Most of the health care providers he interviewed had no idea that their costs were astronomical (Medicare payments in NE Wisconsin during the same period were less than half that sum).

They had many explanations that we have all heard before: the doctors, the care, the results were better, and so on. But none of these statements is true! There is no statistical corollary between the most expensive care and the best results! And overall, our super-expensive system does not produce better results than systems in other developed countries.

While many of the cost increases in our system come from drug companies that charge what the market will bear, and from the middle management costs of health insurance companies (management of Medicare costs about 2% whereas the overhead for many insurance companies runs 15%), the most significant problem seems to be the dominant model of medical care.

Dr. Monk Elmer, speaking at the June meeting of the DPDC, said that since the 1980s, the medical insurance industry has essentially paid doctors as "piece workers" for "procedures" they perform. So

the doctor who removes a mole in ten minutes makes more than the one who consults with a patient about medications for 30 minutes.

This practice has apparently led many (not all) doctors to perform many procedures and tests that are not really necessary for the health of their patients, at considerable expense and sometimes with costly complications.

Across the country, some medical communities have tried to rectify this set of problems by developing collaborative ways of practicing medicine. At places like the Mayo and Marshfield Clinics, for example, the Geisinger Health System in PA, Intermountain Healthcare in Utah and Kaiser Permanente in CA, all not-for-profit institutions, doctors and administrators have created "accountable-care" organizations.

Some HMOs (like Theda Care in the Fox Cities) have also explored this model, and they have succeeded in achieving two of President Obama's requirements for reform: lower *Cost* and better *Care* in the form of measurably healthy results.

In fact, Dr. Gawande implies that our system (which he calls the "most wasteful and the least sustainable" one in the world [44]) might be reformed from within the medical community. He says, "we can turn to insurers (whether public or private), which have proved repeatedly that they can't do it. Or we can turn to the local medical communities, which have proved that they can" (44).

This conclusion, however, focuses on the quality and cost of treatment to the exclusion of Obama's other principle for reform: *Coverage* for everyone regardless of pre-existing conditions or the ability to pay escalating premiums. Once we factor in the need to cover some 60,000,000 people who are presently uninsured or under-insured, the equation changes.

This conclusion, however, focuses on the quality and cost of treatment to the exclusion of Obama's other principle for reform: *Coverage* for everyone regardless of pre-existing conditions or the ability to pay escalating premiums. Once we factor in the need to cover some 60,000,000 people who are presently uninsured or under-insured, the equation changes.

I have no doubt that Dr. Gawande has correctly identified a main root of the problem we have to solve. But as he says, "In the war over...whether our country's anchor model will be Mayo or McAllen, the Mayo model is losing" (44).

Continued on page 4

Co-Chair's Column Continued

This is so because in the current economic crisis, "many people in medicine don't see why they should do the hard work of organizing themselves in ways that reduce waste and improve quality if it means sacrificing revenue" (44).

This is exactly the reason why we must offer a public option for those who are not properly insured in our current system! I can see no other way to change the medical culture that has dominated for the last thirty years! We may not be able to address the root problem Gawande identifies until we have solved the more obvious failure of our system to provide the basic care that is considered a right in most developed countries.

There are so many proposals on the table at present it is easy to be confused. Our own Congressional Representative often speaks as if all we have to do is advertise the cost of services

truthfully. But the person who has no coverage cannot afford to shop for services; he will go without or go to the nearest emergency room (the most costly option) when he has no other choice.

It seems likely that we will have to settle for partial "fixes" in our health care system. Others, including Canada, have followed this path with good results in the end. But not all fixes are equal.

This is the month to become involved in the discussion of health-care reform, before the Congress becomes committed to one proposal or another. Attend the Health Care Forum at Stone Harbor on August 26th, and our Panel Discussion on Health Care Reform at the membership meeting on August 27th. Join the initiatives planned by Organizing for America by going to www.barackobama.com.

Don't let the summer when change could really happen go by without doing your part!

We are Now Part of "ACT BLUE"

What, you may ask, is "Act Blue", and why is it important to our DPDC? Read on.

The 2010 elections loom large on the horizon when we need to re-elect Sen. Feingold, and Rep. Kagen, and elect Democrats for Governor, State Attorney General, State Senator for District 1, State Assembly Rep for District 1, and several local positions traditionally in Republican hands.

All of these are important to continuing the progressive agenda we started with the '08 election and keeping Door County "blue". The only way we can do this is with a strong, energetic, committed and well financed Democratic Party.

So if you care about electing Democrats, please renew your membership for 2009 by completing the

form below and sending it to the address shown. Thanks to the 190 folks who have already done so!

BUT, memberships are not enough. Our support of candidates includes contributions that may exceed what individuals can contribute. In addition, our expenses for a coordinated campaign are high: \$200 per month for the office, \$60 per month for high-speed internet access, \$50 per month for telephones, etc. We need your support!

Act Blue is a non-profit organization that makes it possible to contribute to your DPDC and Democratic candidates by credit card, safely over the internet. To contribute directly to the Democratic Party of Door County click on the link below:

<http://www.actblue.com/entity/fundraisers/22511>

Thank You!!

or Renew **Yes, I'll Join the Democratic Party and Help Democrats Win!**

Name(s) _____

Address _____

City/State _____

Zip _____

Phone _____

This is a Cell Phone Home Phone

Email _____

County: Door

Sign me up for:

- \$10 Senior/student/limited income
- \$25 Individual general membership
- \$35 Pairs (includes 2 memberships)
- \$45 Activist family (includes up to 3 memberships)
- \$75 Family supporters (includes all family mem's)

I would also like to join:

- LGTB Caucus Black Caucus
- Latino/Hispanic Caucus American Indian Caucus

Return to: **Democratic Party of Door County**
PO Box 863
Sturgeon Bay, WI 54235

More on Health Care from Co-Chair Lauter: A Personal Perspective

Editor's note:

We hear so much from vociferous opponents of health care reform who have "good" employer-provided health insurance and are afraid they will lose it in a new system. As our Co-Chair discovers when she examines her "Cadillac" insurance, and the HMO collecting the premiums and providing health care to her, our system often does not serve the patient well. It does seem that some advocates of the status quo don't realize how they are being shortchanged.

Since I wrote this column, the discussion of health care reform has deteriorated. Roving fear of losing privilege is back. To counter that, I propose that we give our health care "gift horse" a hard look.

I have Cadillac insurance. That is, all medical bills go first to Medicare and then to my private insurance that (supposedly) covers everything, including medications, with few and relatively small co-pay provisions. It has a \$2 million lifetime limit, but my husband and I have used less than \$15,000 of it, so why worry?

The private policy (supposedly) costs me nothing, because I earned it by accumulating sick leave while I was employed in the UW System for 32 years; the University pays the premiums from its sick leave account, and even if health care costs continue to spiral upward, I will (supposedly) be covered until I am at least 90. So I should be among the first to protest any change in the system, right? What a deal!

In fact, I am increasingly skeptical that my HMO serves me well. Its doctors are now allowed to schedule only one or two physical exams a day, so if an appointment has to be rescheduled, it takes months to get a new one.

My doctor is trying to watch a condition that might develop into a disease, but unless I accept the label, the HMO refuses to pay for follow-up tests. One of my feet is quite deformed, but because it hasn't yet caused excruciating pain, it is unlikely that my private insurance will cover a surgical procedure.

My doctor referred me to a dietician, but an office manager called to say that the visit would cost \$400 an hour and I would not meet the qualifications for coverage. Although the HMO sends (so-called) preventive literature to me whenever a doctor makes the slightest change in a medication, it does not practice preventive medicine.

At the same time, it *does* cover procedures like mole removal that have nothing to do with my basic health! I hardly dare to imagine what the logic of coverage will be if (when) I have a life-threatening disease.

Further, although the people who arrange my doctor's schedule and determine what bills will be paid are not medical professionals, the medical building has been renovated several times since the 1980s to expand their office space while the space for doctors has remained the same.

Despite the expansions in office personnel and equipment, my insurance company (before Medicare) paid for a bone scan I never had, the results of which turned up in my file and caused considerable confusion in a diagnosis; I have still not figured out how to get the false record removed from my file.

None of these blunders has anything to do with Medicare. They are all the product of a private system that cares more about its bottom line than about my health.

And I would remind you that Wisconsin taxes are paying for this private plan. In fact, they are paying \$9,000 a year for a supplemental plan that should cost less than a quarter of that sum.

When we get universal coverage, as we must in order to stop using emergency care to treat the 40 million people who cannot afford or cannot get health insurance, I want it to be a lot better than this!

Instead of a gas-guzzling Cadillac with features I don't need, I want the equivalent of a Prius that serves me safely and economically without damaging the social, economic and physical environment we hold in common.