

Covering My Ass: two tangent-ful tangential crooked letters that share an introduction

As I wait to be accepted or rejected by grad schools (I've been accepted by one and offered a generous- for the arts- package including a tuition waver, a stipend and fairly decent health insurance), I search for steady work with health benefits to tide me over until late August. I need health coverage now, so I write cover letter after cover letter.

I need health coverage now.

crooked letter 27: Health Coverage, my ass

My need for health insurance may be obvious from previous crooked letters, but I will clarify. While this is a picture of my particular, individual economic circumstances and health care needs, it also is representative of what millions of others in America face. It is especially representative of what many artists in America have to contend with. Health care is not a right; it is a privilege. If you don't have the money, they don't have the time.

I do not have health benefits. I do not have health insurance. I do not have any health coverage. I, due to my bizarre and patchwork work life, do not qualify for the Alachua County Choices Program, which seems to be a good option for the working poor who do qualify. As a single person with no children, it is harder than a rich man getting into heaven to qualify for help from the federal government. I probably wouldn't be considered one of the deserving poor. According to the government, some poor people deserve health care, while others are no account, shiftless wastrels, the undeserving poor to whom the Government ain't going give nothing, no how, no way.

One of the undeserving poor: A personal economy

I make about \$1,000/month before taxes, sometimes more, too often less. Over much of my work life, I hid from myself how much I could not work by temping or juggling flexible pick up work. Denial was not my only reason for doing so, but perhaps on a gut level, I knew I would not have been able to function in the kind of job that comes with benefits, the 40 hours/week, be here from 8:00 a.m. until 5:00 p.m. sort of a job. I'm not sure I could now.

I often work way more than 40 hours in any given week, but there are too many when I am lucky if I can work 5 or 10 hours. And this is complicated by the fact that I spend many hours of work on my art, which I only sometimes get paid for and when I do get paid for it, I end up making, oh maybe, \$1/hour. Faced with the choice between not making jack making art and not making jack doing work I'd rather not, I have chosen the art making despite the fact that it is a risky choice in the face of my fluxuating earnings. This assumes I even am well enough to work on my art. Sometimes, I am not well enough to make that choice. Sometimes, I cannot work at all.

Oh, and I regularly have made the not in my best self interest choice to work too damn hard too damn much for "meaningful" causes leaving little or no time and energy to earn my daily bread. I find it easier to get work done when it isn't about the money. Whether I officially was a volunteer or might as well have been- considering how little I was paid for highly skilled labor- I sunk and still sink too much into projects that did/do not give a good return on my investment- fiscally and/or emotionally. I've dedicated such an enormous amount of my talents (perhaps in

the biblical sense) to things that do not pay. I believe in service, in tithing not only money but also work. I believe in sacrifice, giving more than I take. But for me, most of the time, sacrifice means a loss incurred by giving away or selling something below its value. I give too much. I value my labor too little. I pay the price in fiscal crucifixion. I have not used my talents wisely.

Over the past couple of years due to the severity of my health problems, if I had tried to work a normal job, I would have had to take a gazillion sick days; I frequently would not have been able to work well even if I had been able to drag my ass into some past subjunctive tense office. I have worked more normal 40 hours/week jobs, though seldom with benefits, and eventually my mood disorder starts to spend more and more time on stage at work. While I have hope for a better prognosis, I have had to accept the galling fact that I have been partially disabled by my mental illness. I am one bit of data in the sprawling statistics on the economic costs of depression.

Beast of Burden

Figures range on how much of an economic burden depression (I'm lumping bipolar depression in here) is on our economy. At the high end,

An Analysis Group study on the cost of depression found that the total economic cost of depression in the U.S. is \$83 billion a year, with more than half of that amount due to lowered on-the-job productivity, or "presenteeism."

<http://www.integral-inc.com/analysisgroup/article.aspx?id=1531>

But even at the low end, it is estimated that depression costs tens of billions of dollars in lost productivity. I do not care how much losses in worker productivity cost the big fat cat corporations. They are wringing workers dry. Bringing the focus back down to the small business, to the individual worker, shows that the economic costs of depression are brutal. According to one study, it costs an average of \$3,300 to treat an individual with depression. The study did not mention whether that was with or without health insurance.

<http://www.mindfully.org/Health/2003/Depression-Cost-Bigger31dec03.htm>

The bit part I have in the economic burden of depression play is, to come back to an image I've used before, like playing the lead in a melodramatic tragedy, with some humor schticks thrown in now and again to lighten the mood (babump, bump). The medical expenses to treat my mental illness, not anything else, are about \$2,800/year, a little less than 25% of my yearly income.

I will break it down even further, not because I want your sympathy for my personal plight, though that would be nice, but because I want to make the harsh realities and choices faced by the working poor, by a poor working artist, as concrete as possible.

Heath Care, Smealth Care! Who Needs it?

I pay \$100/month for much needed once a week therapy and \$115/month for one 15 to 20 minute "medication management" session with my psych nurse. This is to ensure that the meds are working. Of course, I don't get any money back for all the medication management sessions last

year that were useless as tits on a boar hog since my former psyche nurse was managing a medication that was making me more, not less, loony tunes.

I have to go to this appointment because this is how I get my medication for free. 100 mg Lamigtal costs about \$4/day or \$120 a month, and since we are in the tweaking phase of this new med regimen, I may end up taking an even higher dose, which would cost more money. Once stabilized, I will be able to see the psyche nurse every two to three months. But it may be a while until I am stabilized- misdiagnosis and mismanagement of a psychiatric illness, of any chronic illness like diabetes, etc., takes a long time to straighten out. For now I have the monthly, expensive sessions with my psyche nurse.

The expense of the office visits is cost effective in the *long* run. I would need to go for regular check-ups in any case; this medication is serious stuff, and my mental illness is serious and needs to be monitored regularly. It is to be hoped that it will be monitored less ineptly than in the recent past.

Oh, and I have to spend about \$17/month on a thank-god-it-is-a-generic-medication that is part of my mental health flotation device.

All of this adds up to \$232, about 23% of my normal monthly income. Due to my recent breakdown, I was not able to work regularly, which means I made less money than my normal pittance over the past three months. Which means that the \$232 dollars takes a higher percentage of my available funds.

I also have been sick for two weeks with a cold compounded by allergies and asthma. Two weeks is about right for how long a cold may last, but generally it should be getting better toward the end of those two weeks. It is not getting better; I'm on the verge of bronchitis. If it gets much worse, I will need to go to the doctor. The doctor's visit will be a minimum of \$60.

I will spend money I can ill afford to (and ill afford not to) and spend a lot of my time waiting to be seen. They will spend 5, maybe 10, minutes, taking a basic history, listening to my lungs to make sure it isn't pneumonia and writing me a prescription for a stronger than over the counter cough medicine (good sleep is critical for getting over bronchitis; a strong cough suppressant is more useful than anti-biotics in many cases). If they really do their job well, they will make sure that what they prescribe will not interact badly with the medicines I already take. This is very important when you take douses like Lamigtal and Clonazepam.

As of 11:45 p.m. on Friday, March 9, 2007, it got worse. I've started coughing up green plugs of mucus that have streaks of blood in them. Chances are good that it is a secondary infection that has set up house keeping in my lungs after the cold virus came through and did a minor demo job on my immune system. Most likely, it is bronchitis. The blood, well, that is more complicated. Coughing up blood is a don't pass Saturday and Sunday, go directly to the doctor card in the Healthopoly game. It could just be irritation from all the dramatic hacking. It could be sign of something much worse. I will need to go somewhere tomorrow.

Then of course, regardless of how much I have to pay at the doctor's office, I will have to pay for the prescription. And unless it is generic, the prescription drug companies punch uninsured people like me in the mouth with higher prices, despite being one of the most profitable industries in the wor

In 2002, for example, the top 10 drug companies in the United States had a median profit margin of 17%, compared with only 3.1% for all the other industries on the Fortune 500 list. Indeed, subtracting losses from gains, those 10 companies made more in profits that year than the other 490 companies put together. Pfizer, the world's number-one drug company, had a profit margin of 26% of sales.

In the US, uninsured patients (of which there are many) are charged more for drugs than those who have large insurance companies to bargain for them, and the prices of prescription drugs are generally much higher to start with than in other advanced countries. Moreover, the prices of top-selling drugs are routinely jacked up in the US at 2 to 3 times the general rate of inflation. (Marcia Angell)
<http://www.cmaj.ca/cgi/content/full/171/12/1451>

I went to the doctor on Saturday, which was \$60. I filled my prescriptions, anti-biotics and a new inhaler, which were \$40. Then due to the fact that I used the wrong debit card and my credit union has the asinine policy of not declining the card when there are insufficient funds in the account, I got charged an extra \$43 dollars in bank fees and now have negative bank balance for that account. So this month when all my health expenses are added up, I will have spent \$375. Now that would be 37% of my income if I were to make \$1000, but I can tell you right now that I ain't going to make that much this month. When with all the numbers are tallied, I'll probably be in the not so enviable position of spending 50% of my income on health care.

Got to love this country. I feel very patriotic right about now.

On top of all this mental health and hacking cough/green mucus plug fun, I also have a spot on my breast that has been there for over month and is a change in my normal skin texture and color. Underneath that spot is a very small lump that feels different from the lumpy, bumpy breast tissue I know well. As someone who literally has had close to a 1,000 breast exams in the past five years and has to guide students' hands as they palpate my breast tissue, I know that tissue well. It may be nothing, but it is the sort of thing that I train med students to tell their patients to look for and if found, to make an appointment at the clinic. That appointment would cost me at least \$60, more like \$80 or \$90.

Again, it probably is nothing serious, but if it is something serious, catching it early is critical to a positive prognosis. Deaths from breast cancer have gone down, in part, because of better early detection. If my abnormal-for-me-spot-and-lump were a cause for concern, I would have to get a mammogram, possibly a biopsy, neither of which is cheap.

Putting it in perspective with lots of long quotes

Preventive and just in case health care is cheaper in the long run, but the system is set up to make it damn difficult to obtain. Poor people are seen when they are critically ill. And they are more likely to be critically ill.

An analysis of poverty rates and health published in the September issue of The American Journal of Preventive Medicine found that people living in extreme poverty tend to have more chronic illnesses, more frequent and severe disease complications and make greater demands on the health care system.

<http://www.cnn.com/2006/HEALTH/08/29/poverty.health/index.html>

Ariel R. Frank Green learned first hand, while a medical student at John Hopkins, that the Poor's health problems are not dealt with until they are emergencies, and sometimes even then, they go untreated.

I heard a Johns Hopkins physician say the only way uninsured patients can see her is if they are hospitalized through the emergency room. If they call for an appointment, they are turned away.

At Health Care for the Homeless downtown, I saw a patient who had lacked dental care for so long that two of his teeth had rotted. The doctor peered inside his mouth and without a hint of surprise told him about a dental clinic where he could get them pulled for \$5 each.

At Chase Brexton, a Mount Vernon clinic, a woman had massive fibroids, benign growths that had caused her to have daily menstrual bleeding. As a result, she was severely anemic, exhausted and weak. But she lacked insurance and could not afford surgery to remove the tumors. A case manager had helped her apply for benefits, but they were denied.

"Almost everyone is rejected the first time," the doctor told me. "Welcome to our wonderful health care system."

<http://www.commondreams.org/views04/0811-05.htm>

And if you are racial minority, you might as well keel over now and save yourself some trouble. An admittedly imperfect study published in The American Journal of Public Health found:

More than 886,000 deaths could have been prevented from 1991 to 2000 if African Americans had received the same care as whites, according to an analysis in the December issue of the American Journal of Public Health. The study estimates that technological improvements in medicine -- including better drugs, devices and procedures -- averted only 176,633 deaths during the same period.

<http://www.washingtonpost.com/wp-dyn/articles/A13690-2004Dec20.html>

But it is not just the extremely poor who are getting sick. Most working Americans are having a harder and harder time getting basic health care needs met. It is worth quoting at length a CNN report on the results of an analysis published in The American Journal of Preventive Medicine last September.

When we talk about poverty, there is the tendency to feel it affects a small percentage of the population and the rest of us are doing better," said Steven Woolf, a professor at Virginia Commonwealth University and author of the study. But in this situation, he said, "we're all doing a little bit worse."

A Census Bureau report released Tuesday said that U.S. salaries across the board increased minimally, about \$500 a year between 2004 and 2005. It's also the first year that the poverty rate has not worsened since before President Bush took office.

The modest salary increase is not enough to counter what Woolf's study calls a "sinkhole effect" on income, a disparity shifting middle- and upper-class families closer to the poverty level.

Fewer people can claim "poverty doesn't affect me" as more individuals face layoffs and cutbacks, and are unable to afford health insurance, Woolf said. According to the National Coalition on Health Care, the average family pays about \$2,700 a year for health insurance, not including out-of-pocket expenses for co-payments and prescription drugs. That number is expected to rise to \$3,200 by the end of 2006.

As financially strapped families struggle to cover basic needs such as food, shelter and the increasing cost of energy, health insurance often takes a back seat on the list of priorities. A National Health Survey conducted by the U.S. Centers for Disease Control and Prevention found more than 40 million people of all ages went without insurance at some point in 2005.

More than half remained uninsured specifically because they simply couldn't afford it, the CDC said. Research consistently highlights the negative link between reduced income and worsening health -- as salaries drop, individuals tend to be more stressed, and generally lead less-healthy lifestyles.

<http://www.cnn.com/2006/HEALTH/08/29/poverty.health/index.html>

The study that found, as reported by Steven H. Woolf (he is lead author on the two studies I found on these issues), that five times as many lives could be saved by correcting the disparities between blacks and whites than by developing new treatments, leaves us to ponder the following:

"The prudence of investing billions [of dollars] in the development of new drugs and technologies while investing only a fraction of that amount in the correction of disparities deserves reconsideration," the study says.

"Socioeconomic conditions represent a more pertinent cause of disparities than race," the study states. "An intriguing question is whether more lives are saved by medical advances or by resolving social inequities in education and income."

http://www.washingtonpost.com/wp-dyn/articles/A13690-2004Dec20_2.html

Now back to our regularly scheduled program: Me

I sometimes get a discount for not having health insurance, because it saves overworked medical office workers from having to file yet another Brazil-like insurance claim. I sometimes get a discount for being poor. Though often enough, I have been charged more than what an insured patient's insurance provider is charged for a similar visit. After they've added it all up, subtracting any bit of a scrap of a discount they might give, I am left holding the bill.

I do not have enough money to pay the mental health bills I already have. I do not have money to pay for the health care I need to treat an obvious case of bad bronchitis. I don't have money for preventive health care like a screening to make sure that the change in my breast tissue is not cancer or some other illness or disorder. Like many Americans, I often have to use credit or borrow money from family to pay my medical bills. Like many Americans, I have to pick and choose what to get treated and hope that that I make the right choices, because many things get much worse and much more expensive if not treated early.

(Continued in crooked letter 28: Cover, cover be my lover, or at least get me a job to cover my medical bills).