

SUNDAY, FEBRUARY 6, 2005

Coping with the "catch 22" of health care

I wanted to share with you something very serious that is gripping the nation and particularly a good portion of the citizens of North Carolina. No, it's not acts of terrorism, the war in Iraq or the war on drugs, high taxes, the fluctuating cost of gasoline, the problems of the American farmer, the closing of a struggling business, or a host of other maladies that grip the nation every sunrise to sunset. These truly are somber issues and are not to be taken lightly.

But there is something else that has been spreading across our fair state and once this column is published, I hope to send it to all our U.S. and state representatives with the request that they tell us what they have planned to remedy the problem. And what exactly is the problem? It's the matter of health insurance, or more appropriately, the lack of it.

It doesn't take a fortune teller to predict that the more than 6,000 people who lost their jobs when Pillowtex folded in July 2003 were left in a serious dilemma concerning their health coverage. Many were the sole provider of a family with children or the sole source of income in a marriage.

Given an option to carry on their coverage through COBRA (continuation of benefits through the existing company plan), it has recently run out, according to my calculations, which show that it ended Jan. 31.



*As I
see it*

Peg
DeMarco

Granted, COBRA rates are reduced because you pay basically what the company paid for your insurance, but monthly, it's still a handful of hundred dollar bills, especially when one is out of work because plants have closed and work has shifted to Mexico or some other non-U.S. land. Prescriptions alone can be mind-boggling when the cashier rings up what we all take monthly to keep us healthy — or alive.

It must be realized that a huge chunk of these former Pillowtex workers were dedicated employees who had stayed with the textile giant for 20 or 30 years. Most were in their late 40s, 50s and 60s and unless they were in superb shape and able to run a marathon, they had the usual health problems that we all face: high blood pressure, diabetes, depression, being overweight, etc.

This doesn't only go for ex-

Pillowtex employees, but for all the other groups of workers who lost their jobs due to a textile plant folding or problems in the furniture industry so prevalent in our own Burke County. With so

many unemployed men and women looking for jobs, it stands to reason that there just aren't enough full-time, permanent jobs that offer health insurance to go around.

So, after coming off COBRA, an army of unemployed people are now trying to obtain health insurance and struggling because companies can't afford the premiums either. Jobs are now being classified as "temporary" even though workers are working years at the same company because the cost of benefits, particularly health insurance, is just too dear for struggling businesses.

My husband is a former Pillowtex employee, and I have my own one-person editing business. We're currently on COBRA through my former employer, but that will run out in May of this year. So, in an effort to secure alternate health coverage before it runs out, I've been meeting with health insurance agents for the past few months.

Now, we're not perfectly healthy, but we're not about to lie down and give up either. We have the usual maladies I listed above — and apparently no one in the health insurance industry will touch us with a 10-foot pole. It makes no difference that our blood pressure medications keep our BP within normal ranges or that my husband's cholesterol is terrific since he began taking the newest drugs. Sure, my weight isn't what it used to be, but I like to think that my figure compares to those healthy women in a Ruben's painting.

So far, I've had two agents visit me in person and promise that we were going to get approved only to get a rejection letter a few weeks later. Frustrated, I wrote to the North Carolina Commissioner of Insurance and was

sent a list of insurance companies doing business in our state and a booklet on how to select a good provider.

I'm at the point where I'll take any provider. Blue Cross/Blue Shield of North Carolina will insure my husband and me since their pledge is to insure everyone and not to turn their backs on anyone — that's noble of them, but it will cost us \$2,000 per month for them to insure us.

So, we, like so many other North Carolinians and Americans, are in a quandary, sort of what Joseph Heller refers to as "Catch 22." We're too old to be categorized as a good risk to health insurers and too young to be eligible for Medicare.

Even more ridiculous and frustrating is that we earn too much to be eligible for monetary help such as Medicaid and not enough to pay the \$2,000 per month that Blue Cross/Blue Shield will insure us for.

And there's also another dagger that should pierce the heart of every law-abiding citizen struggling to survive in today's world — our laws mandate that those incarcerated for some of the most heinous crimes must receive quality health care.

Now, I have nothing against prisoners receiving quality health care; they should not be made to suffer just because they committed a crime and are paying for it in our jails. But according to an article recently published in a Reader's Digest column, "That's Outrageous," not only are they receiving quality care that once was reserved for ordinary, law abiding citizens such as you and I, but procedures that would be considered extravagant such as cosmetic surgery and sex change operations.

So, my question to our governmental representatives is this: since there's a law that mandates that prisoners receive quality care while incarcerated, how about adopting a law that mandates that every single North Carolina resident receives quality care no matter where they are on the food chain? I'd hate to have to tell my husband to go out and rob a bank just to get his arteries unclogged.

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