

Testimony for Special Informal Hearing  
“Costs of Broken Health Care System, Benefits of Public Option”  
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My name is Vivek Murthy, and I am a practicing internal medicine physician at Brigham and Women’s Hospital and an instructor at Harvard Medical School. I am also the co-founder and President of Doctors for America, a grassroots organization of over 15,000 physicians in all 50 states who are working for meaningful health reform.

Years ago, I made a decision to become a doctor because I wanted to help people move from illness to better health. Like thousands of doctors in America, what got me through many years of training was the promise of one day being able to provide patients with truly good quality care – the care that patients deserve, care which I could feel good about delivering.

For too many physicians, however, we now find ourselves practicing in a system that does not allow us to give patients the care they need. One of my colleagues at a county hospital in California tells the story of a 29 year old single mother of two young kids. She had been working two jobs to provide food and shelter for her kids. But neither of her employers would offer her health insurance and the cost to obtain insurance for her family on her own was unaffordable. She presented to the hospital with a new severe headache and was found to have a brain mass by CT scan of her head. She was also found to have a large breast mass. Pathology of the breast mass and the brain mass both revealed infiltrating ductal breast carcinoma. Despite radiation and chemotherapy, the patient died within 6 months, leaving behind two grade school children. Had she been able to receive regular medical care, her cancer could have been picked up at an earlier stage where it might have been treated. Two young children may not be orphans today if this woman had health insurance.

As a physician, it is frustrating and disheartening to see patients who I can help but who cannot afford to come to the doctor because they don’t have insurance. The uninsured are not just Americans without a home or living in the projects. They are also struggling entrepreneurs, artists, students, and small business owners – they are our own friends and family who simply can’t afford insurance that now costs in excess of \$15,000 per year for a family of four. They are also people who did everything they were supposed to do but simply got sick.

I have had countless patients ask me why insurance companies that are making record profits and paying their executives tens of millions of dollars charge such high premiums

that force them and their families to go without health care. So I ask you – what should I tell these patients? And how much longer will we allow this to be the state of our nation’s healthcare system?

This leads to a critical point which is that even for those with insurance, the care they need is often still not covered. We have all heard stories of patients who paid their premiums faithfully for years only to have their coverage revoked during a time of serious illness. These stories are real and they are happening all the time in our country. We also hear about patients whose insurance doesn’t cover critical service like preventive care. In my own family, I have middle class relatives who pay over \$10,000 a year for a policy that only covers high deductible catastrophic inpatient coverage. The result is that they never seek outpatient care for acute concerns or for preventive care because they are worried about cost.

I have spoken with countless physicians over the years who find themselves paying out of pocket so their pediatric patients can get the vaccines they need because the insurance company won’t cover them. I have seen the letters that insurance companies send doctors chastising them for spending more than the statistically determined time needed for an appointment – even if the physician feels strongly that spending more than 15 minutes with a seriously ill patient in clinic was the right thing to do. Many of us have spent hours and hours on the phone with insurance companies fighting for them to cover services that we know our patients need - an appointment with a specialist, an inpatient admission, an important imaging test, or any number of the services which are often denied without rational explanation. It is bad enough that physicians have to take time away from patients to invest in such calls. Even worse is that patients and their families who are struggling with serious illness are having to spend time fighting with insurance companies during some of the hardest times in their lives. What if physicians and patients were able to invest this time focusing on patient care? How much better could our health care be? How much more satisfied would this make patients and doctors?

I know that the men and women of Congress have invested extraordinary time and energy to pass a meaningful health reform bill this year. As a physician and as a citizen, I am grateful for these much needed efforts. I also understand that the current effort is complicated by politics, cost issues, and the legislative process.

But to patients and doctors throughout America, this isn’t about politics or the legislative process. It’s about whether they can afford medicine for their child whose asthma is making it difficult to breathe. It’s about the concern that a single bout of illness could wipe out their life savings. It’s about being forced to choose between making a mortgage payment or paying for premiums and medications which are skyrocketing in price. And it’s about the fear that even if you do everything you’re supposed to do, your insurance company still won’t take care of you when you get sick.

These are the concerns that my colleagues and I hear everyday in our practice of medicine. As a physician, I believe that no child with asthma should be left without the medicines they need to breathe. I believe that children should never be orphaned because

their mother didn't have access to care that could have detected her breast cancer early. I believe it is wrong for us to allow companies to put profit above people. In my experience with patients, I find that most people are not looking for a handout or free care. But they do expect the system to take care of them when they work hard and do what is expected of them.

I'm here today because patients and physicians across America need your help now to make sure that these values – values which I believe all of us share – are reflected in our health care system. Today, they are not. Our broken system is failing patients and failing doctors.

Patients and doctors have spoken out overwhelmingly in support of a public option as part of the way to provide more affordable care while making private insurance companies more honest, higher quality providers. We know that a majority of physicians in America support a public option, as indicated in a September 2009 research study published in the New England Journal of Medicine – the most reputable medical journal in the country. Given my experience treating patients directly and the work I have done with doctors are throughout the country, I also believe that creating a public option would bring us closer to being able to provide affordable, high quality care for every American.

As one of my colleagues said “We need to add humanity to our health and human services.” In the eyes of patients and physicians, the failures of our current system are inhumane. To sit with patients and families everyday and have to tell them that our system cannot provide them the care they need is a terrible feeling. It is literally driving physicians away from practicing medicine. If every member of Congress could see for one single day what physicians in a county hospital, a community clinic, or a private practice see, I am convinced that we would pass health reform legislation quickly.

On behalf of millions of patients and doctors throughout the country, I urge you to pass strong health reform legislation this year.