

Testimony  
Before the Public Health Committee  
Of the Connecticut General Assembly  
Wednesday, January 31, 2007

Ted Steege (Martin T Steege)  
Co-chair, Health Care Task Force  
Greater Hartford Interfaith Coalition for Equity and Justice

*Thank you for holding this hearing today.*

My name is Ted Steege, and I speak today as co-chair of the Health Care Task Force of the Greater Hartford Coalition for Equity and Justice (GHICEJ), comprised of 31 faith congregations. GHICEJ includes congregations from the Catholic, Protestant, Jewish, Muslim, Unitarian and Quaker traditions.

Together we are committed to the principle that every human being has a fundamental right to what the World Health Organization defines as “the highest attainable standard of health . . . without distinction of race, religion, political belief, economic or social condition.”<sup>1</sup> On the basis of our deepest spiritual convictions and traditions, we are committed to seeking health care justice.

In the context of the current debate over how to provide continuous, affordable, sustainable, high quality health care to everyone in the state – the Institute of Medicine’s principles for an effective health care system – we do not attempt to prescribe in detail which policy options the legislature should adopt. However, we agree that the development of such a system is not only a moral imperative but also an economic imperative and a political imperative if we are to get beyond the deadlock that has delayed comprehensive health care reform for decades in this country and in this state. As the poet reminds us, justice delayed is justice denied.

The clarity of our commitment to health care justice has increased in recent years as we have hosted a series of public meetings on the subject. The message from the public keeps coming through loud and clear: we support a national policy guaranteeing high quality, affordable health care for everyone in the country, providing health care security throughout life regardless of one’s state of employment, in a system that is economically sustainable over the long term. Connecticut, as one of the wealthiest states in the nation but also the home to more than 400,000 people without reliable health insurance, cannot afford to wait for a narrowly divided Congress to act – we must take the lead, not just by mimicking what has been proposed in states like Massachusetts and California but by building on the best our state has to offer.

---

<sup>1</sup> Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

Many among us see the “Medicare for all” model – building on the strength of the purchasing power of the entire community – as the “gold standard” for health care reform. Others of us, recognizing the political difficulty of achieving consensus on that model, support an approach building on the strength of the current employer-based insurance system – with modifications to overcome “job lock” and other weaknesses of the link to employment. But all of us agree that we need comprehensive reform and we need it now.

Some will argue that comprehensive reform is too costly, and we must therefore settle for short-term piecemeal measures that deal with one small part of the system at time. We would say that the present system is financially unsustainable, that comprehensive reform could eliminate a large portion of the unnecessary expense, both public and private, of dealing with highly segmented fragmentary programs. The most expensive option of all is to do nothing, or to simply provide more of the same.

As legislators, you have a rare opportunity in this session – to do what is right in the knowledge that you will have broad public support and that the results will be financially beneficial to the entire state. We wish you every blessing in your deliberations and offer our continuing attention and effort to do what is best for the people of Connecticut.

Note: Appended to this testimony is a copy of a testimonial offered last Tuesday by Kathy Keenan of Grace Lutheran Church. A person afflicted with a severe hearing disability, diabetes, and Parkinson’s disease, Kathy went on Medicaid after losing her ability to work full time and receive private health insurance. Recently she got a few more hours and a few more dollars and was told she had lost her eligibility for Medicaid, so she is now uninsurable. Her story speaks for itself.

**Ted Steege** (Martin T. Steege), M.A., M.A.R., M.Div.  
188 Brewster Rd, West Hartford, CT 06117  
Tel (860) 216-5106 Fax (860) 216-5107 Mobile (860) 882-7714  
E-mail: tedsteege@aya.yale.edu

Ted Steege is a co-chair of the Health Care Task force of the Greater Hartford Coalition for Equity and Justice. As a consultant to GHICEJ in the first quarter of 2006, he planned and implemented the April 6 Greater Hartford Health Care Community Meeting, one of three dozen Community Meetings sponsored by the federally mandated Citizens’ Health Care Working Group as part of a national debate about Health Care That Works for All Americans. For eight years he served as a Washington Associate for Public Policy for the Unitarian Universalist Service Committee, and prior to that he was director of the Lutheran Office for Public Policy in Wisconsin. For more than a decade he has been a member of the Board of the Universal Health Care Action Network (UHCAN), working with Dr. Ken Frisof on key policy work leading to the development of the bipartisan Health Partnership Act introduced in the 109<sup>th</sup> Congress. While in Washington he chaired the Interreligious Health Care Working Group for half a decade. His educational experience includes sabbatical studies of the health care systems in Canada, Germany, England, and Sweden.

Kathy Keenan Testimonial  
GHICEJ Public Meeting  
Jan 23, 2007

My name is Kathy Keenan. Ever since I suffered a high fever at the age of 4, my hearing has declined. I am now completely deaf in my right ear and have a severe hearing loss in my left ear. Meanwhile, Parkinson's disease makes it hard for me to be understood, and diabetes has put me in constant need of medical care.

I have completed high school and studied at Gallaudet University and have held professional full time jobs all my life. When I worked full-time, I had good health insurance. In recent years I have been unable to work full-time. My income has gone down and I no longer have private health insurance, but my need for medical care has increased. For 16 months I was on Medicaid.

Recently, I was given a pay raise and additional hours. And suddenly last December I was told I could no longer get Medicaid because I make too much money. Yet there's no way I can afford private health insurance. When the doctor told me two weeks ago that I needed an ultrasonic scan, I panicked. How was I going to pay for that? For days on end, I worried about it. I asked for help from everyone I knew.

God is good, and somehow that test – and later a CAT scan – got paid for. Was it charity or did some bureaucrat find a loophole in the rules? I don't know. I thank God for giving me strength to "keep on keeping on," but I can't help wondering what will happen to me the next time. Wouldn't it save everyone a lot of money to have a system that would meet my urgent needs without always having to make a special case or find some other program for which I can qualify?

I have learned to live with my disabilities, to do productive work, enjoy life, and maintain friendships and an active church life. But I really need the security that comes from not having to worry or decide which meals to skip to pay for my prescription drugs and health care. We all need that kind of security so we can live productively and share our gratitude for the gift of life.