



**The Fight for Universal Health Care: It's Far From Over**

*The story of Universal Health Care Foundation of Connecticut's first 20 years*



**Universal Health Care  
Foundation of Connecticut**

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**Connecticut Health Advancement and Research Trust** is the parent organization of Universal Health Care Foundation of Connecticut. It is an IRS-approved 501(c)3 organization.

It researches and educates on issues related to health care policy.

Universal Health Care Foundation of Connecticut supports Connecticut Health Advancement and Research Trust’s mission by making grants, developing public policy, supporting research, and inspiring action.

Everybody in Connecticut should have access to affordable, quality health care when they’re sick, and to help stay well – that is the shared vision.



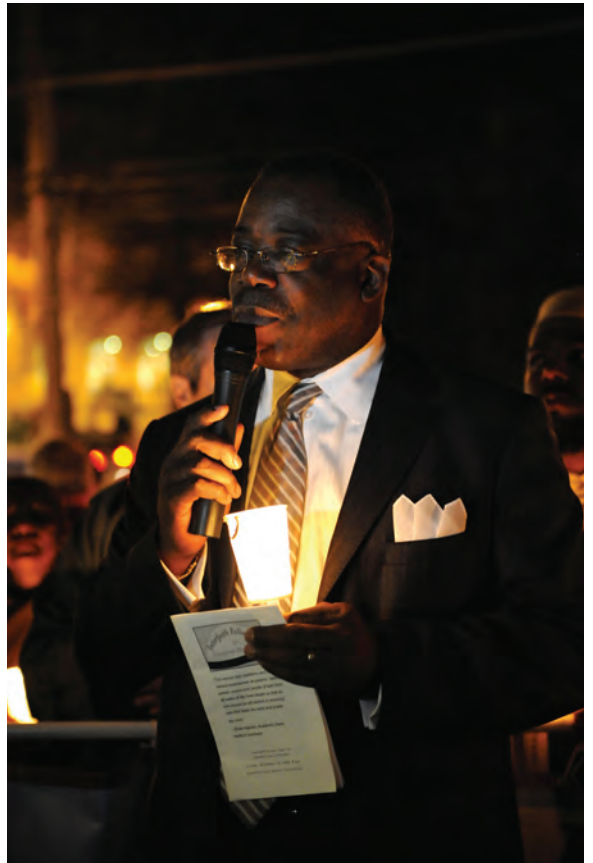
Universal Health Care Foundation of Connecticut celebrates its first 20 years in the fight to achieve quality, affordable and equitable health care for every person in Connecticut.



This special report takes you on a journey through those years with us. You will be guided by the voices and images of our partners in the struggle and the people for whom we do this work.

The report also signals the future effort to realize our mission. COVID-19 has had a disproportionate impact on Black people and other people of color. Too many in Connecticut have lost health insurance with their jobs. These challenges will inform and shape that agenda. We welcome you to our story and hope you will be inspired to walk with us into the next chapter of the important struggle for health care justice.





## 20 years ago: Born of a Fight

“If you went back to the very first press conference when we were asked, ‘What are you going to do with \$40 million?’ we said we are going to use it as a catalyst to make fundamental change in health care.”

Dan Livingston, Chair, Connecticut Health Advancement and Research Trust (and founding board member)

In the late 1990s, a spate of mergers and acquisitions disrupted Connecticut’s insurance industry. A group of community activists, labor and faith leaders stood up and loudly called for people, communities and nonprofit assets to be protected. When the profit-seeking Anthem Health Plans acquired Blue Cross/Blue Shield, a nonprofit mutual insurance company, Citizens for Economic Opportunity backed by the AFL-CIO and *Connecticut Employees Union Independent*, filed a lawsuit. Nancy Wyman was then the State Comptroller and Richard Blumenthal, the Attorney General.

They joined the litigation to seek compensation for Connecticut residents. In the settlement, Anthem was ordered to contribute \$40.8 million to create a health care conversion foundation.

The new foundation’s board sought guidance from 25 health care advocates on how best to deploy the settlement. They advised work for structural changes to health care financing and delivery.



“It’s the people that make Universal Health Care a phenomenal organization. Frances Padilla and Lynne Ide are tireless and diligent advocates. In conjunction with Board engagement and the commitment of their staff, they have changed how health care happens for hundreds of thousands of residents. From supporting innovation in health care design to advocacy in our state health exchange marketplace to playing an important role in standing up a new, centralized approach to health policymaking at the Office of Health Strategy, Universal has been a true partner.”

Nancy Wyman, former Lieutenant Governor, former State Comptroller

# Universal Health Care is centered in *people* – *their* stories, *their* voices, *their* hope for health care they can *count on*.

## Caroline and Richard, 2006:

Caroline and Richard had run a successful home improvement business for 15 years. But they could not afford the high cost of health insurance. So, when Caroline broke two bones, they faced mounting medical bills.

A special grant helped them with the emergency room bill, but the orthopedic and recovery costs were huge. When the stress led to depression, Caroline could not afford the \$275 per month medication recommended by her doctor.

## Kathy, 2017:

Kathy is a retired grandmother struggling with health care every day. She is raising two granddaughters, one of whom has Down Syndrome. Her 46-year-old son lives with her and suffers from chronic depression. Her husband has dementia.

She counts on a patchwork of coverage (a private health plan, HUSKY and Medicare) to help keep her family well and make sure they can stay in their home. Still, she is forced to spend too much of her retirement on out-of-pocket health costs for her loved ones.

These past 20 years, too many families feel health care providers and insurers don't see or hear them. They struggle to pay for the quality care they need. The mission of Universal Health Care looms large.

“The foundation raises a voice for those who are not at the table. They speak for those who have either been disenfranchised or priced out of the market, or if they have coverage but still don't have access.”

Jamie Stirling, Stirling Benefits



## Wiser and Undaunted



Perhaps the key lesson we've learned over 20 years is one we've always known, but of which we need to be constantly reminded. That is that we alone, Universal Health Care Foundation of Connecticut, cannot achieve our mission of genuine, sustainable and people-centered universal health care reform. That mission can only be achieved by a broader we, a diverse and multi-layered social movement for which we can be but a catalyst.

Universal Health Care was born of a fight. A group of labor, faith, and community activists determined that nonprofit assets built while Connecticut Blue Cross/Blue Shield was the "insurer of last resort" should provide health care for everybody, not fatten the coffers of a profit-driven insurance company based in Indiana. At least not without a fight!

Health care is a human right, not a commodity as we've experienced since our birth. We also recognized that in our state and in our country, we could not win that right independently of the broader struggle for a more just and equitable society. Our mission, core values and drive have changed little in our 20 years, but we have learned much.

In our early days, we were convinced that because injustice in health care was more visceral and less tolerable than injustice in many other aspects of society, we could more easily build around fundamental health care reform than we could around other structural reforms needed to advance social justice. This, we thought, would then help spill over into unity around a wider agenda. We knew we had many opponents. But we believed that health care could inherently unite more people than other equally essential justice struggles. We learned we were only partly right.

Health care inspires more organic unity than many other issues. Few would argue, for instance, that a person should be denied emergency medical treatment simply because they lacked insurance in the same way that they would argue a person should be denied a car because they couldn't afford the payment. Health care stories are human stories. They can touch people in ways that other social justice stories sometimes don't.

However, in our struggles to build unity for health care reform, we learned that its visceral and organic nature allows our opponents to gain traction

with fear tactics. They say change to produce fairness for "those others" will threaten the health care that "you worked for." Our opponents' power was not a surprise. Nor were their dog whistle appeals to divide people.

What we underestimated was that fear of losing health care, in particular, could make health care reform every bit as divisive an issue as it was unifying. The defenders of the status quo take advantage of the fact that fear works well to divide us, just as we try to organize to heighten empathy and build for change.

The politics of fear doesn't produce a majority opposed to health care reform, but it obstructs a strong-enough movement to beat back the entrenched proponents of the status quo. So, in 2010, when newly-elected Governor Dannel Malloy bowed to the (we believe overblown) threats of insurance companies and reversed his campaign promise to support the state's landmark 2009 law, it was impossible to organize the mass response that could hold him to his promise.

Our mission is far from quixotic – we are in fact the only developed nation that hasn't at least come close to achieving health care for everybody. But it is humbling, and the obstacles downright insurmountable if we think of them as ours alone to overcome. With the many friends and allies who share our passion and our vision, we look forward to making health care justice a reality together.

Dan Livingston, *Chair*, Connecticut Health Advancement and Research Trust (and founding board member)

“Our goal in taking legal action against Anthem was to make sure that those assets were returned to Connecticut's citizens in the most effective way possible. The foundation has really accomplished that goal with extraordinary effectiveness and responsiveness.”

U.S. Senator Richard Blumenthal, former CT Attorney General



“ The mission was different than most conversion foundations because we talked about structural change and health care, and also about viewing health in the larger prism of social justice.”

Tom Swan, CT Citizen Action Group, founding Universal Health Care board member







## Success is Built

Universal Health Care Foundation of Connecticut is bold, strategic and versatile. Fearless in the face of opposition and grounded in the values of social justice and equity, we recruit and mobilize allies and supporters. We dig into the facts and listen to real people, then educate and inspire leaders and advocates for universal health care.

“Trying to make political change takes a toughness and a way of being strategic and I think that the foundation accomplishes that, but at the same time has a soulfulness. A sense of connectedness with people and its values that together make it whole.”

Grace Damio, Hispanic Health Council

“I liken activism to going out in the field to yell at the sky and thinking you’re going to make something happen. Advocacy is going to the legislators and figuring out who you need to talk to and how. Advocacy is getting it done. Activism is making noise and raising awareness. You frequently need activism to get to a point where you’re setting a stage for advocacy, but I think there’s a lot of organizations that don’t do that graduation.”

Dr. Robert McLean, Northeast Medical Group

“I think the foundation plays a vital role in trying to build a more just health care system. Whether it’s the convening aspects, the policy work, the communications, the grant making...those are all still really important pieces.”

Tom Swan, CT Citizen Action Group, founding Universal Health Care board member



## People First: A Guiding Principle

People are at the center in the fight for health care change. Raising up the voices of people who are most impacted makes our call ring true. People tell us about their experience with health care - high costs, closed doors, unequal treatment, lost coverage and more. It takes creativity to build the bridge between people and the government policies that improve lives.

“When Frances (Padilla) talked to me about elevating voices of everyday folks in Connecticut, that was huge. Because nothing drives policy making like the issues people are facing every day in their lives.”

*Vicki Veltri, Connecticut Office of Health Strategy*

Linda, 2002



Linda was diagnosed with cancer in 2002. It was stage one, and treatable. Four years later, her husband was diagnosed with leukemia. He wasn't so lucky. "When he died, my health coverage died with him," she said.

She had to buy COBRA for \$1,800 a month. Despite having a stage one treatable cancer, and being an otherwise healthy person, her medical bills were astronomical. She was denied coverage. Linda was a healthy person otherwise, and still she said she was thrown out of the system.

### The Affordable Care Act: A Call to Pivot

Linda was denied coverage because of her pre-existing condition – being a cancer survivor. This could not happen now, due to protections for people with pre-existing conditions in the 2010 Affordable Care Act. We fought hard for Connecticut state government to establish a health insurance exchange with the needs of people in mind first. In 2017, the Affordable Care Act was threatened, and with it so many lives, just like Linda's.

Universal Health Care and the Protect Our Care CT campaign poignantly illustrated those "Lives on the Line". We encouraged hundreds of people to share their selfies to protest Congress' repeal efforts. The photos flapped on a clothesline and tangibly represented just how many people's health and well-being hung on the line. "Lives on the Line" was used at Connecticut rallies, then hand-delivered in Philadelphia to Pat Toomey, a wavering U.S. Senator. Those flapping faces showed Senator Toomey his vote would affect everyday people from across the nation. This and actions across the country helped save the ACA. The repeal failed.

“ Universal Health Care, I'd say, is like an angel because other foundations might say, 'We're all about equity, we're all about health, addressing the issues that impact peoples' lives.' But without uplifting the voice of those directly impacted and looking at systems change, we're missing the root cause of issues and instead just putting on Band-Aids.”

Caprice Taylor Mendez, Community Foundation for Greater New Haven

“ It gives me hope because it's so refreshing to work with people who do support people who are often left out of it. I do find hope when I work with Universal Health Care.”

Jonathan Gonzalez Cruz, activist and advocate





## The Data is In: the System is Broken

Universal Health Care released an economic modeling of the 2009 SustiNet health reform proposal. It said, beginning in 2012, the cost to insure each state resident would be reduced by an average of \$730, a decline of 9.2% over forecasted trends. By 2014, CT residents would save an average of \$875 on premiums and out-of-pocket costs. SustiNet was never implemented and insurance costs skyrocketed.

A study Universal Health Care released with Altarum Healthcare Value Hub in 2018, based on a statewide survey of Connecticut residents, found 43% of adults delayed or did not get care due to cost.

“In 2005, Connecticut spent a staggering \$15 billion on health care, two-thirds of which was used for nonelderly residents, but we are not getting our money’s worth. Some 355,000 residents continue to lack any health care coverage, and that number is growing,” we wrote in **Sounding the Alarm**, a data-driven analysis of the state’s health care system shortfalls, that included three statewide system reform alternatives.

- 95.9% of surveyed small business owners regarded the provision of health insurance as an important business issue.
- 52.5% of small business owners reported it as one of the three biggest business challenges.

[ 2006 statewide survey of small business owners.]



## Knowledge and Power Put to Work

Effective advocacy can be like juggling on a tight rope. Facts and figures alone make no change. Good ideas inspire action when informed by evidence and presented compellingly. It takes clear vision to mold stories and data into calls for change that refuse to be ignored. Universal Health Care cements the case for policy change with studies, surveys, focus groups and polls.

“Whether by giving us policy information that they’ve compiled or sharing research with us about polling that they’ve done of people of Connecticut, the organization is always a great resource for us in government.”

State Rep. Sean Scanlon, co-chair Insurance and Real Estate Committee

“We have to bring more people in... including people who normally aren’t included in those conversations who should be, it’s not only going to grow the support of people, in turn it will create that change.”

Jonathan Gonzalez Cruz, activist and advocate,

“Everybody, I believe, is a potential ally in this because whether you’re young or old, rich or poor, urban or rural, Democrat or Republican, liberal or conservative, health is a factor we all face. Poor health does not discriminate. Health is not about political ideology.”

Cindy Dubuque-Gallo, organizer, social worker and activist

“All the right things were in place for a win. There was a clear call for action from the people. There was a bold policy proposal. And Speaker of the House, Chris Donovan, was willing to use his position to get it done. It was thrilling.”

Betsy Ritter, Sustinet champion, former state representative/co-chair of Public Health Committee

“One of the things we appreciate about the foundation, even if we can’t always be in the same place with every bill together, is the doggedness. They have a goal, and they’ve kept it in mind and everything they do is tied to that goal. It’s hard to argue with that, with people who have real commitment and want to see change.”

Vicki Veltri, Connecticut Office of Health Strategy

“I think that Universal Health Care was instrumental in bringing people together across various disciplines and through various walks of life.”

Reverend Bonita Grubbs, Christian Community Action, faith leader

## We bring people TOGETHER.

“I can vividly remember at one of our rallies at the state Capitol and it was just a sea of healthcare4every1 T-shirts. We were doing the right thing. People were engaged, we were sending the right message, and people understood, so they came out to join us and support us.”

Mory Hernandez, Bridgeport Child Advocacy Coalition



## Power Fuels Wins

Even with the smartest ideas and the best stories, you need power to win. Inviting a broad and diverse set of people and interests together under one big tent is key to clawing tough policy forward.

The healthcare4every1 campaign, launched in 2006, built broad support for passage of health care reform in Connecticut. The campaign attracted thousands of grassroots activists and dozens of organizations, including community-based groups, labor, health care providers, small business leaders, an interfaith coalition, chambers of commerce, immigrants and long-time health care advocates. This “big tent” laid the groundwork for much of Universal Health Care’s success then and into the future.

This campaign was the catalyst for creation of the Interfaith Fellowship for Universal Health Care, Small Businesses for Health Care Reform, and Labor for Universal Health Care. It also set the

stage for Protect Our Care CT, launched in 2017 to defend against repeal of the 2010 Affordable Care Act.

With 40 partner organizations, Protect Our Care CT marshals the needed muscle to hold the line on gains made by the Affordable Care Act, defend Medicare, protect HUSKY and women's health programs, and advocate for policy and programs that lead to health equity and health care for everyone.

The fight for universal health care is won by first building political will for change – change that disrupts the well-heeled lobbying interests of the health care complex: large hospital systems, insurance companies and the pharmaceutical industry.

“There’s such a richness of diversity of the partners that are involved with Universal Health Care.”

Grace Damio, Hispanic Health Council



“It kind of looks like the early work of Universal Health Care was really important, not just in Connecticut, but nationally to move the needle politically to make a public option available in Connecticut and elsewhere. And so, Universal Health Care is clearly responsible for the reduction in the number of uninsured Connecticut residents through its early advocacy work and its work communicating to and with small business owners across the state.”

Fred McKinney, Quinnipiac University School of Business

“We came together to bring people and our legislators together to say that this is really important to us and, if you want to be elected, you need to pay attention to what’s important to people.”

Reverend Tracy Johnson Russell, faith leader



healthcare4every1 was organized much like a political campaign where the “candidate” was bold statewide health care reform.

The trademark healthcare4every1 logo was emblazoned on red T-shirts and worn with pride.

Advocates were grounded in the fight by the National Institute of Medicine’s five principles for universal health care reform. On staff, Lynne Ide was the lead organizer. Juan Figueroa was the principal strategist. Frances Padilla and Jill Zorn managed a top-notch research and policy development initiative, with broad-based stakeholder input. Janet Davenport coordinated an award-winning marketing strategy and ad campaigns.

For two-and-a-half years, under the umbrella of healthcare4every1, the team cultivated interfaith, labor, and small business networks and everyday people to demand boldness

from state legislators. They educated and activated thousands of people. They inspired protests and rallies. They hosted strategy sessions and forums. They strategically researched policy options. They convinced elected leaders to do the right thing.

In January 2009, SustiNet was unveiled, a ground-breaking state health care reform proposal. For the next five months, the red T-shirt brigades were omni-present at the Capitol. Legislators could not escape the persistent challenge to act. The Capitol was alive with press events, lobby days, prayer circles, vigils, sit-ins and human billboards.

“One day, after a caucus, word leaked out that a moderate Democratic legislator begged leadership to bring the bill for

a vote so all those red T-shirt people would go away and leave them alone.” Said Lynne Ide, Universal Health Care director of program and policy.

The healthcare4every1 campaign culminated just three years after it launched with the passage of Sustinet via an override of Governor Jodi Rell’s veto. The landmark SustiNet law promised a new approach to health care, offering people the choice of quality, affordable health coverage via a state-backed health plan. Sometimes called a “public option.” Universal Health Care led Connecticut to become the first state to have one on the books!



The shadow of Aetna shades the windows of the Capitol building. Connecticut thinks of itself as the insurance capitol of the world. This belief presents an obstacle that can feel insurmountable. Universal Health Care proved that victory is winnable with the passage of SustiNet and has continued to inch forward health care reform in the face of daunting opposition.

The biggest hurdle to change is having the power to go toe-to-toe against the corporate interests that make buckets of profits in health care. In their effort to protect what's theirs, they intimidate legislators – and the Governor.

Jill Zorn, senior policy officer is adamant, "It is our job to bring clear, compelling information to elected officials." And president Frances Padilla insists, "Policy must be backed by resounding calls for action from everyday people who struggle to pay for medical care, businesses that can't afford health care for employees, health care professionals who wish for a better way to care for their patients, and faith leaders who minister to those sickened by a cruel and unjust system."

This takes work. We have raised stories of people's struggles with health care. We have supported nonpartisan candidate forums and organized voter education and engagement. We have crowded the halls of the Capitol with activists. We have rallied and protested. We have urged legislators to develop, pass and implement laws. We have fought for bold change.

“ The foundation and their employees and their board have been brave, and it's critical because you get toes on the line in these fights, and it's easy to get walked back or shut down and I haven't seen that. In fact, it's been the opposite. They've held a number of us from time to time to account to remind us of why we're here.”

Kevin Lembo, State Comptroller

“ You have the track record of being at the forefront of the most important fight when it comes to health care over the last 20 years. While there are many organizations that are partners in these fights, you are the leader of those fights and that's why we come to you for partnership.”

State Rep. Sean Scanlon, co-chair of Insurance and Real Estate Committee





“ We fight above our weight because of the expertise and involvement and policy directives and, therefore, the ability to get other people to understand that we’re the real deal. That ebbs and flows. It’s not something you accomplish and it stays. You’ve gotta nurture it and keep watering it and maintain it.”

Dave Pickus, New England Health Care Workers, SEIU District 1199, former Connecticut Health Advancement and Research Trust board member

“ You know, the foundation did incredibly smart and wonderful work and got the whole legislature to vote for major change over and over and over in a state that’s dominated by the insurance industry, that’s extraordinary.”

Stan Dorn, Families USA, formerly with Urban Institute



Juan Figueroa, Universal Health Care’s first president, is magnetic. His dynamism helped coalesce two powerful constituencies.

Because faith leaders are drawn to honor their beliefs and serve humanity, they are never far from the fight to overcome social injustice. Juan invited faith leaders from a wide swath of traditions to join the movement for universal health care. He encouraged those who see health care as a divine right and a human right to stand together for health care justice.

“Call it helping the less fortunate. Call it doing the right thing. Call it doing God’s work,” said Juan. “Whatever calls you to the battlefield of health justice should lead you to the movement for universal health care.”

Year-after-year, action-after-action, they faced off against the health industry lobby and protectors of the status quo, including three Governors, with integrity, moral purpose and a spiritual call for change.

No one would say that local chambers of commerce and small business executives are among the “usual subjects” for social justice reform. But health care is an economic issue.

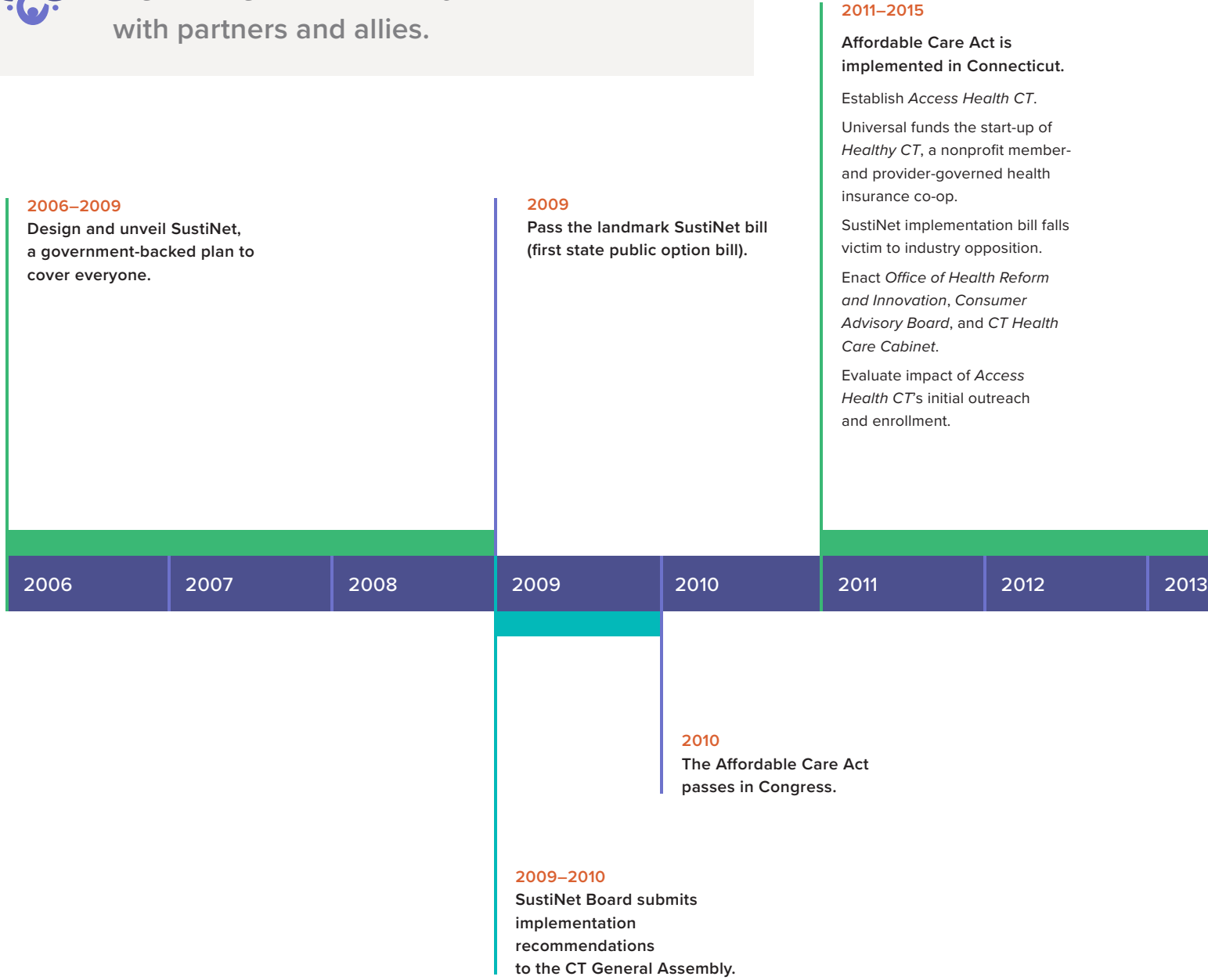
Because health care is too often out-of-reach for small employers, an impediment to attracting and keeping good employees and a barrier to entrepreneurship, Juan believed they were a natural ally in the fight for universal health care.

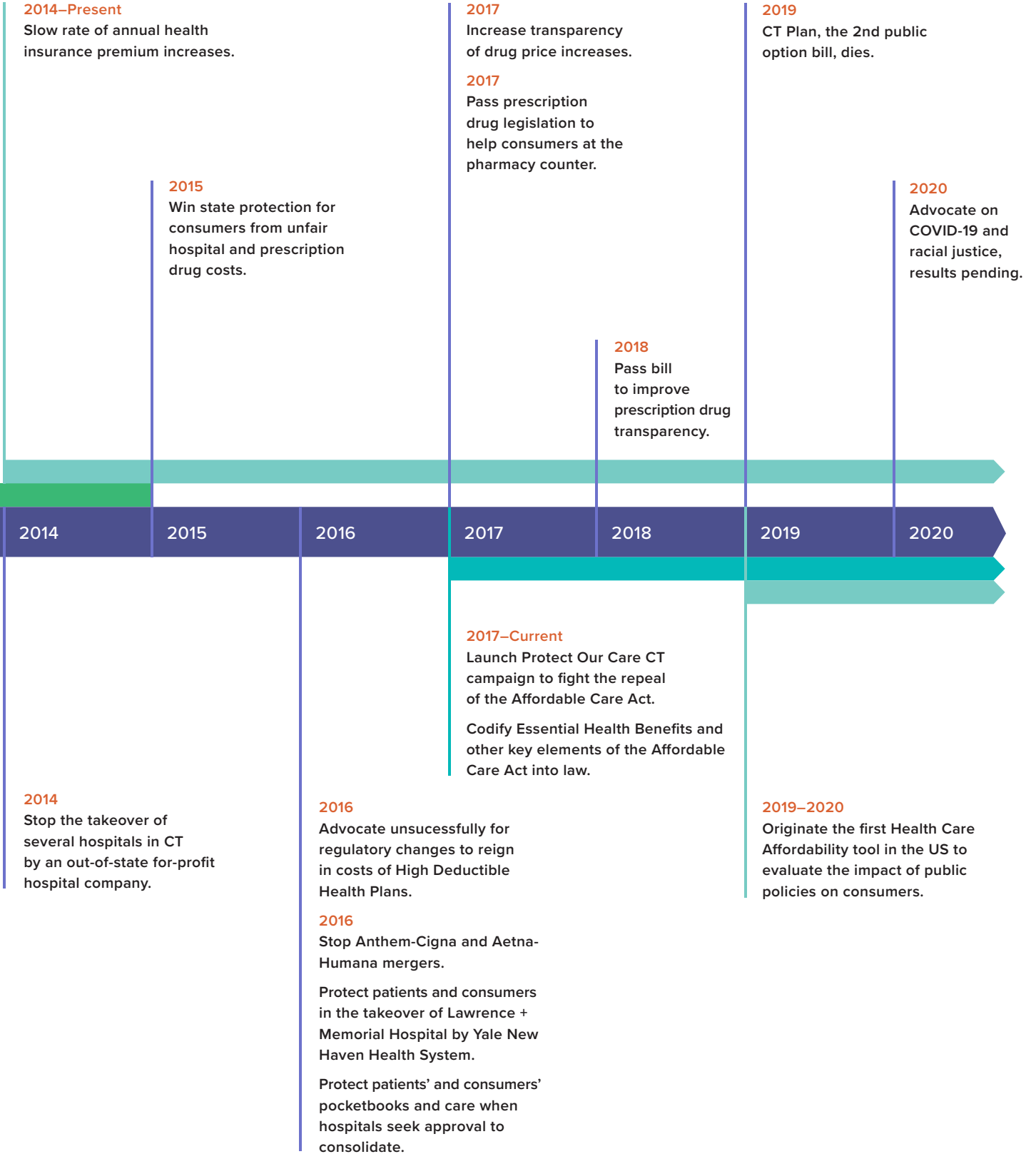
He recruited and mobilized an important constituency in the fight: The Small Business Network for Universal Health Care. Eventually, champions rose up – leaders for whom the health of their employees and the health of their communities is vital. They proudly stood shoulder-to-shoulder with union members, faith leaders and social justice warriors demanding quality, affordable health care for everyone.

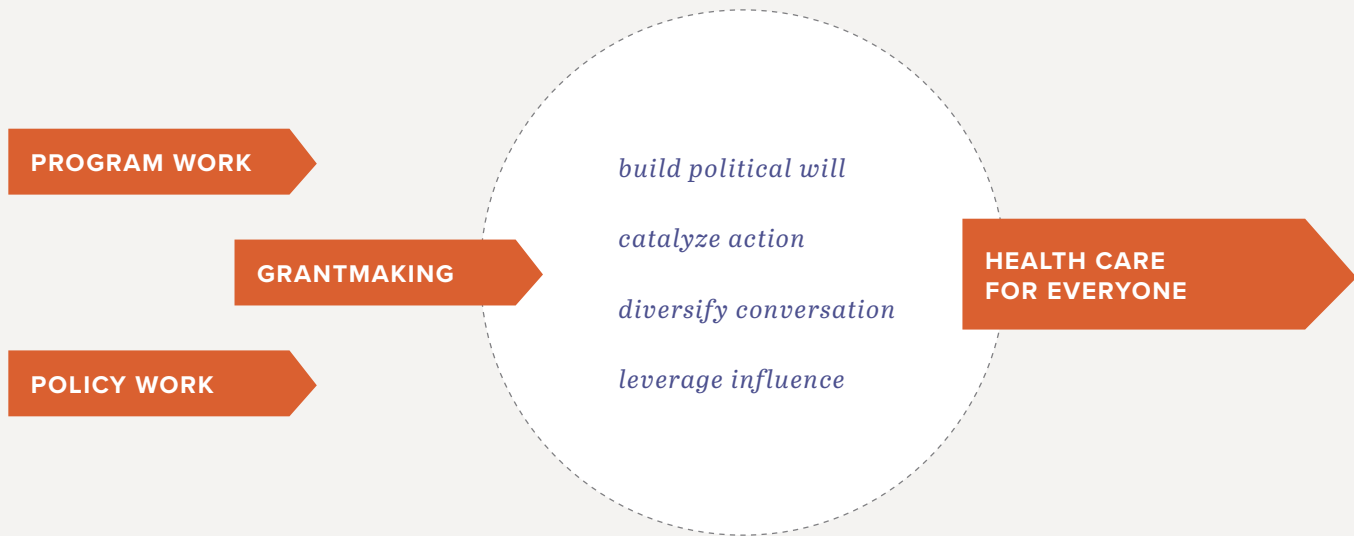




These results were won through *research*, *organizing*, and *advocacy*. We share success with partners and allies.







## We are activists and philanthropists.

We do much of our own program and policy work, and further our mission by awarding grants to allies and partners. Grants build political will, catalyze action, bring diverse perspectives to the conversation and leverage influence.

Sometimes Universal Health Care partners with grantees, like in the *healthcare4every1* campaign and, more recently, on voter outreach, education, and engagement work.

Sometimes grants support coalition efforts like *Protect Our Care CT*. Grants help us tell stories. They build an effective, diverse advocacy community. Grants even teach us to see ourselves and our struggles in a new light, as with COVID-19-era civic engagement grants.

Over the past 20 years, Universal Health Care Foundation of Connecticut has awarded \$16,770,875.

> More details about grants are online at <http://universalhealthct.org/grant-making/>.





Being a part of this great foundation that not only funded us, because that's one of the good things about them, but they also brought people in to show us how it's done. They didn't just throw us into the fire."

Mory Hernandez, Bridgeport Child Advocacy Coalition



I think both the grassroots work as well as the particular funding opportunities available to people at the grassroots level did engage additional partners outside of the structures in place to facilitate the provision of health services to people."

Reverend Bonita Grubbs, Christian Community Action, faith leader



They certainly bring resources that smaller organizations don't have on their own, that's why their role as a grant maker is so important."

Cindy DuBuque-Gallo, organizer, social worker and activist



## Learn. Get Motivated. Take Action!

Provocative communications tease your curiosity, activate you and stimulate you to compel legislators and policy administrators to follow. In our 20 years, Universal Health Care modernized and grew to talk more engagingly about health care and inspire people to stand up and fight. We made news and deployed paid advertising, workshops, blogs, webinars, YouTube, Facebook, Twitter, Instagram, factsheets, surveys, reports, phone calls and face-to-face conversations.

“They just can find the information, they can distill it in a way that everyday folk can understand. For me it’s been really helpful and important in my work, that they have the ability to disseminate the information that folks need to know about all of these really key and important issues that affect our communities.”

Reverend Tracy Johnson Russell, faith leader

“When Universal Health Care did their forums, I could have brought my mother who speaks primarily Spanish and she would have felt completely comfortable. They’re not talking to the health advocates, they’re talking to community folks.”

Caprice Taylor Mendez, Community Foundation for Greater New Haven



## Learn

**Reform to Transform:** This dynamic series of conversations and forums engaged advocacy partners and focused on meeting the challenges in our health care system. We highlighted positive models of government leadership in other states. The sessions also explored a range of issues that contribute to good health, like how to empower patients and why it's important to invest in decent housing and community-based supports.



## Get Motivated

**Your Stories:** Listening to real people's stories - their struggle to get the care they need and can afford - is a priority. The shortfalls in our health care system are brought to life by these stories. They ground our policy advocacy and ignite the call for action.

**Insur-Animals Campaign:** Clever, relatable ad campaigns are key to changing the public conversation about health care. The Insur-Animal animated cartoon characters made hurdles to care, such as deductibles and co-pays, come to life. Another ad in an award-winning campaign, showcased how, like back-less hospital gowns, high costs leave too many uncovered.



## Take Action

**IVote4HealthCare Campaign:** The 2018 nonpartisan push for voter registration, education and engagement raised the need for positive action on health care with voters and candidates. The initiative prioritized people in communities of color.

We must continue to use our collective knowledge and creative power to inspire people to join the fight:

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Health care is an incredibly wealthy industry that profits from our illness.

It all too often bankrupts families and forces people to make tough choices to take care of themselves. We all know somebody who is struggling to afford or get the care they need.

“Health care is always going to be one of the most important issues for people no matter what happens. And success in health care policy is never final, because there’s always going to be something else we need to do to improve the system. As we sort of grapple with this once-in-a-century pandemic, the question that we need to ask ourselves is not how can we go back to normal. It’s, ‘What should the new normal look like for health care?’”

State Rep. Sean Scanlon, co-chair Insurance and Real Estate Committee

“While many of us are fighting day to day to make sure people have access to the care they need, we’re going to need Universal Health Care to help us all stand back and figure out where we go now.”

Tom Swan, CT Citizen Action Group, founding Universal Health Care board member



Kristen, 2020



“Health care should never be about the dollars, or the bottom line,” said Kristen Whitney Daniels, a 29-year-old Type-1 diabetic.

Kristen, who is now insured, struggled immensely when, at 26, she could no longer stay on her parents’ health plan.

All she could afford to replace it was a low premium but high deductible health plan. Affording insulin was a constant challenge. She resorted to rationing. Like so many other diabetics, she gave herself enough insulin to survive, but not enough to maintain a healthy blood sugar level.

Eventually, she hit a wall. She had thought she could “pull herself up by her bootstraps” but it became clear that her insulin supply was incredibly low, and she did not know how she was going to get her next dose.

“I remember vividly going through periods of righteous anger on the phone saying, ‘don’t you realize I’m going to die without this,’” she recalled. “All they could say was ‘I’m sorry.’”

Rationing insulin is not healthy and can cause problems to surface later in life. Kristen said she is terrified. She has no idea what effect the years of rationing will have on her in the future.

Jamal Jimerson, a 40-year-old Black man, lived a different, but no better, experience with the health care system. It led him to say the greed has got to go.

“I don’t think capitalism and health care needs to be woven together so tightly that you need to be a person of wealth to have your life valued,” he said.

Jamal grew up understanding that every system in his life was infected with racism. He saw family members die because they could not afford preventative treatment, and when health problems were diagnosed, it was too late. This has left him with a lasting traumatic relationship with the traditional model of health care delivery.

In this moment, there’s a national conversation about racism, anti-racism, and anti-blackness. But he said anti-racism is not enough to address the problems that Black people face in health care.

“What I’d like to see from the health care system is that everyone, particularly Black people and other people of color, have the resources they need and the access they need. And the removal of the systemic barriers that kept us out of hospitals and out of receiving the highest quality of care possible,” he said.

Jamal, 2020





I want a system that sees the quality, the humanity of the patients over the quantity.

Katia, 2020



The prejudices that exist in health care extend to immigrants, as well. Katia Daley, 24, now has health insurance through her husband, but growing up in an undocumented family, she knew too many obstacles to health care.

“There have been times when my entire family cried because doctors don’t listen to us, they don’t actually help us when we’re asking for something. There are times when we are unable to decide whether we go to the doctor or whether to continue to deal with the pain.”

Katia moved to the U.S. from Peru with her family in 2010. Since they arrived, she has acted as a translator between her parents and their doctors. This has not always been easy for her, but she says she does not trust hospital interpreters to listen adequately to what her parents are saying.

Katia was a dedicated athlete in high school. During her athletic career, she sprained her ankle twice.

“The coach said, ‘Katia, we need to call the ambulance so you can get x-rays.’ I had to say, ‘Please don’t. I’m good. I’m going to walk it off.’ And I started crying,” she remembered. “I wasn’t crying for the pain, I was crying because how am I going to tell my parents that I sprained my ankle, because we couldn’t afford an x-ray. We couldn’t afford what was happening.”

She and her family could never rely on being able to go to the hospital or being able to afford medicine.

“I want a system that sees the quality, the humanity of the patients over the quantity,” she said.

She went on to say there needs to be reform in the pharmaceutical industry. “Life saving medicines are continuously being monetized for the benefit of big companies, or for the benefit of the people running them. I know many of these medicines are developed with government money, so I don’t understand why they can privatize them,” she said.





I'm a doctor, my wife is a nurse, we have friends who are attorneys and we can't figure this stuff out. How are regular Americans supposed to work their way through this system?

Mark, 2020



Mark Rego, a 61-year-old former physician, has known that the health insurance industry is broken for years. Battling cancer and a disability that have prevented him from working have shown him first-hand just how broken.

At one time, he and his wife paid \$2,500 per month for health insurance.

"Most people couldn't pay that. So what in the world would people do? What do disabled people do? Now, we have vast numbers of unemployed people, they say that there are all these options. But no. There aren't. There are no options for me." He said.

Mark used to have COBRA for insurance, but when his wife changed jobs, he was no longer eligible for his COBRA plan. He had Medicare Part A and D at the time, and now he has Medicare Part B as well. There were months where the Part B had not kicked in.

Just acquiring insurance has been confusing for him and his wife, who works as a nurse.

"I'm a doctor, my wife is a nurse, we have friends who are attorneys and we can't figure this stuff out. How are regular Americans supposed to work their way through this system?" He asked.

For Mark and his wife, the system has been confusing and at times downright malicious.

Mark got a call one evening around Christmas from his insurance provider, saying that because of a loophole, they were not going to cover any of his outpatient procedures, and that they would take back \$300,000 in payments they made toward his cancer treatment.

When he asked for documentation to prove that this was valid, they didn't provide any. It wasn't until the Insurance Department intervened that the cruelty came to an end. The state determined that what Mark's insurer had tried to do was illegal, and the company had tried to do the same thing to 17 other CT families.

For insurance and health care definitions, please go online to <http://universalhealthct.org/basic-health-insurance-definitions/>.

## As We Enter the Next Decade: *Our Vision*



One must be hiding under a huge boulder not to feel the impacts of 2020. We're all living through a pandemic in a country where the President prefers to deny its gravity. The federal management of a nationwide public health threat is inadequate.

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In Connecticut, our state government has coordinated a better response to the COVID-19 crisis. The results can be seen in the declining numbers of people in the hospital, and the increasing availability of testing. But it's been a patchwork of executive orders and voluntary, temporary COVID-19 policies by hospitals, nursing homes, insurance companies, prescription drug companies and other health industry stakeholders.

Systemic racism and income inequality have left too many residents unprotected from both the health and economic devastation of COVID-19. The burden of this has fallen disproportionately on Black and other people of color, immigrant families, those living with disability and chronic illness, the incarcerated, people living and working in institutions like nursing homes and on low- and middle-income people.

As if this weren't maddening enough, a horrifying video went viral and brought to our collective consciousness the public lynching of yet another Black man by white police. One more link in a chain of brutality Black people know all too well. This time, the pressure valve blew off. A collective cry for justice and policy change rang out all over the country and Connecticut.

"Racism is a public health pandemic," said a young man who works with us to engage people of color in changing the health system. "Riots are the language of the unheard," said Rev. Dr. Martin Luther King, Jr.

At a Convention of the Medical Committee for Human Rights held in Chicago in March 1966, MLK also declared, "Of all the forms of inequality, injustice in health care is the most shocking and inhumane." Our Board Chair Dan Livingston has said, "Health care is intertwined with a larger fight for social justice." Health justice and racial justice are intertwined.

As Universal Health Care enters its third decade informed by lessons from the past 20 years, influenced by all our state and country have and will endure through the pandemic, and hopeful the Black Lives Matter uprisings will give way to real change, we have sharpened our vision of the future.

We will be a catalyst for this vision. It is big and bold, and hard, and imminently achievable if we all work together. We need you to build power and to keep the light shining on the experience of real people like Linda, Jamal, Mark, Kristin and Katia. To achieve this vision we need YOU with us.

A handwritten signature in black ink that reads "Frances G. Padilla".

Frances G. Padilla,  
President, Universal Health Care  
Foundation of Connecticut



## WE ENVISION A HEALTH SYSTEM THAT...



### *... nurtures our health*

The health system becomes an ecosystem of individuals, families and communities supported by community-based organizations, traditional and nontraditional health professionals that nurtures our physical and mental health to prevent illness, manages chronic conditions, and addresses social and economic challenges to our wellbeing.

Everyone, regardless of race, gender, immigration or employment status is included in our vision. Universal means everyone, and for everyone to benefit, policy changes are evaluated through an equity lens.

Health services and prescription medicines will be fairly priced. Quality health benefits will cover the care needed and especially make prevention and primary care accessible, affordable and even free. High quality care delivers improved health outcomes.



### *... is accountable and responsive to the people it serves*

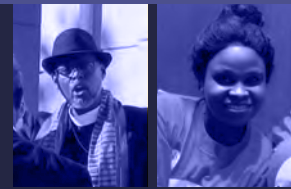
Hospitals, community health centers, private practices, insurers and other parts of the system will include regular people at decision-making tables. The system will be responsible to the people served, not just to financial results.

Policymakers will protect consumer and patient interests and the people will hold them accountable. System actors will report publicly on their annual performance on health outcomes and financial performance and remediation measures.

CT residents will build and exercise their power to hold the system and policymakers accountable.



## WE ENVISION A HEALTH SYSTEM THAT...



### *... takes excellent care of all of us when we are sick*

We see a health care system that when we do become ill, provides the best care, no matter who we are, or where we come from, or whether we have the money. Affordable quality care is the standard for our physical, mental and oral health.

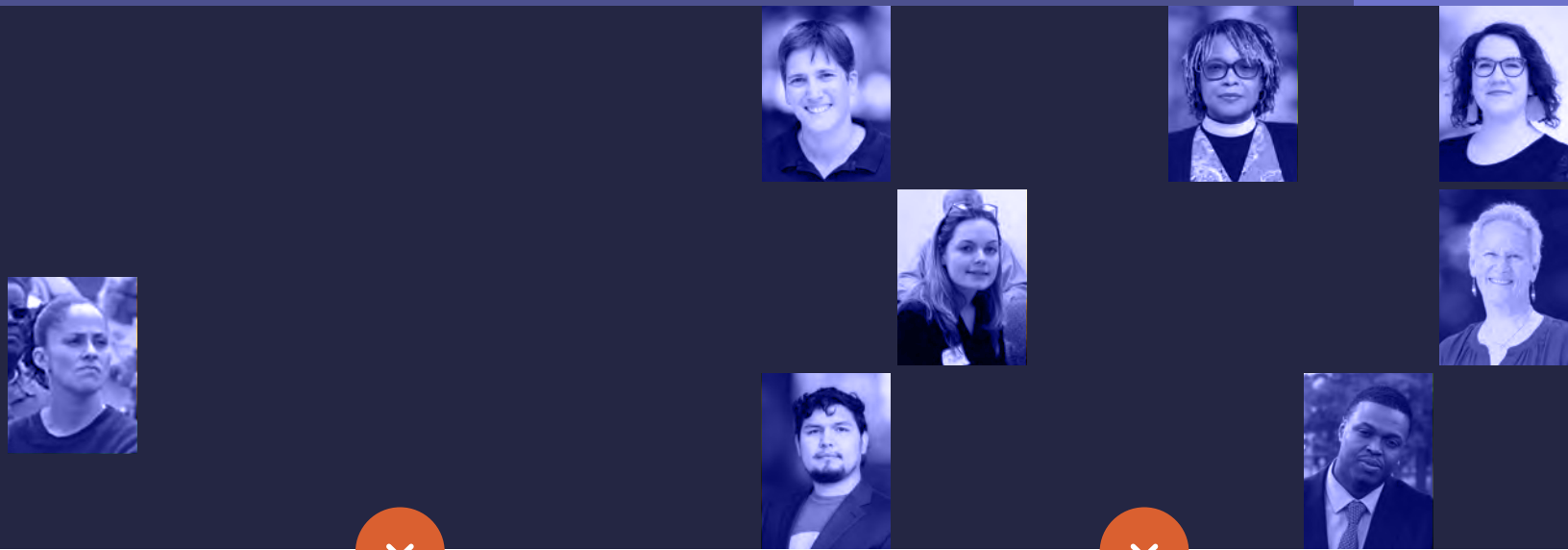
The ecosystem for health will provide multiple ways to obtain affordable coverage that is continuous and comprehensive, easy to understand and use. It will identify and treat illness early. System results will be evaluated through an equity lens.



### *... doesn't threaten our financial security*

We envision a system that frees individuals and families from the burden of medical debt and fear of credit damage, one that makes it possible for small businesses to attract and retain employees and grow. We see a future where state and local government exercises its full negotiating power on behalf of us all so that its role in providing access to coverage is sustainable over time.

Regulatory mechanisms keep health care prices in check so that greater investments are made in other important areas of our lives, such as education, housing, job training and public transportation.



*... continues to be an important source of quality and safe employment*

Health care employs thousands of state residents. This will continue, as health care jobs are often good jobs, with benefits and wages families can thrive on.

A racially and ethnically diverse and culturally competent workforce improves the health system’s responsiveness to the people it serves, and provides a career pathway for entry level employees who are often residents of communities where health care industry players operate.

*... and is a source of community vitality.*

We envision the health and health care ecosystem strengthens the economic and social well-being of communities, rises to exercise leadership in both stable times and times of crisis, offers financial support, confidence and hope.

*Change is overdue* and needs you!

Today, 20 years into the fight, health care is still intimidating, confusing, expensive and dehumanizing. These stories are the tip of the iceberg. *Black and Brown people are disproportionately impacted.* They are not alone.

In a 2018 survey, 50 percent of Connecticut adults reported they'd been *burdened* in the past year by the cost of their health care, and 43 percent encountered cost *barriers to getting care* the previous year.



## The time is now.

Our health care system works for the shareholders and industry executives who profit from the daily hardships of their neighbors in Connecticut. It's time for a system that works for everybody.

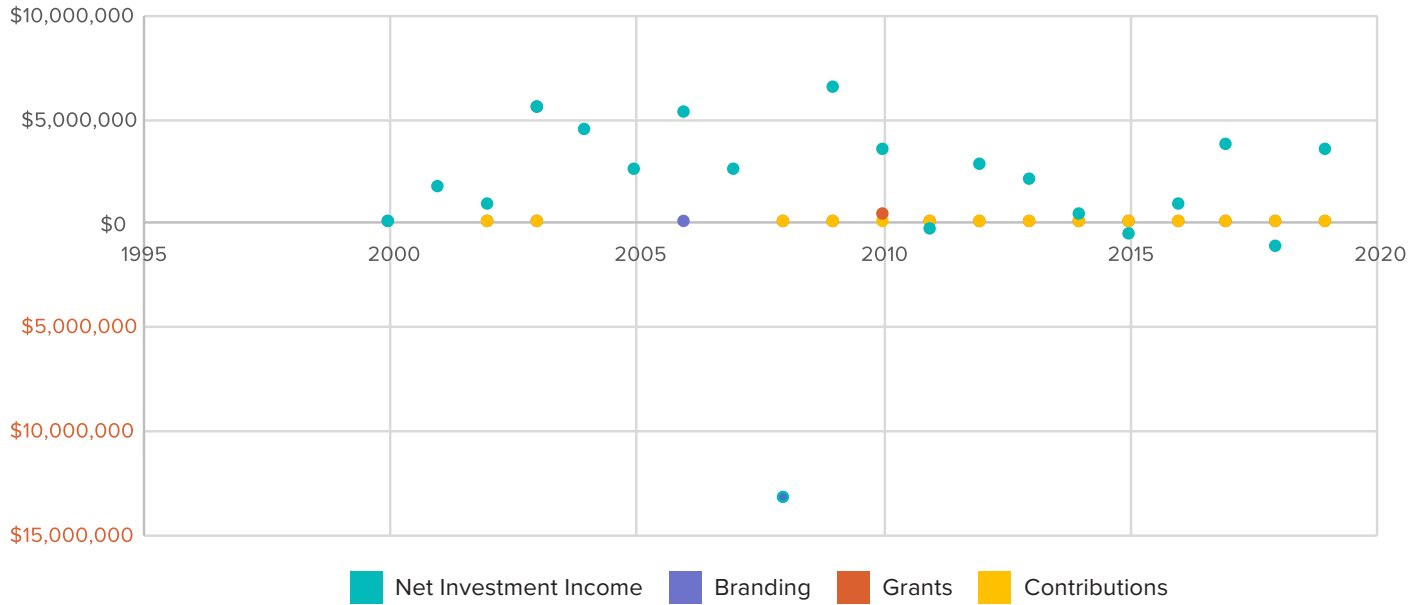
## The fight for universal health care is far from over.

The next 20 years begins today, please help fuel Universal Health Care Foundation of Connecticut to win the fight for health equity, good quality and affordable care with your charitable donation. Thank you.

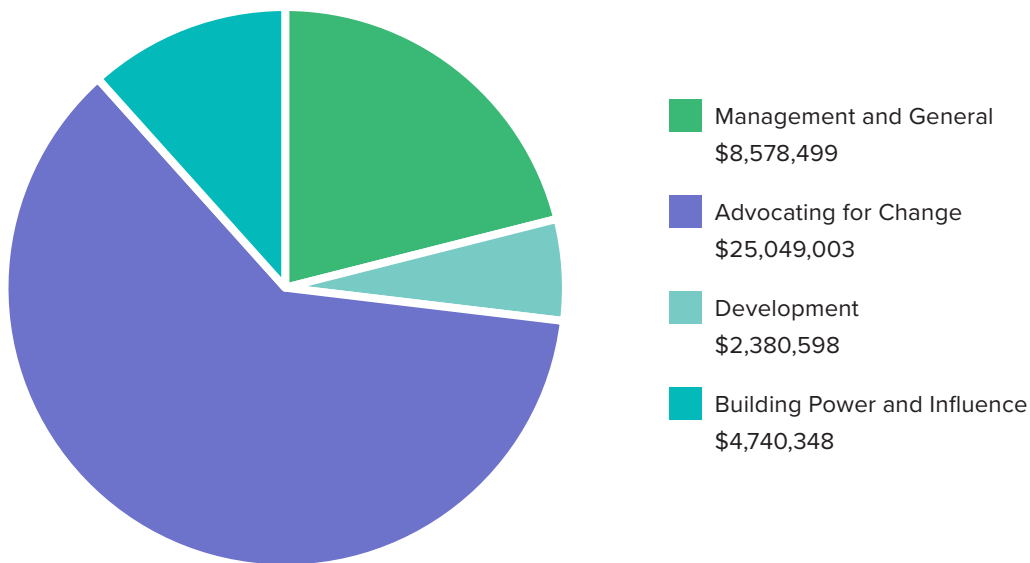


# Financial Information

## Revenue by Source and Year



## Expenditures by Category



For information about Universal Health Care’s investment strategy and asset performance, please refer to <http://universalhealthct.org/financials/>.

# Board and Staff

The fight for Universal Health Care in Connecticut has been directed through the years by a committed and visionary group of Board Members.

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~ Connecticut Health Advancement and Research Trust Board Member

^ Universal Health Care Foundation of Connecticut Board Member

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*We proudly recognize and appreciate  
the talents and labor contributed by  
staff who've come before.*

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Rosana G. Ferraro

Heidi Green

Lynne Ide

Jacqueline Nappo

Frances G. Padilla

2020 Special Report  
Photography  
by Chike Photography

Historical Photos  
by Nick Lacy and others  
in the fight

Vevo Vevo Design



The fight for quality,  
affordable health care  
is far from over.

It can't be won without you!

**Join Universal Health Care  
and #FightOn4Everybody**



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