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Bill Tyler Current healthcare in this country is like a bully in the schoolyard that shakes you down for your lunch money everyday. But like all bullies, they must finally be challenged and told NO. Even if that means a bloodied nose. Today's healthcare reform legislation is the kid who stands up to the bully for everybody in the playground. (full essay follows) 7 hours ago clear

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Bill Tyler Current healthcare in this country is like a bully in the schoolyard that shakes you down for your lunch money everyday. But like all bullies, they must finally be challenged and told NO. Even if that means a bloodied nose. Today's healthcare reform legislation is the kid who stands up to the bully for everybody in the playground. (full essay follows)

7 hours ago · Comment · Like

Terri Horton Sessums, Al Goll and 2 others like this.



Bill Tyler Major thanks to all who have contributed their own personal healthcare stories, opinions, comments and insights. And many thanks to those who have followed this thread.

Over the last 3 weeks, what I have learned is that healthcare, health insurance and health itself is a far more private matter than I fully understood. In fact it appears to be more private than religion and politics. I know that talking healthcare is not fun, it's difficult, it smells like an antiseptic hospital full of dread. Avoiding the gloomy subject is practically natural. It's hard to look at and tell the truth about mortality. But is is also that very mindset that has played into the hands of an unfair healthcare delivery system. When people are silenced in this manner, their voices are not heard.

Stories that didn't step forward are all over the healthcare map. The healthy and insured feel 'lucky' that they do not have a 'horror story' to tell. On the other hand, the uninsured are somewhat 'ashamed' that their chosen career paths lead to a high-wire act without a net. But for the most part, everyone I encountered through the back channels of chat and messages are crossing their fingers that 'nothing will happen' regardless of their past or present circumstance.

As we all know, artists and musicians follow a different beat . We cherish their gifts that bring us joy. As self-employed 'freelancers', artists of all pursuits stand on the very precipice and abyss of the healthcare debate happening now. As sensitive souls, some choose to remain silent, which is fine, but more worrisome are the ones that feel stigmatized because of circumstances completely beyond their control. An unexpected illness. Nobody asks for a bout cancer in the prime of their life. But when it comes, they have to deal with it.

I have also come to realize that this healthcare dialog has illuminated significant social patterns that contribute to economic and creative inertia. For instance, there is no secret or shame in actually having coverage through your spouse, but when benefits dictate a couple's freedom and employers are given the upper hand because they know you can't leave with a 'pre-existing condition' ... well, that is when people don't move around, follow dreams and purse true happiness. Houses are not sold, bosses don't give incentives or raises in exchange for out of reach benefits with high deductibles. The private monetization of the healthcare system has ruined lives all over this country. It is also telling that the Chamber of Commerce is against you having better benefits with the President's legislation. Why? Because they don't want you to move, give you a raise or lower your deductible. It's all about money. It always is.

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Current healthcare in this country is like a bully in the schoolyard that shakes you down for your lunch money everyday. But like all bullies, they must finally be challenged and told NO. Even if that means a bloodied nose. Today's healthcare reform legislation is the kid who stands up to the bully for everybody in the playground. He may not be Rambo with a public option or a 'medicare-for-all' card in his pocket but he sure makes for a pretty cool Clark Kent in glasses.

Friends, these are the final hours of a fifty year debate that is centuries old. 'How do we take care of one another in our most vulnerable hours of illness?' This is the moment for truth and power to hold court and beat the bully. To call it's bluff. To chase it down the halls of hell for the better good. This is the hour, because after Friday a page in history will forever turn. This is moment to share your story.

Now for a few shout outs to others I have encountered on this path:

For the family who sold every known asset and square inch of the 100 year old family farm to take care of their Mother with Alzheimer's. God Bless You.

For the woman who fought every good and just 'non-profit' cause ' without a days worth of insurance in 42 years. Stay well and fight the good fight.

For the man who took out a 'Healthcare Mortgage' because he missed one payment and was dropped when he needed care the most. I wish institutions were as honest as you are.

For the man who lost a kidney, beat cancer and negotiated an 85% reduction settlement because he was uninsured. You are real inspiration. And a good indication that market driven healthcare is wildly fraudulent.

For the couple with preexisting conditions who moved to discover a 'Freelancers Union' in the North, thus allowing them both to finally be independent. Right On!

For the lady with 2 special needs children who moved to a state with the most liberal healthcare protection for her children. More prayers for your family and better care for everyone everywhere.

For every artist, sculptor, singer, song-wrtier, musician, actor, designer, dancer, creative and human being who reaches for the stars regardless of vocation and reward: may your voices be heard and your art remain beautiful, hopeful and lasting. I am grateful to know you and experience your talents. Always. I wish everyone of you the very best of health, the longest of days and many happy returns. That's my story. I am...

Your Friend

Bill Tyler  
Nashville  
7 hours ago · [Delete](#)



**Bill Tyler** shares an insight from two pros.

For years, living in the South, I was stuck in jobs that limited my professional development and discouraged my creative growth. Why? Insurance coverage. My husband and I both suffer from chronic illness. A lapse in insurance is simply not an option. Unfortunately, most Southern states make it easier for insurance companies to make a profit than for hardworking people to make their premium payments. Recently, we moved to New York, where we learned of a new option – the Freelancers Union. This organization allows self-employed individuals to band together and qualify for the sort of coverage that in most states is available only to those employed by large corporations. It's a Godsend, and it's an option that should be available to every family in every state in the U.S.

3 hours ago · [Delete](#)



**Bill Tyler** shares the story of childhood friend, Cindy Hood. This is the the tale of a 'fully insured' Mother of Triplets who came into this world as miracles. Her insurance company did not live up to her families'

heroics.

---

Hi--

I was in the hospital for a month before my kids were born--from Dec. 20 through Jan 22. Though we were seamlessly insured through my husband's employment, we did chose to switch at open enrollment time between the 2 plans the employer offered b/c one covered the facility where we planned to have our triplets at a higher percentage. The change took effect at the beginning of the new year, during my hospitalization. In the aftermath, the first insurance company claimed that they should only pay for the charges for care through the end of the year. The second company argued that there was only one episode of care so the first company should pay the whole thing. They said I should have checked out, and back in perfect calibration with the change of the year. Need I say that I was unable to do this? It might have killed my fragile unborn children, and it never occurred to us or anyone at the hospital. The facility wanted to be paid, and neither company would come forward with the money. Eventually, the facility filed suit against us. Again, we were paying huge premiums, played by all the rules and should have been fully insured. We got it worked out, but it took a great deal of time and stress during the time our premature children were fighting for their lives in the NICU.

Several years later, United Hell-thcare decided to reduce the number of covered therapy visits from 60 to 20. This was bad news for us. One of our daughters has quadriplegic cerebral palsy and our son (who weighed only 14 oz. at birth--what a hero!) is severely autistic. Naively, I called UHC customer service. I did ask to speak to a supervisor, having already experienced the very poor level of care one receives from the first line of reps. This woman asked me why I thought my children needed these kinds of therapies. I poured my heart out about my son's impairments. When I finished my recitation, she said, "So, your son is ARTISTIC?" We were paying a king's ransom in premiums in exchange for profound feelings of hopelessness.

It was near mid-year when we were informed of the reduction in therapy visits. We expected the change to take effect on July 1, which was the beginning of our insurance plan year. Though we felt sure that this would be the date for the change, we asked specifically about this anyway. They told us that the change was retro-active to the beginning of the year! We had already used up our 20 visits before we were even informed of this change! I contacted our state insurance commissioner and was told that they were permitted to do this. We had been in the process of getting a pediatric wheelchair for our daughter. A physical therapist had been required to be at the meetings for assessment and measurement to plan the chair. The insurance company had changed the company we were required to work with 3 times in the course of planning the chair. They kept finding other companies that they had a contract with that they preferred we use. Most of our daughter's 20 therapy visits had been used to do and re-do and re-do the chair planning that the insurer forced us into. They might be allowed to do this, but it is not right? And there is no one you can speak with that had authority to make it right. Hopeless and helpless...and fully insured.

UHC always trumpeted that durable medical equipment was covered at 100% during their promotional meetings. The truth? There was full coverage only for equipment that they covered. Get it? If their policy is not to cover standing frames, then they won't pay a cent for that durable medical equipment. Their reason is that "there is not enough peer-reviewed literature to demonstrate benefit." This gives families of disabled children another task--researching an orthodox, routine, time-honored (NOT experimental) piece of equipment. And, in fact, there is very little peer-reviewed literature demonstrating the benefit of standing for physically limited people. The reason is that the benefits are starkly obvious: prevention of spinal deformities, avoiding demineralization of long bones from lack of weight-bearing, healthier respiration, etc. There is no funding for research to prove the obvious. So--they gotcha. You'll pay out of pocket to the tune of 3-5K, and you're...fully insured.

We wanted an adaptive bike for our daughter. There is

precious little that she can do that is active, age-appropriate and community integrative. We requested that her waiver program funds be used for this purpose. We had always only used a small percentage of her budget so that the rest went back to the state each year. We received a denial, which we appealed. I appeared at several hearings before a judge to testify in support of our request. Once again, I used abundant time that I should have been able to give to my children to prepare a case. The other side had well-versed and sarcastic attorneys. I used every power of eloquence I could summon. The judge was to have 90 days to render an opinion. He took twice that and upheld the denial. He said that we had proved that Jane would benefit in many ways from biking, but that more physical therapy would be equally effective and the funding for that could come from a different source. What child would rather spend time being manipulated by an adult in a small room than to be enjoying time outside with peers? No bike for Jane.

Finally, we received an explanation of benefits that showed that our insurance had paid a hospital in New Orleans for treatment of our son's fractured pelvis in 2006. Our son has never had such an injury, and we didn't even live in Louisiana in 2006! We tried to tell UHC to investigate these charges, that they were erroneous. Their response was, "Are you alleging fraud?" We preferred to think there might have been an honest mistake. They told us, "when we get a bill, we pay it. Take it up with the hospital." They were utterly uninterested in recouping thousands of dollars they had paid out in error yet they refuse to pay for legitimate needs. We were concerned about these charges figuring into our lifetime cap on benefits. It's 2010--4 years down the road--and we are still working on getting this reversed. Another burden we should not have.

These things people endure when they are privately insured. The only decision-making criterion is greed, and there is no oversight. I shudder to imagine what it must be like to be un-insured! In closing, I will say that I have it on good authority that the private insurers provide their employees with training on how to obfuscate and delay payment. That is despicable. A public health care program might not be perfect in every respect, but at least it would not be devised to harm.

Cindy Hood  
3 hours ago · [Delete](#)



**Bill Tyler** per the author:

This is not a story of bankruptcy or ruin due to oppressive medical costs and heartless insurance companies. And, luckily, to date there have been several happy interludes if not out-right happy endings. But it is nonetheless a cautionary tale or a teachable moment or one of those things I can't ever tell apart. I just know that I'm lucky. But I just don't know at what.

This past summer while working as a freelancer in the Midwest I displayed some rather alarming urological symptoms and on the advice of a friend's internist went to a nearby emergency room to check for kidney stones. There they discovered a massive tumor on my left kidney and by massive I mean county-fair- prize-winning-eggplant size!

The ER doc starts talking and there was a moment of mortal dread when the words "renal cell carcinoma" went whizzing past my head. He told me to google it and the first wiki that popped up on the iPhone started with the phrase, "The most lethal...". My world was all white noise and cold for about an hour after that. I hate Google.

I was referred to a local urologist. The dude is a rock star in robotic laparoscopic renal surgery. His first thing is "that kidney has to go". Which I'm cool with but then he starts talking about metastatic carcinomas and survival strategies. More white noise. He schedules bone and chest scans to check for any spread and then goes on vacation.

At 7 a.m. on Monday the phone rings. Uh-oh. The results from the bone and chest scans came back. Negative. The cancer is non-metastatic and the removal of the eggplant (along with the kidney) will result in a 100% cure. Nice.

Two days later the urologist, now back from vacay, says "not so fast". Apparently, he is less convinced that this thing is a simple snip-and-stitch. He starts in about about a little blip in the bone scan and my being at high-risk for metastatic kidney cancer and this is a cancer with neither treatment nor cure; that this is a tumor that's been growing for the last decade and who knows what other mischief it has caused; that because of the size and placement of the tumor he can't do it laparoscopically and will have to make a huge front-to-back flank incision which means a week in the hospital and a month of slow, painful recovery and even then who knows what my chances of survival are.

Bah-dum. Oh well, unless I get in a knife fight or join Al Queda, at least I know what's gonna get me.

Meanwhile, my wife shows up from California and says, "This part is over - we're going home for another opinion." We saw the new urologist, and maybe it's the difference between the West Coast and the current state of the Midwest but he was much more positive and optimistic about the whole thing. Yes, it almost certainly is renal cell cancer (less than a 5% chance that it's a benign tumor). Yes, there was a little anomaly on my bone scan but because of its distant location on the 8th right posterior rib and the fact that there is no other local spread specifically in the renal vein or the nearby lymphatic nodes or my lungs that it is highly unlikely that it's anything other than a false positive (which a subsequent scan confirmed). Yes, the mass and kidney need to come out but he says he's seen worse and plans on doing it laparoscopically with a small incision and have me up and walking the same day. Shorter surgery with a shorter, less painful recovery.

Boo-yah. And he can do it the following week.

So basically, I'm okay. The next steps were: one more scan to draw an exact bead on this thing, one more pre-op physical and then poof! After a two-and-a-half hour surgery, I woke up missing a kidney. Three days later I'm back at home. Two weeks later I'm back at work. Which was good because I don't get paid when I don't show up. The labs revealed my 12 cm x 9 cm tumor was indeed a non-metastatic renal cell carcinoma. Although the grade three firmness was a cause for concern, the fact that the carcinoma was a chromophobe cell seriously reduced the chance of reoccurrence so much so that both the urologist and the oncologist recommended no adjuvant treatment. No chemo, no radio therapy, no drugs (other than vicodin). This skips over the somewhat scary fact that there really is no treatment for kidney cancer. As one physician put it, "Kidney cancer is a weird actor".

But here's the kicker - because I'm a freelancer I didn't have employee-based group medical insurance.

Whether or not I could have opted into one of the many loose confederations of freelancers and purchased insurance is another story. I didn't. Fortunately, as a well-paid freelancer being uninsured wasn't really a problem because the hospital and virtually every doctor, specialist, lab and pharmacy I encountered offered a 40% discount for self-pay. That's right! Forty percent right off the top. In my case self-pay meant cash on the barrelhead, son. And this was without even asking! So if I ensure (ironic) prompt cash payment almost half the cost of diagnosis, pre-op examinations, imaging and tests, surgery, pathology, recovery, post-op care and drugs just goes away. As if it never existed.

I want to stop here and say there are incredibly generous and thoughtful people running and staffing hospitals and my family and I are grateful for their patience and ingenuity.

And now a few hard, cold facts (all costs undiscounted):

Emergency room visit: \$2500.00  
 Emergency room imaging: \$1500.00  
 First urologist office consult: \$450.00  
 Bone scan and x-rays: \$1800.00  
 Second urologist office consult and surgery: \$1700.00  
 (The bargain of the century in my opinion. Thanks again, doc.)  
 Pre-op imaging \$300.00

Pre-op blood labs: \$300.00  
 Pre-op exam: \$200.00  
 Anesthesiologist: \$2500.00  
 3-day hospital stay: \$90,000.00  
 Various drugs: \$500.00  
 Pathology labs; \$500.00  
 First Post-op Oncologist: \$500.00  
 Second Post-op Oncologist: \$365.00

This is somewhere north of \$103,000.00. To a person diagnosed with cancer it is worth every penny to make it go away.

But it didn't take long to realize that those costs weren't real. Prior to scheduling my surgery, the hospital required a \$15,000.00 deposit. which I gladly paid. A month after the surgery I receive a letter from the hospital informing me that I was responsible for a whopping 0% of the outstanding \$75,000.00 balance. Zero. Percent. For those keeping up with the math that's an 85% discount. I gladly accepted it. They said my case was referred to charity but they had my tax returns and there's no way anyone making my salary was a charity case. No fucking way. With the standing 40% discount still in effect I paid roughly \$8,000 of the remaining \$13,000 in other costs. The notable exception to the discount scheme was the urological surgeon whom I would gladly have paid triple his fee.

In total it took 25 grand to have my cancer diagnosed and, according to my doctors, cured.

So why is there a "debate" about healthcare?

I had skilled, talented doctors. The nurses were awesome and the administrators could not have been more knowledgeable or professional. And please believe me, I know that I'm fortunate. I was healthy, in good shape, had some cash money to throw at problems and an incredible personal and professional support system. But for some reason I was spare the desperation and catastrophic financial burden that others in similar situations have experienced. My cancer is gone. Maybe it'll never come back but I'm left with some questions: where the hell does all the money exchanging hands between patients, providers and insurers go? Apparently, the healthcare professionals didn't need it to cover their costs and make a profit. Is it built in to cover "charity cases" like me?

As to health insurance, there should be no debate. We must reform health insurance and how we pay for medical care. And I hope we do it now. I might not be so lucky next time.

about an hour ago - [Delete](#)

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**Bill Tyler** asks you to read the The Patient Protection and Affordable Care Act. There are a lot of things in here that can help all Americans.

Yesterday at 9:51am · [Comment](#) · [Like](#)



**Bill Tyler** says read the The Patient Protection and Affordable Care Act now before congress.

[The Patient Protection and Affordable Care Act](#)  
dpc.senate.gov

Yesterday at 9:48am · [Comment](#) · [Like](#) · [Share](#)



**Bill Tyler** Doctor's Orders: OP ED from the Clarion Ledger in Jackson Mississippi

<http://www.clarionledger.com/apps/pbcs.dll/article?AID=/201003140100/OPINION03/3140302>

Yesterday at 11:26am - [Delete](#)

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**Bill Tyler** "Change will not come if we wait for some other person or if we wait for some other time. We are the ones we've been waiting for. We are the change that we seek."

Sat at 7:13am · Comment · Like

Terri Horton Sessums, Mary Breen and Joe McMahan like this.

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**Bill Tyler** rallies for the final push on healthcare reform and encourages others to attend events, make calls and get this done for the greater good. Follow the link below to affect positive change because quo is not working for the working musicians and artists everywhere.

"Change will not come if we wait for some other person or if we wait for some other time. We are the ones we've been waiting for. We are the change that we seek."



**RSVP to join the Final March for Reform this weekend**  
tinyurl.com  
As the next step in the Final March for Reform, OFA supporters will be gathering at phone banks across the country to call voters in critical districts nationwide, asking them to reach out to their representatives and express their strong support for reform. Find an event near you.

Sat at 7:12am · Comment · Like · Share



**Bill Tyler** shares this from a fine local musician. "My premium has always been my largest payment. My medical bills for my wife and child are always about 5 times my mortgage payment and I had to join a farmers union to get that." -dl-

March 12 at 10:50am · Comment · Like



**Bill Tyler** Call Your Representative Today



**Let your representative know you support health reform**  
my.barackobama.com  
Across the country, supporters of health insurance reform like me are calling their representatives to ask them to vote for reform.

March 12 at 8:33am · Comment · Like · Share



**Bill Tyler** Hello Music City!

I just called Jim Coppers office to express my support for the upcoming healthcare legislation and invited he and the staff to 'Chemo-A-Go-Go' on March 18th. Looking to end benefit concerts for those without benefits. Let's hope Copper shows up for the concert and the Vote

<http://tinyurl.com/yapqw5g>

Call his office at:  
Rep. Jim Cooper (D-TN-05)  
CALL: (202) 225-4311

March 12 at 8:55am · Delete

Write a comment...



**Bill Tyler** Myths about Healthcare Insurance Reform Debunked.



**Op-Ed Columnist - Health Reform Myths - NYTimes.com**  
www.nytimes.com

Well-informed people are buying into three big myths about Obamacare. The plan may not be perfect, but it is reasonable and responsible.

March 12 at 7:26am · Comment · Like · Share



**Bill Tyler** goes to youtube

<http://www.youtube.com/watch?v=91BtwcPL16w>

March 12 at 7:43am · Delete



**Bill Tyler** goes to youtube to compare programs.

<http://www.youtube.com/watch?v=SSJugLUm58>

March 12 at 7:54am · Delete

Write a comment...



**Bill Tyler** It has been 45 (1965) years since LBJ signed a medicare bill that has protected your loved ones over 62. This legislation moves our generation to something closer to fairness and protection. Insurance now has the playbook of every reform idea on the table: so beware. Chance, denial and luck are not healthcare plans. Get the facts and send e-mails to your senator and congressman. thank you -b tyler

March 11 at 9:08am · [Comment](#) · [Like](#)



**Bill Tyler** okay folks: the onus is upon us. skyrocketing medical costs, a broken delivery system and a corrupt insurance industry built on denying others can be shown the door with your support. Please step up to the plate and he[ get this done before it is too late.



**Spread the facts about health reform**

[my.barackobama.com](http://my.barackobama.com)

It's time to show the insurance lobbyists that no smear campaign can match the power of millions of regular citizens who are ready for change and committed to the truth.

March 11 at 6:21am · [Comment](#) · [Like](#) · [Share](#)



**Lydia Norris Fairbanks** They fear "death panels". Don't they realize we already HAVE death panels... It's called denial of coverage! Thanks, Bill, for the link.

March 11 at 8:09am · [Delete](#)

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**Bill Tyler** This is how your healthcare plan works when you are a federal employee. You just scroll over this map, pick you options and you are enrolled immediately.

March 10 at 8:00pm · [Comment](#) · [Like](#)



**Bill Tyler** <http://www.opm.gov/insure/health/planinfo/index.asp>

March 10 at 8:00pm · [Delete](#)



**Bill Tyler** Lamar Alexander: Is on medicare headed toward a guaranteed six-figure pension with a Federal Employees Health Benefit plan. Pretty easy to say 'Just Say No' to solving the healthcare crisis when you don't have one yourself

fed retirement  
<http://tinyurl.com/ylrfaoy...>

[See More](#)  
March 10 at 8:04pm · [Delete](#)

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**Bill Tyler** This is how your healthcare plan works when you are a federal employee. You just scroll over this map, pick you options and you are enrolled immediately.



**Insurance Programs**

[www.opm.gov](http://www.opm.gov)  
U.S. Office of Personnel Management

March 10 at 7:57pm · [Comment](#) · [Like](#) · [Share](#)



**Bill Tyler** Slow economy? High premiums? Unemployment? Unaffordable Cobra. Robert reminds us that with a pre-existing condition, the healthcare industry marches on regardless of one's circumstance. Just don't miss a payment. " C'mon guys listen to us and not all the lobbyists for the insurance companies and big business." -Robert Grabowsky

March 9 at 5:43am · [Comment](#) · [Like](#)



**Bill Tyler** Robert Grabowsky: Health Care or Lack There of

I am a union electrician now working as a computer tech

due to the lack of construction work and bad economy. I had a great insurance plan as long as I was able to put in 140 hours per month. This would cover my premiums which were al paid for by the contractors I worked for. But when work gets slow and you don't have the hours to keep the insurance up you could pay the difference in hours and keep the insurance going. But when you don't work for months and your banked hours get used up the premiums were around \$640 per month. When you get \$275 per week on unemployment you can't afford this. So the next option is COBRA, which is a joke because even with the discounted rate you still can't afford that. So I went without health insurance.

I am working now and I have health insurance, but my deductible is \$1500, so I don't use it. I am fortunate that my doctor has a rate for patients that don't have insurance or self-pay. So I can afford to see him every 6 months to check on my diabetes and thyroid. I also use Walgreens discount program card and get the prescriptions I need just a bit above their 90 day generic costs. My generic prescriptions used to be free under the plan I had with the union and my deductible was \$350 per year.

I also have a dental plan that I have had for years that is around \$120 per year that covers 2 visits and cleanings along with one set of X-rays. Other services are discounted but fillings are not cheap, but it helps.

I don't think from what I have heard from Capitol Hill that they have any of it right yet and I believe that they are totally out of touch with us. Nancy Pelosi and Harry Reid prove that on a daily basis and the Republicans are not any better. C'mon guys listen to us and not all the lobbyists for the insurance companies and big business.

-----  
 March 9 at 5:46am · Delete



**Terri Horton Sessums** President Obama, I think, GETS IT. (I say w/prayers) – Congress, in cahoots w/ lobbyists & for-profit insurance cos., HAVE NOT A CLUE. Nor do they seem to care that much. With insurance, deductibles keep rising; u better be really ill, if u plan on using the ins. Pick up 3 generic rx's, \$99. Huh? You are SO RIGHT, Bill: everybody has a story. ...

[See More](#)  
 March 9 at 11:04am · Delete

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**Bill Tyler** has two healthcare stories from two Tony's. One with insurance and one without. .

Tony Gerber sums it up when he says, "thank goodness I haven't really had to use the insurance for something major, or I would really have a horror story."

Toni Armani sums it up when he asks, "since when did insurance companies, decide to have the qualifications to determine whether you live or die?"

When you read these stories side by side, you realize that it is not the 'quality of healthcare' that is lacking in this country but 'the method of delivery' that is flat out wrong and discriminatory.

(follow comments for their stories)



[Profile Pictures](#)

March 6 at 1:05pm · [Comment](#) · [Like](#)

[Brian Ray](#) likes this.



**Bill Tyler** shares this story from Tony Gerber:



I am not sure if my story is that out of the ordinary, but because of a preexisting condition, I have been locked into the same health insurance company for the past 8 years and have been at their mercy of what they say is "standard yearly increase of premiums" of 25% a year. As an example, my policy went up 1200 bucks a year in Dec. Not because of using it, but they said it was just standard policy increase. So, basically, with my wife's, child and my own health insurance, I am paying about 1/5 of my income for health insurance.

When I try to use the insurance to buy medical supplies, they pay a whopping 5 bucks on a \$120 item. Wow... some deal that is. I can do better ordering off of Ebay. And I do. With this most recent 1200 increase a year for mine only, doesn't count my wife and child, they are on a different policy and it will increase as well come March, and taking a pay cut from my work in January, I think I may have to drop my health insurance for the first time in my life. Unless Obama does something, I will be one of the millions of uninsured Americans.

On the suggestion of a friend who runs the CMA, I joined up to see about their group insurance. Well, after I was accepted as a CMA member, I found out that they don't really have "true" group insurance, it is a pseudo group and of course because of my preexisting condition, which is totally under control, they are unable to accept me. So I say "Fuck You" to the corporate health insurance robbers. I guess it is thank goodness I haven't really had to use the insurance for something major, or I would really have a horror story.

March 6 at 1:10pm · [Delete](#)



**Bill Tyler** shares this story from Toni Armani.

Ten Years Ago.

I was diagnosed with asthma, as they couldn't find a medication to suit me, they sent me to Vanderbilt's research clinic, where they did experiments with new asthma medications, of course none of them worked.. Due to trying the experimental meds such as steroids.. My insurance company dropped me.

So. I had no option to keep going to the clinic as I couldn't afford the meds.. As I was being used as a experiment I was getting meds free. Which at the time I thought was a help.. In 06. I had a real bad case of not being able to breath, and went to the clinic to see what was going on. The doctors there put me on a breathing machine, and sent me home with 10 days of prednisone

2 DAYS LATER I saw that my right ankle had swollen to the size of my calf...so I went back, and they informed me I needed to go to the emergency room... with having no insurance I questioned them , is it something I should worry about. They said it was possible that it was CONGESTIVE HEART FAILURE.. At 36 years old, I thought this can't be, but as sick as I felt, I really needed to go, so I went to MATHEW WALKER CLINIC, they did random tests were it is a sliding scale on your income, they did tell me that I had an enlarged heart. The doctor told me I would have to wait to see a cardiologist, sent me home with lasiks, and the waiting process started, as I was still having to work, my breathing was getting worse, I ran into a client that worked at THE HEART GROUP, she told me on that Friday that I should go into her office on the Monday to have an echo, she told me that if it wasn't an enlarged heart I wouldn't get charged but if it was it would be 1200 dollars, when Monday got here I was worse, my cough, my breathing. As I arrived to the heart group she took me into the room and proceeded to do the echo, as I was on my side all wired up, I could see with the look on her face things weren't looking good, of course, she left the room and asked me to get dressed, I went into another room, and a young DR. SCOTT HUGHES came in and informed me I was about ready to meet my demise and needed to be admitted to hospital a.s.a.p- Scott knew I had no insurance and spoke with ST. THOMAS HEART, NASHVILLE, they didn't have any beds until 5 am the following morning,

I was admitted, my ejection level, was between 5 to 10, I lost 30 lbs in fluid, in the 3 days I was there, were I was attended by DR. DON. B. CHOMPSKY, THEY managed to get my ejection level up to 15 to 18. After numerous tests, the tests show I got it through viral, I went home

to recover, and was up and about within days, I have been a patient at ST. THOMAS HEART, for 4 years they have been able to help me on a sliding scale, due to the hospital being a non profit. And I thank my lucky stars that I was directed to the hospital, a week later. I was contacted by Mathew Walker Clinic saying they had got an appointment for me at the GENERAL HOSPITAL, now this was 2 weeks later, I swear I would have met my demise waiting that long, I informed them that I had been in and out of hospital by this time..

DR. CHOMSKY and his amazing team at St. Thomas Heart, have been keeping a close eye on me, every month, to three months, and now every 6 months. On Sept. first 09, I had a talk with Chompsky, as for the last 4 years I have tried to get disability, so I could get help with TN CARE, I was denied 4 times, I was in desperate need of a pacemaker, as a security, that my heart could stop at anytime with my ejection level being under 35 percent..

So, in September I was having trouble with the rhythm of my heart, it kept missing a beat hear and there and it concerned me.. DR. Chompsky, told me it was time for me to get the pacemaker, and as he called himself the plumber of the heart, I needed to see the electrician, being DR. BARTLETT, I had an appointment with him, and he said what the procedure was, the benefits, etc, while having the conversation, Dr. BARTLETT, asked me about INSURANCE, and I told him that I didn't have any. The doctor said, "Well if you had insurance, you'd probably would get denied or dropped, so with not having it, the procedure would proceed, Dr. Bartlet got the pace maker company to donate a pace maker that was an out of date device.. by one day. Apparently it would still work the same, they just have a lot of sell by dates on in any medical company, so we made a date, I had the surgery, it was a success, the device, improved my ejection level a bit more, and 5 percent of the swelling went down.

During the last four years, I went to the gym every morning for 1 to 2 hrs, I also had a positive way of thinking, plus I ate low low sodium, with no caffeine, I looked like there was nothing wrong with me. I didn't want my sickness take a hold of me, where I wouldn't even walk to the mailbox, meditation, and yoga was a help. I am able to run now, and I feel better than ever, but if it wasn't for me being a patient that researched constantly and not giving up. There were people out there looking out for me, I have been blessed by DRS, HOSPITALS, etc. It hasn't been easy, but if you have the will to live, you will find a way, these things shouldn't have to be this hard to get. I am uninsurable, I still have no insurance, and will have to go through this all again one day. It's a shame that there are people out there that don't know were to start in researching into their health problems and they lose their will to live because they don't know where to start to get help.

Well that's my story and it is a never ending process, I hope and pray that there is going be help in the future for everyone in all cases of health, the young the old, and everyone in between.

I was very lucky to have the people that watched out for me, being dropped from your insurance company is no fun, especially when it is a problem that wasn't your fault. Because of a Doctor that wrote a prescription, that in the eyes of the insurance company, wasn't appropriate, since when did insurance companies, decide to have the qualifications to determine whether you live or die? I thought that's what doctors were for, with so many doctors having their hands tied, people with insurance are getting put on a tighter leash, its not until you really need something that you will find that you may not be covered, then you may find yourself in my situation, dropped and uninsurable..

thanks for your time,

peace, light,

tonyarmani.

March 6 at 1:29pm · [Delete](#)



**Bill Tyler** I'd like to share a story that Leslie Walker sent me. It sums up the dysfunction of the healthcare system. It also illustrates how people are being made to feel ashamed for simply being sick. In Leslie's case, pneumonia. Follow the comment link for her healthcare story from just last week.

March 5 at 11:12am · [Comment](#) · [Like](#)

[Kathryn Morgan](#), [Mary Breen](#) and [Donny Roberts](#) like this.



**Bill Tyler** shares a healthcare story from Leslie Walker.

Last Friday I started getting sick. 'Its a cold' I tell myself. I am a 45 year old woman with two small kids – a musician and my cash comes from being self employed, so going to the doctor isn't even in my scope. As the weekend progressed, it starts to seem its NOT just a cold. Deep coughing and bloody congestion with a fever. Monday I decide I will try the free clinic – who can't see me. I try the Health Department – who can't see me. They're both too busy/booked to take a walk in. I try the clinic down the street that works on sliding scale fee – they are too busy and besides, according to the pay stub I present them I don't make enough money to qualify. Its my last resort. I stand there crying and coughing, begging them to see me. They slide the glass closed and walk away. I go outside and sit on the stoop crying. I call the health department again and they tell me to go to the emergency room – all I can picture is dollar signs – lots of them. I go home. The next morning I call the health department again and I lie and say I've been exposed to strep and my throat hurts – they take me in and treat me at 4pm. Then the nurse recognizes my name from my phone call Monday. She tells the doc that she advised me to go to the ER. He comes to my room and scolds me, tells me I have pneumonia and could have died and that the next time someone tells me I need to go to the ER, I should go. He gives me antibiotics and an inhaler. It costs me \$18 and took 15 minutes. I can't imagine what it would have cost to go to the ER – and I'd probably still be there. That's a long story I know, but my point is this. I'm 45. I've worked since I was 15. I'm the girl that did everything right. Married the right guy, waited until we could afford kids to have them and then planned it. Went to college. Yet, here I am divorced with two little kids and no health insurance. I cannot see a doctor for even basic healthcare. I haven't had a check up in years. I'm fortunate to live in Tennessee where there is TNCare for my kids. I have one disabled son on Medicaid and the other I pay a small fee to get him on TNCare. How do I like my government run, horrible insurance? I LOVE IT! They get excellent care! Would I have private insurance if I could? Yes, I'm sure I would. But for now, TNCare rocks! The reason I posted such a long story above is because as I sat on the stoop crying and coughing up blood, I thought 'what if I had to go on this journey with a CHILD?' How horrible. How sad. How scary that we are such a huge, rich nation and we cannot get our basic health needs met because of bickering by people that already have what we DON'T and cannot understand what its like.

March 5 at 11:14am · [Delete](#)



**Leslie Walker Woods** Thanks for posting this Bill...and thanks for what you're doing!

March 5 at 11:58am · [Delete](#)



**Scott Daniels** These are the stories that our Republicans need to hear and see the faces of the people that will be denied healthcare due to "big money" controlling their elected office. The Tea Baggers state that govt is too big. I certainly disagree with those people. Perception for those people mean everything. Reality is far more imp't to look at in the case of people not being able to obtain affordable healthcare in this country. We call our country a "Christian" country but we certainly only embrace those traits on Sunday morning and when that is over, most go back to their greedy ways. If Congress uses reconciliation in order to get affordable healthcare for all Americans and the Democrats loose many seats in the Fall, then WE have done the right thing and the majority of the country is not living out what Jesus Christ of Nazareth promotes in the New Testament.

March 5 at 12:32pm · [Delete](#)



**Donny Roberts** AMEN!



Not particularly a Democrat or a Republican...

I am just an American. Politics are getting insane and inane.

March 5 at 1:10pm · [Delete](#)



**Adele Tyler** thanks for doing this work, Bill. Unfortunately, the politicians making the health care decisions all have health insurance, through the big bad federal government, and have not been in the dire predicament this woman is in! Maybe people need to practice more imagination, to imagine what it feels like to be in someone else's shoes

March 5 at 2:38pm · [Delete](#)

Write a comment...



**Laticia Lord** Tatum Hauck has a fabulous program for healthcare for musicians my friend! She is my facebook friend, you should friend her if you don't know her! So happy to see you here! Have great day! Hugs to Cindy! xoxox

March 3 at 7:30am · [Comment](#) · [Like](#) · [See Wall-to-Wall](#)



**Bill Tyler** I am collecting health care stories from musicians and artists to send a strong message to Washington D.C. Can you please help me out with yours?

February 27 at 9:45am · [Comment](#) · [Like](#)

[Terri Horton Sessums](#) and [Sawnie R. Aldredge](#) like this.



**Bill Tyler** would like to share this brilliant explanation of the current American healthcare 'from a friend'. Please read carefully and thoughtfully.

The great novelist Balzac once opined that "Behind every great fortune there is a great crime."

Up until recent times, hospitals were non-profit charitable institutions. Over the past decades, many if not most local non-profit hospitals were gobbled up to create national for profit hospital chains. Chains are a great American institution if you are a store or sell hamburgers, but if you sell life itself, it is an abomination to the art of Healing.

Here's what happened: First, we turned a hefty profit converting those old-fashioned charitable hospitals our parents and grandparents built, which were operated not for profit but for the common good, into merely profit-centered organizations. There is no problem with making a profit, but making one on the backs of human misery, off the backs of our most vulnerable at a time when they are even more vulnerable, takes a special disregard for the human condition.

Thus began the greatest transfer of wealth in human history...

In practice, here's how Health Care in America really works:

If you don't have any assets, the private hospital chains will arrange it so that you can get government assistance. They still "get theirs," only the tax payer (i.e. You) foots the bill. So as a taxpayer, you are already paying for more than 60% of the health care costs in the US because that's about the percentage that's funded already by the government.

If you do have any assets, such as a house, a bank account, or a retirement fund, you will need to protect those assets from the private hospital's collection efforts using health insurance. Note that you do not need health insurance in order to get health care. You will be treated regardless. The sole purpose of health insurance is to protect your assets. If you have assets and fail to protect them, the private for-profit hospital is not worried. Eventually you will get sick and need their services. When you do get sick, if you don't have insurance, you will not be able to "hide" behind pesky bankruptcy laws and keep your home. The healthcare industry took care of that loophole during the 2nd Bush Administration.

I know what you are thinking. Wasn't "bankruptcy reform" designed to keep deadbeats from charging new plasma screens and other junk on their credit cards and then hiding behind bankruptcy laws? Not by a long shot. At least 60% of personal bankruptcies are due to healthcare costs—the rest are due to job loss and healthcare costs, and just a few are actually due to deadbeats with plasma screen TV's they shouldn't have bought. The credit card deadbeat was to the healthcare debate what the "Cadillac-driving welfare queen" was to the welfare reform debate.

So the system is this: you pay basically extortion to an insurance company to protect your assets from the for-profit hospital chain's lawyers and collection agents should you get sick. And you are going to get sick. You may even get sick in their hospital. Last year, more than 90,000 people died from hospital-acquired infections. They went in for a hip replacement and came out with MRSA or some exotic gram-negative infection that defies treatment. The hospital could have done a better job with infection control, but that adds to cost, and cost detracts from profits.

You could try suing the hospital, but you better hurry. Congress has been conducting "tort reform" in an attempt to close that last accountability loophole. Again, I know what you are thinking. "Isn't malpractice and tort reform supposed to keep frivolous lawsuits at bay?" Yes, that's what you've been told. But the driving force behind malpractice and tort reform are not the handful of bad doctors but the for-profit hospitals who don't want to be held accountable for cutting costs, increasing profits and killing a few customers (patients). That's who's behind malpractice and tort reform. Not the few bad eggs.

In the for-profit hospital's perfect world, you work for say 20 years and accumulate some assets—say a home and a retirement nest egg. If you are smart, you protect those assets with health insurance. The for-profit hospital wins there, too. When you get sick and have insurance, they get paid. If you don't, you can't hide behind bankruptcy laws and keep your home or your nest egg. They'll get paid one way or the other.

You'd think that under Capitalism, there would be competition between for-profit hospitals that would drive down costs and improve outcomes. If Hospital "A" wants \$25,000 for a hip transplant, why wouldn't some investors create Hospital "B" and charge \$20,000? That's how Capitalism works, right? Not if you are a hospital. There will be no Hospital "B" unless those investors get what is called a "Certificate of Need." You have to have one of those to open a competing hospital. Where do you get the Certificate of Need? From Hospital "A" of course. That's the law of the land. You simply cannot build a hospital or even add a service that competes with an existing for-profit hospital. Having to get a license from your competitor before you open a business would be the same as requiring Wendy's to get a Certificate of Need from McDonalds before they opened a competing hamburger joint across the street.

We don't do the Certificate of Need for any other sector in our economy except for-profit hospitals. That statistic is telling. It tells you how many lobbyists were employed arranging such artful devices, for one thing.

The healthcare "debate" is not really about healthcare, it's about wealth transfer. That's all there is to it. Once you understand that concept, everything suddenly becomes perfectly clear. It also explains why you are not going to get any meaningful healthcare reform until the for-profit hospital chains are broken up like the railroads of the 1800s, Standard Oil and the phone company.

It was one thing for John D. Rockefeller to corner the market on oil. It was one thing for the Robber Barrons to hold the farmers and merchants hostage to their railroad monopoly. It is another thing all together to take a family's home using bankruptcy laws your lobbyist got past compliant members of Congress all because your child is sick. That is a special form of villainy. And it's alive and well in America today as the rest of us suffer and wonder...

February 28 at 11:00am · Delete



**Terri Horton Sessums** we appreciated the update. Thank you, also RE: this healthcare forum – it certainly has me reeling! The Dems have GOT to quit being so wimpy!!!! Health ins. costs/continuing coverage is the ONLY reason Ben hasn't retired. COBRA/SMOBRA – insanely expensive! But since we have ins., we're in the 'lucky' group for now. My nerves stay on edge over the greediness & stupidity of our U.S. As SRV sang, "Whatever happened to the Golden Rule?"  
March 4 at 7:55pm · [Delete](#)

Write a comment...



**Bill Tyler** It's time to get this bitch done! The greatest generation got there's now it's time for us to take care of our own. Where Are you on this? What's your story and how do you insure yourself against medical catastrophe Hoobie: Just lost his job Andy: Goes withou. Mac: in between Allison: with baby RS: Who Knows? Where ...

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February 26 at 9:30pm · [Comment](#) · [Like](#)



**Billy Block** thinks it's interesting that you should ask. the block family currently pays out the ying for healthcare insurance. we have recently left bluecross for a less expensive plan that's OK but NOT ideal. however, we heard dave ramsey has a plan/idea that we are considering seriously. instead of paying an insurance company for big \$\$ policy that covers office visits/big deductible etc., we buy low cost major medical and then take the balance of what we save, that money left over, and put it in our own insurance bank account. we use that to pay for low cost 100–300 office visits. they don't happen that often and if and when they do the money is there and theres no insurance company hassels. and it's still OUR money. God forbid something major happens, but if it does we have a policy in place to cover that as well. still working out the details and i'm kind of paraphrasing the ramsey plan to the best of my recollection, but that's where we are now and hope to figure it all out in the immediate future. thanks for asking. what are you doing?

February 27 at 6:15am · [Delete](#)



**Bill Tyler** thanks you for replying and encourages others to tell their story. The artists you and I know seem to be the most uninsured group of people I know. Everybody is scrambling! And it breaks my heart every time I see a special event for an artist to raise money for doctor bills. Ten dollar donations and stale beer is not cutting the cake. These are heartbreaking stories from the most caring and loving people in the world. Healthcare is all over the map in this country and it is due for the serious reform right now. The self-employed and under insured are at the greatest risk. These are my friends I care about. Ignoring a problem does not solve a problem. Crossing your fingers until you are 62 is not the answer. My father died of cancer at 49 in 1975. In today's healthcare world and climate our family would have been left in complete poverty due today's skyrocketing costs. This Weeks Personal Example: My friend in MS had an outpatient brain cancer tumor removed this past Monday, in at 9 out at 12. Cost of procedure, \$60,000.00. That has got to stop. A strong dose of legislation and regulation is on the table now and it must go forward. Otherwise it is ten dollar donations and condolence cards. Encourage others to share their healthcare stories and forward them to congress before it is too late.

February 27 at 8:33am · [Delete](#)



**Billy Block** thinks you are absolutely right. at 23 i was diagnosed with level 4 melanoma. it was benefit concerts and prayers that saved my life. anything i can do to help, count me in.

February 27 at 8:41am · [Delete](#)



**Steve Ebe** I've been paying for an HSA (Health Savings Account) plan for several years, the same type Billy mentioned. High deductible catastrophic coverage only and I cover my own preventive care. Still not ideal! I'm a very healthy 47 year old and they just raised it to 314 per month. That does not include my son. I pay for a

separate policy on him.  
February 27 at 4:44pm · [Delete](#)



**Beth McKee** As a self-employed musician married to the same, health insurance is just a vague notion--nowhere near attainable.  
February 28 at 6:40am · [Delete](#)

Write a comment...



**Bill Tyler** An Important Message from the state of Tennessee

RE: TN Healthcare APHA Scores  
Voting Records Speak For Themselves  
The American Public Health Association (APHA) is the oldest and largest organization of public health professionals in the world, representing more than 50,000 members from over 50 o...

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Tired of media reports of fundraising and poll results instead of policy issues? At Issues2000.org, you can see the view of every candidates on every issue.

February 26 at 8:44pm · [Comment](#) · [Like](#) · [Share](#)



**Bill Tyler** Track the Stimulus Package by Zip Code Online with this incredible interactive Map of the United States. Let Freedom Ring! (transparently)



**Recovery.gov**  
[www.recovery.gov](http://www.recovery.gov)  
The Recovery Act requires recipients of Recovery awards to report on how they have used the money. In January 2010, recipients filed reports on the awards they received in the period of October 1 -- December 31, 2009.

February 26 at 5:15am · [Comment](#) · [Like](#) · [Share](#)



**Bill Tyler** Lamar Alexander said that reconciliation has never been used for anything as big as health-care reform. Health-care reform has a 10-year cost of about \$950 billion. The Bush tax cuts, which passed through reconciliation, had a 10-year cost of about \$1.8 trillion. Lamar Alexander voted for them.

February 25 at 8:36pm · [Comment](#) · [Like](#)

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