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LGBT Leaders Attend White House Health Summit

LGBT leaders were among 150 people invited to the White House for a health care forum in which the Obama administration launched an effort to reform the nation's health care system.

By Kerry Eleveld

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President Barack Obama kicked off the White House Forum on Health Reform Thursday by instilling a sense of urgency among about 150 participants -- congressional members and organizational leaders -- who had been invited to discuss ideas and concerns as the administration attempts to overhaul the nation's health care system.

"Let's be clear: The same soaring costs that are straining our families' budgets are sinking our businesses and eating up our government's budget too," Obama said. "That is why we cannot delay this discussion any longer. And that is why today's forum is so important -- because health care reform is no longer just a moral imperative, it is a fiscal imperative."

Several LGBT leaders were invited to observe panel discussions at the summit, including Joe Solmonese, president of the Human Rights Campaign; **Rea Carey, executive director of the National Gay and Lesbian Task Force**; and Rebecca Haag, executive director of AIDS Action. Frank Oldham, executive director of the National Association of People With AIDS, spoke on a panel at one of the four breakout sessions Thursday afternoon but could not be reached for comment for this article.

LGBT people have a particular stake in health reform since many members of the community experience greater barriers to accessing care.

"With the inability to get married for so many of us, unless we're fortunate enough to work for a place that has domestic-partnership coverage, we don't receive coverage or our children don't receive coverage," Rea Carey said. "So whatever comes out of this legislatively or administratively, we need to be looking at the definition of 'family,' particularly if people will continue to get access to insurance through their employers."

Carey also noted that gays are much more likely to experience disruptions in work because so many states lack employment protections.

"Many LGBT people disproportionately move from job to job because they might be fired for being gay, which sets them up for carrying a preexisting condition in their next employment situation, and they really don't receive the full access to health care," Carey said. "This is particularly true for transgender members of our community."

Rebecca Haag was focused on the need to ensure that HIV-positive individuals and those at risk for infection are considered in any policy changes.

"There's still 50% of the people living with HIV in this country who aren't in care and treatment," she said, "so we want to make sure those interests are covered through how Medicaid will include

HIV as a disability and how private insurance will not discriminate against people if they have a preexisting condition." Private insurers often decline to cover people who have previously been diagnosed with a fatal or chronic illness.

One of the recurring topics throughout the discussions, according to Haag, was the need for compromise. "[Republican] Senator Hatch, in real sincerity, said that he and [Democratic] Senator Kennedy had been so successful in the past because they found the 80% everybody agreed on and sometimes they had to delay the other 20%," she said, recalling comments Senator Hatch made at one panel. "That same theme kept coming out -- it's not going to be perfect."

Haag said that getting at least some coverage for everyone with HIV/AIDS was the main priority. "What we want is all pharmaceuticals being open to every individual with HIV/AIDS," she explained, "but if we had to do with a list of 10 and everybody had access to those 10 -- when some people don't have access to any lifesaving drugs now -- would I accept that as a compromise? Absolutely."

President Obama pledged during the '08 election to develop a national HIV/AIDS policy, an issue that disproportionately affects both communities of color and LGBT individuals. Obama recently named Jeffrey Crowley, who is gay, to lead the Office of National AIDS Policy.

The panel discussions also served as a way for LGBT leaders to get a sense of where the interests of lawmakers and gay activists are aligned.

"What was most useful to me was to see what the members were thinking," Solmonese said of listening to the concerns of congressional leaders during the breakout sessions. The domestic-partner tax equity bill, for instance, is LGBT-specific legislation that could also improve access to health care by making it more affordable. The measure would eliminate taxes on domestic-partner health benefits, which presently cannot be deducted from payroll on a pretax basis in the same way they can be for heterosexual spouses.

Solmonese had met with Senate Majority Leader Harry Reid two weeks ago to discuss the legislation and the bipartisan support for bringing down taxes on domestic-partner benefits, which would simultaneously help employees and eliminate the extra payroll tax for the employer. "[Reid] is here today," Solmonese said, "so I will be able to go back to him and say, 'Listen, when we're talking about taking down barriers to health care, here's a great example of where LGBT people face greater barriers.'"

Health care reform has been a vexing national issue for years, with costs growing ever higher even as government officials have shied away from addressing the problem. But President Obama was clear that he has no intention of backing down, despite the fact that some analysts have begun to suggest the Administration should be solely focused on the economy.

"There's been some talk about the notion that maybe we're taking on too much; that we're in the midst of an economic crisis and that the system is overloaded, and so we should put this off for another day," he told the forum's attendees. "Well, let's just be clear. When times were good, we didn't get it done. When we had mild recessions, we didn't get it done. When we were in peacetime, we did not get it done. When we were at war, we did not get it done. There is always a reason not to do it. And it strikes me that now is exactly the time for us to deal with this problem."

President Obama seemed committed to compromise and transparency in the process -- two things that could set this process apart from Clinton's failed effort at health reform in the mid '90s.

Participants at the forum included representatives of interest groups ranging from doctors, nurses, and universal health care advocates to small businesses and the pharmaceutical industry.

“In this effort, every voice must be heard. Every idea must be considered,” Obama said. “There will be no sacred cows in this discussion.”

The president emphasized that lawmakers cannot “let the perfect be the enemy of the essential” and, though he noted a “heartfelt” and “moral imperative” among many to provide coverage to more Americans, he pressed the point that costs would have to be contained.

“I hope everybody understands that -- for those of you who are passionate about universal coverage and making sure that the moral dimension of health care is dealt with,” he said, “don't think that we can solve this problem without tackling costs. And that may make some in the progressive community uncomfortable, but it's got to be dealt with.”