March 2017 Health Insurance Testimony.

Chairman Roblan, members of the Senate Committee on Education -

My name is Shirlee Geiger. In summer 2006 I was diagnosed with breast cancer. At the time I was teaching at both PSU and PCC. My total teaching load between both institutions was twenty 4-credit hour courses annually. This is about twice the amount of teaching expected of tenured professors at PSU and approximately 1.25 of a full time load at PCC. I was paying for an individual health insurance policy at the time, having used the full 18 months of COBRA coverage from a previous employer. Both PCC and PSU faculty unions administered a fund to pay part of my monthly insurance premium at the time -- adding up to about half the cost. But because the individual policy was priced so high, my policy still was considered "catastrophic" insurance only.

My cancer treatment included surgery, chemotherapy and radiation. The treatment fell into two separate calendar years. This meant I had two very large bills to pay before the insurance started to pick up costs. I continued to teach the more-than-full-time load at PSU and PCC through the treatment, since I could see no alternative. I had both my regular bills and the new and very large medical bills to pay.

At the end of the radiation and chemotherapy, my oncologist suggested following up with five years of treatment with an estrogen blocker. A large clinical trial had just concluded showing best results with a drug called arimidex. Since this drug was fairly new, there was no generic version. Paying for it would have been hundreds of dollars each month. There was no way I could afford that. Even though my cancer had been "typed" as very likely to recur, I couldn't afford the treatment most likely to keep me well.

In 2008, PCC's bargaining team secured health care benefits for "part-time" faculty, and I qualified. For considerably less money per month -- thanks to the magic of a large insurance pool -- I received much better coverage. At that point, I was able to start taking arimidex.

I am cancer free, 11 years later. Of course there is no way to know, but I think qualifying for health insurance at group rates may be why I can still say that I am a "cancer survivor."

When I was teaching MORE classes -- and many more students -- than any of my "full-time" colleagues, even through the chemotherapy, it was hard to understand why I had to pay so much more for such inferior health care. This bill would be a wonderful way to address that strange and unfair disparity.

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