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Health Care, Finally!

By Sara Randall and Zeke Grader

There is not much that unites commercial fishermen. Or, so it seems. A slight change in words, and our industry sounds like the old Kingston Trio song, the Merry Minuet – trollers hate trawlers, trawlers dislike longliners who hate trappers, and no one seems to like anyone very much. But over the course of the past few years it seems there has been one thing fishermen, large boat and small boat – from whatever gear type – throughout the nation could agree on, and that is the need for health care for the fleet.

This is certainly what the Commercial Fishermen of America's Board quickly found when it began putting together its list of priorities to work for on behalf of the nation's fishermen. Since 1981, commercial fishermen were left at the mercy of private insurers to get medical coverage, after access to the US Public Health Hospitals – the old "marine" hospitals – and their contract physicians in ports around the nation was cut-off to commercial mariners, including fishermen.

A Little History

To refresh everyone's memory and a lot of folks in the current Congress, Congress passed and President John Adams, in 1799, signed into law legislation to provide for "maintenance and cure" for those working aboard US registered, or "documented," vessels, including fishing boats, through a system of

marine hospitals. This was later expanded to include a network of contracts with private physicians to provide care in smaller ports where no marine hospital existed. The system grew into what became known as the US Public Health Service and coverage was expanded to include certain other populations, including Native Americans.

The act of Congress and its signing by the first President Adams was a pragmatic step by a young nation to build a strong merchant and fishing fleet – helping entice young men (mostly) to work in jobs aboard vessels that were hard, dangerous and often low-paying. There were other reasons, too. Mariners visiting foreign ports could contract highly communicable diseases and these hospitals provided the first line of defense against foreign-borne epidemics from spreading across the country.

The system was not perfect. The quality of care often varied between hospitals, much as veterans have experienced between different VA hospitals, which are also government run. This, however, is not much different from variations in the quality of care between not-for-profit, for-profit and community institutions that exist today.

Between Congressional oversight and hospital advisory boards made up of constituents, most of the hospitals were responsive to patient needs. The contract physicians were often those rec-

ommended by fishermen to the USPHS, which often meant the best doctors in a community were selected. No one complained of "government getting between the doctor and the patient."

Let's also be clear on the limitations in the old system. It only covered the individual working on board the vessel. It did not cover his/her family. This was often a reason fishermen, particularly on some of the smaller fishing vessels, such as trollers, would bring their families on board during the season. Otherwise, they may have relied on a spouse's other job to cover family members.

For a period between the 1930's and the 1960's there was also affordable health insurance through non-profits such as the "Blues" – Blue Cross and Blue Shield – before they began having to compete with for-profit providers. Since that time the Blues have become for-profits as well.

For a period, then, there was private health care available for a fisherman's family. But even before the Blues or without them, the marine hospitals did provide the critical health care for the bread-winners of then mostly one-income households. Thus a fisherman's serious injury or illness could be treated without it drawing on the last financial resources of the individual or family, threatening the loss of their vessel or home.

Moreover, marine hospital cover-



age was restricted to those aboard documented vessels. Fishermen working on smaller, non-documented vessels were not eligible for coverage through the marine hospital system. That meant those owning state-registered boats were not included.

In November 1980, one of the US Public Health Service's – and fishermen's – greatest champions in the Congress, Senator Warren Magnuson, was defeated. In 1981, with no champion for the system, Congress in a cost-cutting mode and with a new federal Reagan Administration in place that had campaigned against "big government," nearly two centuries of public health care for the nation's merchant and fishing fleet was ended. The political defense of the system was weak. Ship owners sought to cut the nominal amount they contributed to the system, and some unions and other associations saw the prospect of offering up group health insurance as a benefit to their members and thereby bolstering their numbers, so both groups were loathe to defend the marine hospital system.

At first there were a number of private insurers clamoring for this new business from the fishing fleet, offering up group health insurance programs for fishermen and their families at extremely attractive rates. But many of these programs turned out to be "too good to be true" and these companies began to fail, or failed to honor their coverage, or cancelled as quickly as possible.

It became fairly obvious why the fishing fleet had needed its "public option" over all those years. Most of the fleet was not covered by state worker's compensation

programs (there had never been a need before with the marine hospital system) and thus injuries or illness related to work were not covered. The fleet was also aging, and many younger fishermen chose to go without coverage, meaning the groups turned out to be mostly those older fishermen the insurers had sought to avoid.

By 1995, most group programs offered for fishermen's associations were gone and fishermen and their families were left to seek out individual coverage – if it was even available, much less affordable. Group plans were a way to protect those with pre-existing medical conditions, but now that was all gone. Health care for fishermen for at least the past 15 years has mostly consisted of being covered under a spouse's package, paying dearly if one could find an insurer or HMO – or just going without.

We have no illusions that the new health care program passed by Congress and signed by President Obama a few months ago is going to be perfect, or that there will not be start-up problems. Among other things, it does not get at the cost-containment issue. And keep in mind that many of the bill's provisions do not begin immediately.

But what it means is that when the bill goes into full effect in 2014, every commercial fisherman in the nation and his or her family should have access to health care coverage, which is so critical when losing a fishing vessel or one's home can be only an illness away.

Here's what J.J. Bartlett, with the Massachusetts Fishing Partnership Health Plan, which has been providing care to Massachusetts fishermen since 1997, had to say

about the new federal health care legislation:

National Health Reform is Good for Fishing Families

"It took more than a year for the US Congress to enact a bill reforming the nation's health care system. And what an excruciating process it turned out to be! Be that as it may, the new law represents a giant leap forward for fishing families everywhere in the US

"On several occasions over the past year, Fishing Partnership Health Plan (FPHP) administrators and board members briefed White House and Congressional staffers on the plan's success in bringing high-quality, affordable health coverage to Massachusetts fishermen. Those discussions often centered on how the plan worked with fishing industry outreach workers living in the state's fishing ports to seek out uncovered fishermen and help them obtain health care coverage. Without that kind of outreach, the FPHP would not have been able to successfully reduce the number of uninsured Massachusetts fishing families.

"Fishermen have always faced unusual obstacles when trying to obtain quality health coverage. Health insurance in this country is designed to work through employers. The larger the employer group, the better. As we know, fishermen do not work in big offices with human resource departments. Even if they did, who would want to offer coverage to the most dangerous industry in America? As it turns out, few companies do. Fishing families are 3 to 4 times more likely to be uninsured.

"The health reform law will change this by ensuring that fishing families will have access to health care coverage by 2014. The law calls for the formation of insurance pools that group together individuals and small businesses. This will provide fishermen with the opportunity to purchase private insurance at a market competitive rate. The monthly insurance bill will be further reduced for those who cannot afford the full rate. This is what we set up for fishermen in Massachusetts in 1997 and it is the model Massachusetts established for all residents in 2006. Now, 97% of the people in Massachusetts have health care coverage.

"2014 is a long way away, but there is a lot of work to be done between now and then. Billions of dollars will be spent to train doctors who will work in rural areas, and to build community health centers in places that do not currently have access to health care. This will be very important to fishing communities in places like Alaska. The law changes insurance rules so that insurance companies will no longer be able to deny people coverage because they have a pre-existing condition, or kick people off their plan when they get sick. There will be minimum standards so that insurance companies will not be able to take your money and offer you a "junk" policy in return. Moreover, there will be no lifetime limits on the amount of health care you can receive.

"None of this will be easy – nothing in health care, or fishing, ever is. The system may remain complicated, but soon grant funding will be available for fishing organizations to educate



their members on the health care options that are available to them, and to assist their members in signing up for the appropriate programs. I am proud that the Fishing Partnership Health Plan was able to work with organizations like the Commercial Fishermen of America and the National Family Farm Coalition, to make sure that this outreach funding will be available to fishing, farming, and ranching organizations.

"I work closely with fishing families, but I am not a fisherman. So, I will end with the words of a fisherman's wife, who wrote to me about what it meant for her to get health care coverage for the first time:

As a fisherman's wife, I worry. I worry about my husband's safety. I worry about the weather and the catch. I worry about the boat and the gear. I worry about the many unforeseen expenses that come with

this life. I worry about the price of the catch. I worry about rivalry at sea. I worry about the kids, the car, the bills and the cat. But one thing we never have to worry about is health coverage and access to high-quality health care. We know that, if we ever need immediate medical attention, we can get it, no questions asked. That's a wonderful feeling.

Conclusion

It is said that the enemy of the good is the perfect. For the fishing fleet anyway the new health care bill is major forward progress. It will make health care available to many in the fleet who could not get it before and it may make it more affordable for others.

The new health insurance exchanges provided for in the legislation are intriguing and may open new possibilities for fishermen to band together in

health care groups best suited for their needs. How well all of this works will depend, too, on the health insurance companies and the pharmaceutical industry. If they continue some of their health care practices of the past, it will only be a matter of time before the legislation is revisited with calls for a "public option" or a "single payer" system. If the companies put a halt to the millions of dollar bonuses paid their top executives and curb their administrative overhead, this largely private system can work. If they don't, the only option will be going to a totally public system.

Likewise, for the pharmaceutical industry – if they continue to gouge on the cost of drugs, look for a public clamor that Congress and the Administration will not be able to refuse, to open the borders to low-cost pharmaceuti-

cals from Canada and elsewhere.

For the commercial fishing fleet, one hurdle has now been cleared and it's now up to us to make this program work for fishing men and women and their families. This was a much needed victory and now it's on to implementation and finding common ground on the other issues before us. 🐟

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