

Hello Ladies & Gentlemen, fellow citizens of New York,

My name is Taylor Atkinson

I live in Buffalo, New York. I was born in Niagara Falls, Ontario but I am an American, with ancestors that came to this land centuries ago. I am a technology consultant in the healthcare industry, a member of the clergy, a husband and father of 3 young children. My wife and I have lived in New York for nearly a decade now. I am here to express my deep appreciation for your consideration of the New York Health Act, and my experiences that may contribute to your decision.

As I mentioned, I am a consultant in healthcare. I travel across the United States and lead projects to organize and streamline the technology around healthcare services. I have been able to work with some of the largest cancer centers, hospital systems, third party organizations and other healthcare providers in New York and beyond. My father is a doctor. As part of my work, I design systems, data architecture, dashboards, and reports to help give healthcare executive leadership proper oversight. In my work I have, on multiple occasions, personally witnessed and implemented at the client's request the triaging and de-prioritization of what I have come to see are lower-class healthcare citizens because of the way health insurance is administered in our state and others. Individuals with lower tier insurance, Medicare or Medicaid, are removed from reports and often not considered at all in making important business decisions about what gets prioritized. This practice is never said explicitly, but it comes through in how data is filtered and digested. While doctors in these organizations take an oath to 'do no harm,' the legislation and financial structure around how we provision healthcare makes them unavoidably complicit in the harm that is done to thousands of the most vulnerable, poor, and weak, who are considered less important because of their economic status.

In my work, I have witnessed the truth behind an often-told lie: That healthcare in the United States is privatized and that this gives it the economic dynamism and advantages of privatized industry. While it may be true that an entirely and completely privatized healthcare would have economic advantages, though assisting the poor is unlikely to be one, we do not have a privatized healthcare. In my work I meet with healthcare professionals who I spend weeks and months with discussing millions of dollars spent on navigating the complicated legislative infrastructure that has risen around privatized health insurance. This conglomerate of public and private interests has resulted in a system that is prohibitively expensive to navigate and drives costs in process management and administration. It is unreasonable to think that a public healthcare system would cost an astronomically higher amount than what is currently taking place, where costs to achieve profit while meeting the demands of the law are themselves astronomical, if not as easy to simplify and report on.

I am also a member of the clergy. As part of my priesthood responsibilities in our local congregation, I meet with the poor and downtrodden, some by virtue of life choices they are working to overcome, but many who have become the victims of the ups and downs of life, trials that we cannot avoid and which may come to any one of us. As I work with them to resolve both their spiritual and temporal needs, I review their budget, since the path to financial independence shares the same principles as the path to spiritual strength. I have not yet met with an individual for whom significant medical debt was not a contributing factor to their hardships and a significant blocker to their personal progress. It would not be extreme to say that the cost and concern of healthcare is causing significant, ongoing spiritual and emotional damage to the citizens of this state.