

Thank you for inviting me to speak on behalf of single-payer healthcare. I am Gowri Parameswaran. I am a professor at SUNY New Paltz and the vice-president of my union.

Everyone who lives in the great state of New York can agree on one thing - our healthcare system is seriously broken!

The issue at hand is not whether it is broken but is there a better alternative. From the series of testimonies we've had, we know we can do better. We have examples of other countries, even some with fewer resources that have done better. One of the main features of most of these countries with humane health systems is that they provide universal healthcare to all citizens and residents.

We have a broken system and it is bound to deteriorate even more if we do not act now. We don't have the privilege of waiting to correct the system later. Here are the reasons why: some of the most prominent economists expect a *Jobs Armageddon* with the coming of Artificial Intelligence and Automation of many jobs, not just in the manufacturing sector but also in the service industries and even in occupations that are today considered creative and complex. This is not some dystopian future that some devious writer thought up, which is why when candidates speak about a universal basic income, it strikes a chord among people. Today the majority of us who have some level of healthcare protection get it from our employers but that resource is getting increasingly out of reach as many new jobs have few to no benefits.

Take for example my field - higher education. I am the chair of an academic department and a the vice-president of my union, Union of University Professionals. I don't represent the institution here but I can speak to how desperate the situation is. Today, all across new York and in many universities, the majority of instructors are part-time and contingent. My union has fought hard to get some of them healthcare if they are hired to teach 2 classes. In the most recent contract we signed with the state, the language was changed around part-time health care and fewer of them are now eligible for healthcare benefits. There are many more people vying to teach 6 credits than can be offered the opportunity, so every year as chair I have had to make painful choices about who is going to get healthcare and who isn't. The majority of part-time folks work for very low wages and under not very good working conditions. Many adjuncts work at these jobs so they have access to decent healthcare for their families; The majority of the adjuncts in my department have PhDs so qualification is not what prevents them from accessing care. They have worked hard but yet have still to see the fruits of their labor in the form of a secure future for themselves and their families.

We have to conclude that access to healthcare coverage via employment is precarious and not very stable as I just outlined. All across the country and the state, workers unions are engaged in a struggle to keep the healthcare their employees have, even though deductibles and premiums have consistently gone up for those who are lucky enough to be covered. We can do better. One way to fix the broken machinery is to uncouple healthcare from employment. This requires urgent attention before the jobs crisis is truly upon us. We need to take healthcare off the bargaining table so access to care is not dependent on employment. I don't see how this is going to happen without a single-payer system that covers everybody from birth to death, from head to toe, regardless of their employment status.