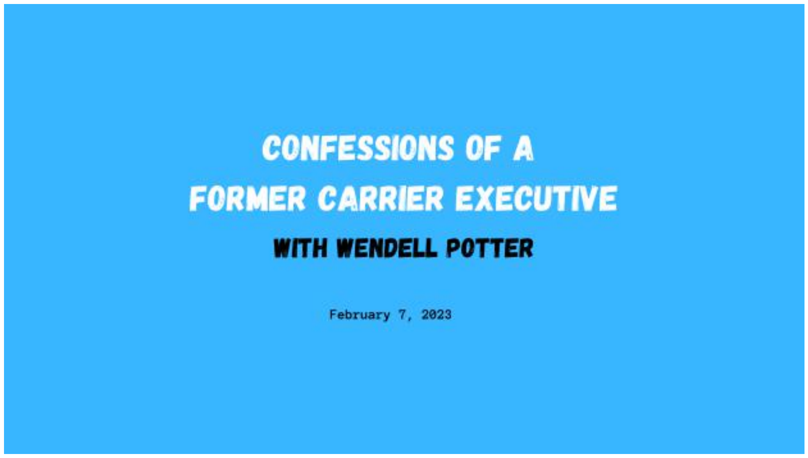
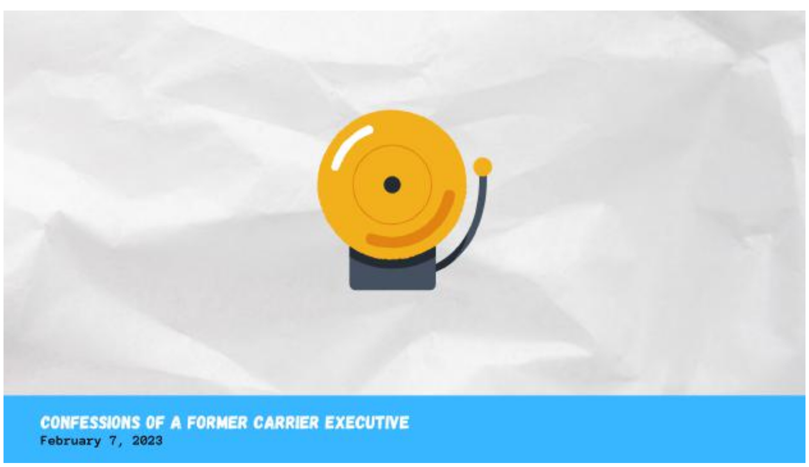


For the next few minutes, I'm going to take you into Wendell World, or the world I used to inhabit. And then I'll touch on the things I saw and did that led to my crisis of conscience and decision to go full-Wendell, to use a term that one of my colleagues coined the other day.

I'll explain why, for a long time, my work life was like groggily waking up from a bad dream. Not a full-fledged nightmare, but at least mildly unsettling. And then 2007 happened. The year of divine intervention. Or synchronicity. I don't know any other way to describe the series of events that year that would make staying in my career untenable. I'll throw in a few facts and figures along the way just to put a few things in perspective. And, I hope, to connect some dots.



First, though, I want to play some music that you might have heard, but I'm guessing most of you have not unless you tune in frequently to certain cable TV shows.

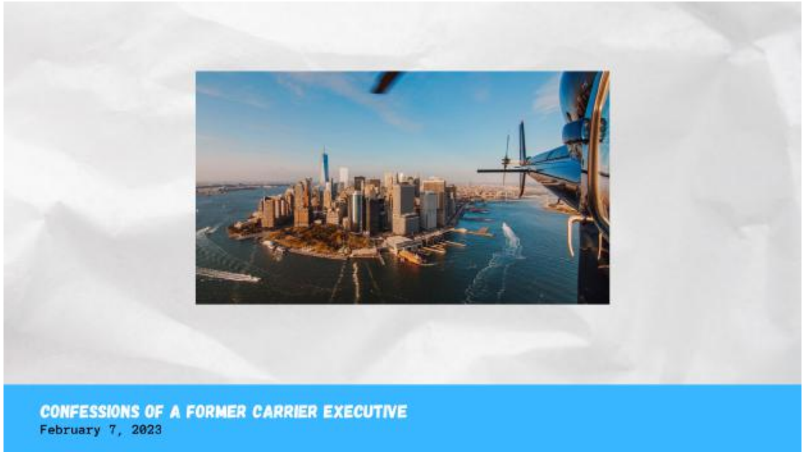
Did you recognize the tune right off the bat, or did you have to wait for the bells to ring? And even then, did you know that it is played twice a day at the New York Stock Exchange?

I played that to make the point that for the small, exclusive crowd I used to hang with, the NYSE was — and is -– the church. It's the ultimate temple where modern-day money changers ply their trade. It's also my former colleagues' happy place, where they are cheered and applauded for their brilliance and their success in making their shareholders -– a small group of institutional investors but also themselves -– much richer.

I had the privilege of being a part of two bell-ringings at the Stock Exchange when I was at Cigna. For 10 of my 15 years there, my name was on every one of Cigna's quarterly earnings reports. So I had to know how the company made money, where it came from, and what it did with that money. Like other big American companies, we would go to the stock exchange to ring the opening or closing bell in celebration of a major acquisition or even the launch of a new branding campaign.

I'll take you through a kind of compressed but typical week in my role as vice president of corporate communications at Cigna. We'll go to New York and Washington, fly back and forth between Philly and Hartford, and to LA and Miami.

I want to give you a sense of what it is like to breathe the rarified air we breathed, how I plied my trade and helped perpetuate the myth that my company -– and the huge health insurance industry it is part of — were essential. During my two decades in the industry, I would make many trips to New York, and whenever I could, I'd take the company jet or helicopter, even though New York is just a quick train ride from either Hartford or Philadelphia. Folks, if you ever get a chance to hover over Manhattan just above its forest of tall buildings, take it.



Most of my trips to New York were to schmooze with financial reporters at the Wall Street Journal, The New York Times, or Bloomberg. And more often than not, I would not be pitching a specific story. Those trips were to build relationships so I'd have a better chance of influencing their stories down the road and, more generally, persuading them to have a favorable view of my company and the industry.

I was Cigna's chief spokesperson. And I was also the gatekeeper to the CEO. Nobody in the media got to the CEO — or any other executive or employee for that matter — without going through me first. And if I agreed to let a reporter interview the CEO, I'd put together a briefing book with answers to any questions the reporter might ask.

And if we had a particularly good quarter financially or had just announced or completed an acquisition, I'd try to get my CEO on CNBC or Fox Business. Those were the shows that mattered the most to us because their viewers were the **stakeholders** that matter: investors and Wall Street financial analysts.

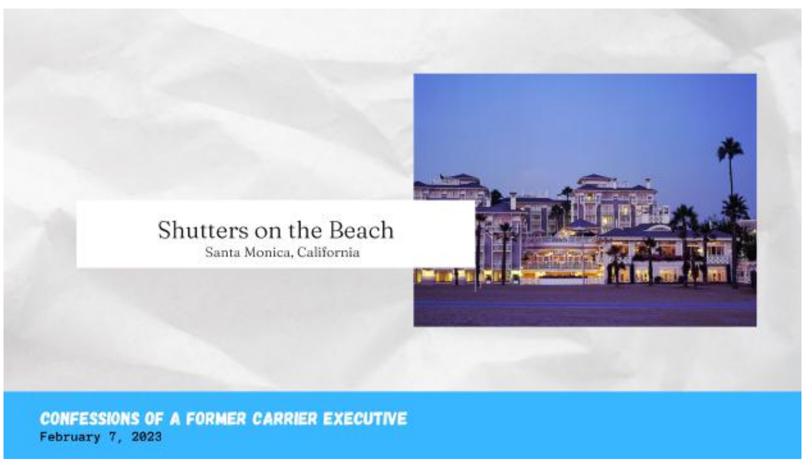
Let's say I'd spend Monday in New York having lunch or drinks with an important reporter. On Tuesday, I'd head to DC. I was a member of America's Health Insurance Plans' (AHIP) strategic communications committee. And whenever I'd go to DC, I'd usually swing by our government affairs office. My team and I wrote talking points and white papers for our lobbyists to use on Capitol Hill as they plied their essential work, which was usually to try to kill legislation we didn't like or to sneak in amendments to bills that would inhibit competition or facilitate profitable growth.

To do this work capably, I also had to work closely with other folks in the company, like the chief medical officer and the head of national accounts.

Staying close to our national accounts people was important. If a FedEx employee in Memphis was complaining about a coverage denial and threatening to go to the media, the FedEx account manager and I would work together to make the problem — the potential horror story, as we called them — go away.

On some trips to DC, I'd also meet with our PR firm and my peers at other big companies to plan propaganda campaigns, as I did frequently, for example, in the months leading up to the premiere of Michael Moore's documentary "Sicko." I'll touch on that in a minute.

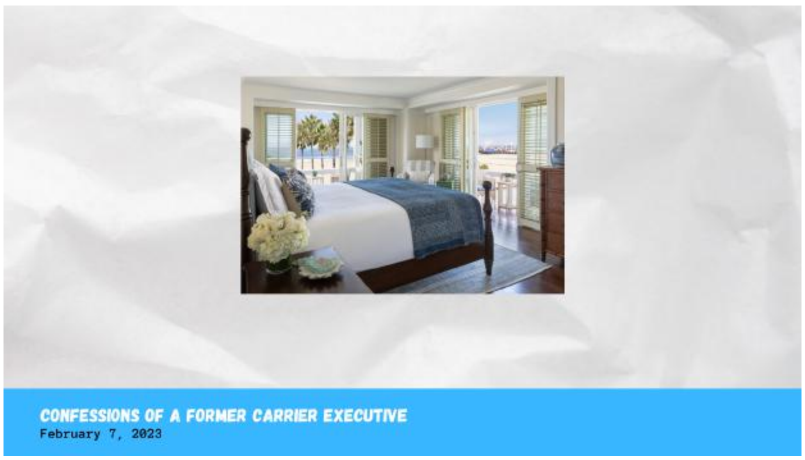
On Wednesday of this typical week, I'd accompany the president of Cigna Healthcare to Los Angeles for a big speech he'd be giving to California business executives.



On one memorable trip, I flew late in the day from Hartford to LA on a company jet for such a speech. Halfway there, the president decided he didn't like the speech. So I had to do a complete rewrite, which I started on the plane and finished in my hotel room -– at Shutters on the Beach in Santa Monica.

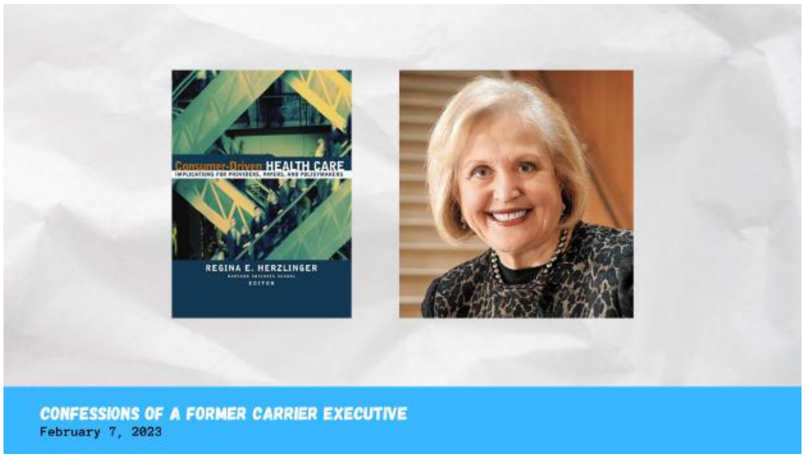
Meanwhile, millions of Americans, including, increasingly, middle-class families, would be joining the ranks of the uninsured every year. By the time Congress was getting the nerve to once again touch health-care reform — the third rail of American politics — and more than a decade after my colleagues and I sent the Clinton health plan down in flames, nearly 50 million people in this country were uninsured. But that, we contended, wasn't our problem. And, in fact, my PR colleagues and I were very effective in getting important people to believe that it wasn't even a problem worth anybody's time and attention, that the uninsured comprised mostly shiftless, irresponsible people.

It's easy to think that way when you're looking out at the Santa Monica pier from your room at Shutters on the Beach.



On Thursday of this typical week, and back on the East Coast, I'd once again be in New York, and there I'd stay at the Mandarin Oriental Hotel, where we would hold our annual investor day.

I would have been working with our investor relations team for weeks to plan this half-day event, which would cost a quarter of a million dollars. Among our expenses was a substantial fee to have Harvard professor Regina Herzlinger talk about her book, “Consumer Driven Health Care.”



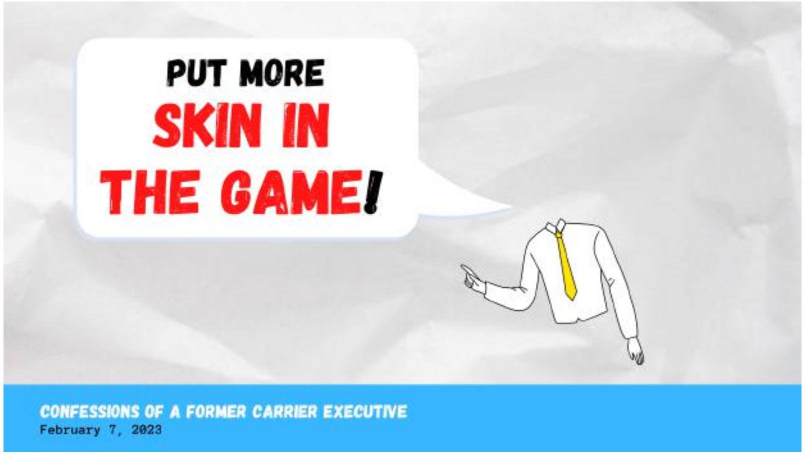
We loved Herzlinger and her message of market-driven health care, of which so-called “consumer-driven” health care was a big emerging and potentially game-changing element. My job was to get a few influential reporters or media personalities to show up.

One of our biggest “gets” was Maria Bartiromo, who at the time hosted CNBC’s “Closing Bell” show and was known as the [Money Honey](), a nickname she tried to trademark. She would go on to be a star on Fox.

On Friday of this compressed week, I'd fly to Miami with several of our lawyers. A big class-action lawsuit against Cigna and our competitors had been consolidated in the U.S. district court there, and we came down to hear whether Judge Frederico Moreno would approve the $200 million settlement our lawyers had negotiated. He did approve it, as we were hoping, and I sent out a press release to put ***our*** spin on the settlement — from my room at the 5-star Mandarin Oriental Hotel overlooking the Atlantic.

Growing up in Tennessee, my mother told me time and again to never get the bighead and to always remember where I came from. But it was impossible for me not to feel that I had become somebody important. I had escaped Appalachian poverty and was making more money in a year than my dad had made in his career as a factory worker. I had enormous influence in the worlds of business, media, and politics. My name showed up frequently in the pages of the Wall Street Journal. And I flew around on corporate jets and helicopters because my time was precious and the work I was doing was essential. Or so I told myself.

Things began to change for me in a leadership meeting in 2005, which was at the beginning of the so-called consumerism movement in health care. I was expected to be a champion of high-deductible health plans and to cleverly promote them as being "consumer-driven." My job was to get reporters and politicians to buy our hype that Americans were clamoring for more control over their health care — and that we had just the ticket for them. Consumer-driven health plans were our latest silver bullet, and it required a full-blown propaganda campaign.



Our biggest talking point to employers and politicians was that Americans needed to put more ***skin in the game***. The first person I heard use that term, on CNBC, was Jack Rowe, who at the time was Aetna's CEO and whose last paycheck in 2006 was $47.9 million, plus stock units valued at the time at $16.5 million. Keep in mind that Rowe and his peers not only were paid tens of millions of dollars a year in cash and stock, but many top executives also had perks that included having all their out-of-pockets covered. Those rarefied air breathers were exempt from putting any of their skin in the game.

One of my most vivid memories from that time came during a leadership meeting in which a guy that Cigna had hired to plan and implement our consumerism strategy was briefing us on how we were going to change the world. A lot of folks in the room hadn't yet heard much about consumerism, and they peppered him with questions.

They could understand how shifting more of the cost of care to patients would be good for Cigna's bottom line, but they were skeptical that employers and "consumers" would buy it. The new guy eventually grew tired of the questions.

Finally, at one point he said, "Look. You're just going to have to drink the Kool-Aid."

And everybody did.

But I eventually began seeing stories in the media about how CDHPs were causing people to delay or forgo care or saddling them with medical debt. And I began paying close attention to the research my own company and the industry was churning out. I could tell that the methodology was flawed and that our surveys of customers were rigged to tell only the part of the story we wanted people to hear. We got away with slicing and dicing the data in ways that created a false reality. My PR colleagues and I were able to drive the narrative, paving the way for our companies to ultimately herd almost all of us into high-deductible health plans.

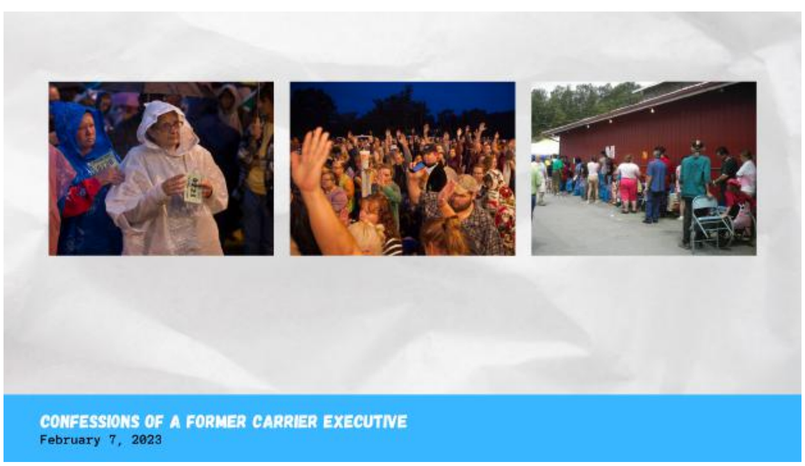
While this corporate propaganda campaign was well underway, we began hearing that Michael Moore was working on a documentary about U.S. health care. At first, we thought, and hoped, that it would be about Big Pharma. But when we figured out that he was going to be focusing on denials of care by big insurance companies, we swung into action.

I would make many trips to DC to work behind closed doors at AHIP and with our PR firm, APCO Worldwide, to plan our attack. We were even cautious in our emails to each other, never referring to Michael Moore by name but by using the code word "Hollywood."

On the eve of the first screening of “Sicko” in Sacramento, I flew across the country to be there. I had snagged a ticket from one of our lobbyists, who was tight with the California Assembly leader.

But as I watched the movie and scribbled notes from the back row of the Crest Theater, something began to happen to me. I could tell that Michael Moore had done his research and that the patient stories he told were legitimate. I knew because some of the patients in the movie were Cigna members. I began to tear up at times. My heart was beginning to soften, and I was willing to acknowledge to myself that maybe what I was doing for a living was not what I could ever have intended. But I had to be a good soldier. A good team member.

Back home, I would work with AHIP and APCO to create a front group called Health Care America to discredit Michael Moore and claim that he was a socialist bent on destroying America as we know it. When the movie was screened in DC, we dared Democrats in Congress to even be seen entering the theater. We played political hardball over a movie. And we succeeded in characterizing Michael Moore as being out of step with what Americans wanted and needed. (Two years later, I would apologize to Moore on live TV during MSNBC’s “Countdown with Keith Olberman.)

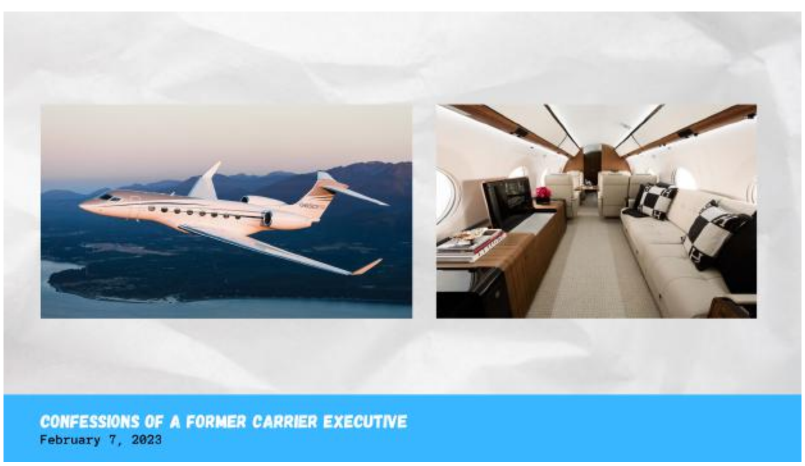


The next month, while working on a white paper for the industry, I went to Tennessee to visit my folks over a long weekend. While I was there, I heard about something called a health-care expedition being held by the nonprofit Remote Area Medical at a county fairground a few miles from where I grew up.

I was curious, so I borrowed my dad's '98 Oldsmobile and drove the winding roads from Kingsport, Tennessee, to Wise County, Virginia. The main parking lot was full by the time I got there, so I had to park in a field about half a mile away. When I finally walked through the fairground gates, I witnessed a scene that, as I would later tell Bill Moyers, shook me to my core. People were lined up by the hundreds, waiting patiently in the rain to get the medical and dental care they couldn't afford anywhere else. And then I noticed that many of the lines led to barns and animal stalls that volunteers had cleaned as best they could and converted into examining rooms.

It hit me immediately that I had to take some responsibility for that scene because the work I was doing was to perpetuate a system that made both health insurance and health care off-limits to those people -– and millions of others across the country. And I realized that many of them could have been people I grew up with or was even related to. Had my parents not scrimped and saved over many years so I could go to college and get a good job, I could have been one of them. I had forgotten where I came from.

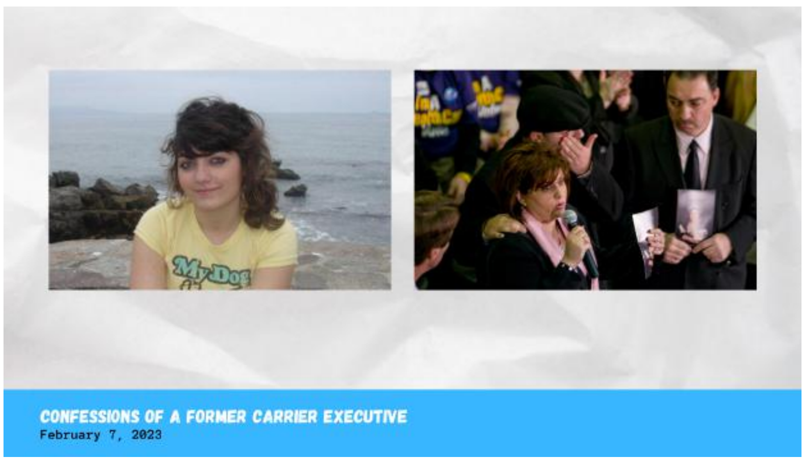
My heart was softening again. Back at my office, I showed some of the pictures I took at RAM to my staff.



A day or so later, I had to go with the CEO from Philly to Connecticut. For the first time, I began to pay closer attention to how we were traveling. We were on a beautifully appointed Gulfstream jet. We were sitting on leather chairs. Our flight attendant, a Cigna employee, served us lunch on gold-rimmed china, and we ate with gold-plated knives and forks.

And then for some reason, I remembered the faces of the people I saw in those long lines in Wise County and the conversations I had with some of them. Many had come to RAM to get care in animal stalls because they didn't have enough money to cover their deductibles. They had no more skin to put in the game, and no corporate perks to cover their out-of-pocket expenses.

I made a commitment to myself that day to find some other way to earn a living. But it would take another horror story for me to make good on that commitment.



A few months later, in December, I got a call from a reporter in Los Angeles asking why Cigna was refusing to cover a liver transplant for a 17-year-old girl. I dismissed the call as nothing out of the ordinary and emailed the reporter a benign statement that I thought would do the trick, as it usually did, saying that because of HIPAA I couldn't even acknowledge that the girl was enrolled in a Cigna plan.

But this was a story that wouldn't go away.

Nataline Sarkisyan had been diagnosed and successfully treated a few years earlier for leukemia. But her cancer came back when she was 16, and the drugs and treatments she'd had before weren't working. In addition, the more aggressive treatments she required this time had damaged her liver, and she needed a transplant.

When a donor's liver became available, Nataline's family hurried to the hospital to be there when she was taken to surgery. But when they arrived, a surgeon took her parents aside and told them they couldn't proceed with the transplant because Cigna hadn't given them "clearance."

Mrs. Sarkisyan would tell me later she had no idea that Cigna would have any say in the matter. She knew transplants were covered under their family policy. What she didn't know was that insurers often deny coverage requests from doctors on the grounds that a proposed treatment, test, or drug is not "medically necessary" or, in their view, appropriate. They had become a victim of what the industry calls "prior authorization."

At Nataline's parents' request, her doctors appealed the denial, but Cigna still said no. So the Sarkisyans decided to make a big public stink to try to shame the company into approving the transplant. They and their friends and relatives started calling reporters. And this time I could not keep the story out of the media. After the Los Angeles TV station aired its story about the case, I started getting calls from other local reporters, and, to my surprise, from NBC, CNN, and other national outlets.

CNN called to tell me that they were sending a crew to Cigna's California offices in Glendale for a protest the family was staging and wanted a statement or interview. When I alerted the CEO, he quickly pulled together a meeting with a few other executives, including the chief medical officer and general counsel, to discuss options. Within minutes, the group decided to approve the transplant. My job was to work with our lawyers to draft a statement announcing the approval in a way that would not be seen as caving to public pressure or setting a legal precedent. I also had to figure out how to get word to the Sarkisyans while they were in front of the cameras.

I got one of our Glendale lawyers to rush outside and tell the family the good news. I knew he had accomplished the mission when I saw and heard Mrs. Sarkisyan scream joyously to the crowd that Cigna would pay for the transplant.

I went home that day feeling I had helped in some way to save someone's life. I wish I could say that this story had a happy ending. During the time that had passed since the surgery had been scheduled, Nataline got sicker, and the donated liver had been implanted in someone else. She died about five hours after Cigna's change of heart.

When Nataline died, I just didn't have it in me to handle any more horror stories or fly on any more corporate jets. Not only was the thrill gone, but I despised what I had become. Soon after Nataline's family buried her, I walked away from my career with a full-blown crisis of conscience.

As most of you probably know, I would go on to be an industry whistleblower. I testified before Congress several times during the debate on what would become the Affordable Care Act. I worked with members of Congress on various aspects of the bill and pleaded with them to create a public option to compete with private insurers. At one point, I told lawmakers that if they passed the bill without an adequate public option, they might as well call the bill the "Insurance Industry Profit Protection and Enhancement Act."

I would argue today that the ACA has done quite a bit of good. It outlawed common industry practices, like refusing to sell coverage to people who had preexisting conditions or to discriminate against people because of their gender, their health status, or their occupation.

But my former colleagues were successful in influencing the final bill. Not only was no public option created, but it provided many opportunities for insurers to defy Congressional intent by rigging the regulations around the medical-loss-ratio provisions and shifting more and more of the cost of care to patients. It would give the green light to insurers to push the gas pedal even harder on consumer-driven health care.

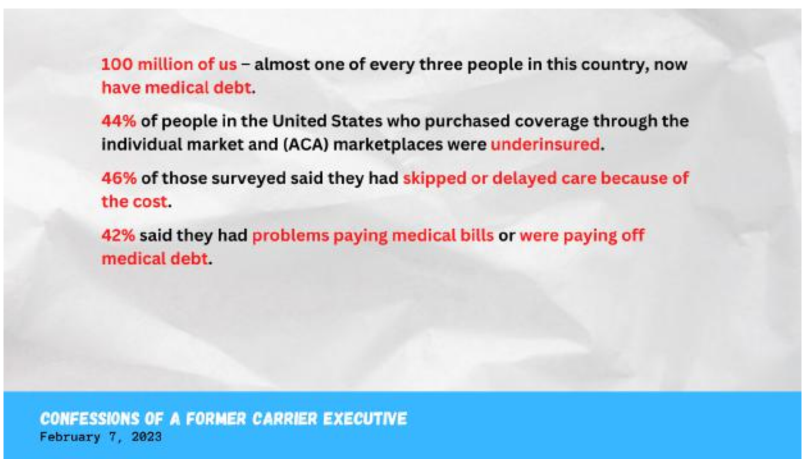
As a consequence of the law's shortcomings and unintended consequences, almost 30 million of us are still uninsured, and more than twice that many are now functionally uninsured because of high out-of-pocket obligations. The government is shoveling billions of dollars into the bank accounts of my former employers in subsidies and through the Medicare Advantage and Medicaid programs.

And those companies have had their most profitable years since the ACA was passed. They have transformed themselves into goliaths that now also suck billions of dollars out of the pharmaceutical supply chain. As you probably know, Cigna now gets far more revenue from its pharmacy benefit management (PBM) division than from its health plans. And CVS gets more revenue from its PBM, Caremark, than from Aetna's health plans or the company's 10,000 retail stores.

So. My former colleagues are well on their way to running the country and insinuating themselves in our lives in new ways I couldn't even have imagined when I was one of the industry's flacks. UnitedHealth Group is now the fifth largest company on the Fortune 500 list of American companies. CVS is number four. Cigna is not far behind them.

Earlier this month, Cigna disclosed that it had made $7.3 billion in profits during 2022. In 2010, when the ACA was passed, it made just $1.3 billion in profits. Last year, Cigna used almost $8 billion of ***our*** money to buy back shares of its own stock. Wall Street applauded.

A few weeks earlier, UnitedHealth announced that it had made $28.4 billion in profits last year. That compares to $7.8 billion it made in 2010.



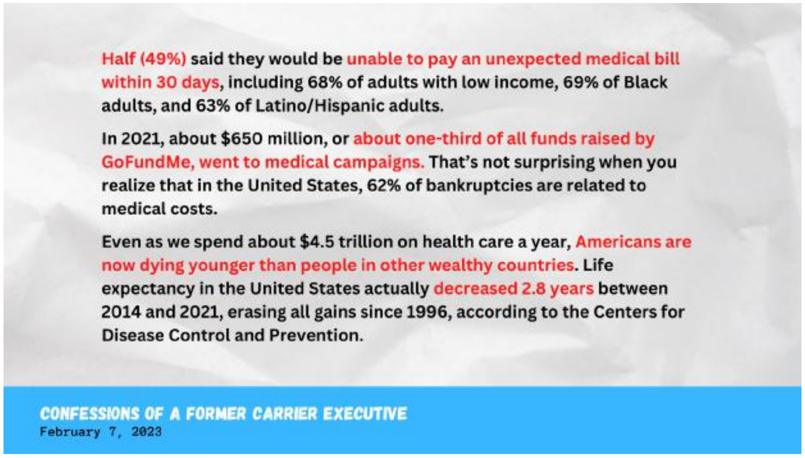
Meanwhile, let these facts and figures soak in:

100 million of us -– almost one of every three people in this country, now have medical debt

44% of people in the United States who purchased coverage through the individual market and (ACA) marketplaces were ***underinsured***

46% of those surveyed said they had skipped or delayed care because of the cost

42% said they had problems paying medical bills or were paying off medical debt



Half (49%) said they would be unable to pay an unexpected medical bill within 30 days, including 68% of adults with low income, 69% of Black adults, and 63% of Latino/Hispanic adults.

In 2021, about $650 million, or about one-third of all funds raised by GoFundMe, went to medical campaigns. That's not surprising when you realize that in the United States, even people with insurance all too often feel they have no choice but to beg for money from strangers to get the care they or a loved one needs.

62% of bankruptcies are related to medical costs.

Even as we spend about $4.5 trillion on health care a year, Americans are now dying younger than people in other wealthy countries. Life expectancy in the United States actually decreased by 2.8 years between 2014 and 2021, erasing all gains since 1996, according to the Centers for Disease Control and Prevention.

While we continue to spend twice as much on health care as our peer countries do, our system continues to avoid addressing social determinants of health, the social and environmental factors that affect health outcomes. People of color are disproportionately disadvantaged, as are people in rural areas and small towns, where hospitals are closing and medical and dental professionals are increasingly scarce. Inequities are only growing, afflicting white middle-class American families as well.

Meanwhile, BUCAH (the Big Insurance companies Blue Cross Blue Shield, UnitedHealth Group, Cigna, Aetna and Humana) continues to take employers to the cleaners and more and more of them are throwing in the towel, which shifts more of the burden to taxpayers and patients in one way or another.

The cost of employer-sponsored family coverage has increased from $5,791 in 1999 to $22,463 last year. (KFF graph)

Since 2000, the number of U.S. businesses offering coverage dropped from 69% to 51%. (KFF graph)

Even our biggest employers are crying uncle,

The top executives at nearly 90% of large U.S. employers say the cost of providing health benefits to employees will become unsustainable in the next five to 10 years.

85% believe the government will be required to intervene to provide coverage and contain costs. (Source: Kaiser Family Foundation and the Purchaser Business Group on Health)

And more and more doctors and nurses are calling it quits -– or going to work for Big Insurance. UnitedHealth Group is now the country's biggest employer of doctors, with around 70,000 at last count.

Last year, more than 300,000 doctors, nurses, and other clinicians left their jobs, far more than entered the workforce. Many of them have cited burnout from having to deal with insurance company demands and the way insurers have inserted themselves between them and their patients. Physicians have a higher suicide rate now than any other profession in America.

We are where we are in American health care because of where my former colleagues worship. And because our lawmakers, employers, the media, and most of the rest of us have allowed them to get away with their profiteering with impunity.

Thank you.