

THE CLIMATE FOR CHANGE: NATIONAL HEALTH CARE REFORM

HEALTH

QUICKSTATS

According to the U.S. Department of Health and Human Services:

- *12% of whites are uninsured
- *16% of Asians are uninsured
- *21% of Puerto Ricans are uninsured
- *22% of African Americans are uninsured
- *23% of Cubans are uninsured
- *35% of Mexican Americans are uninsured

*According to the Indian Health Service (IHS) approximately 1/3 of the Indian population in this country is not covered by the IHS.

*The New York State Legislature recently approved a landmark bill (that may become law) that makes New York the first state to ban discrimination based on sex, age, or pre-existing medical condition in setting insurance rates.

By H.Nickens, M.D., M.A.

For years observers have pointed out that the United States and South Africa are the only two industrialized nations that do not provide universal health insurance for their citizens, and that millions of people in this country lack access to health care. Not much happened. Now, all of a sudden, national insurance and access to care are not just the concern of a few advocacy groups. They are everyone's issues and the topics of much discussion and debate.

In the United States one dollar out of every seven in our gross national product (GNP) is spent on health care. This amounts to over \$800 billion dollars or \$3200 per person. We have the world's most expensive health care system, but we don't have the world's healthiest citizens. Even if we look at the life expectancy of white Americans alone, it would rank only about 15th in the world. At one extreme, we are capable of providing the most advanced and technologically sophisticated health care in the world for a wide variety of diseases. At the other extreme, we spend a lot of money on dramatic cures for advanced diseases but little money on prevention, and we have at least thirty-five million people with no health insurance at all.

The inadequacies of our current health care system are especially devastating for minorities. Approximately 16% of Asians, 22% of African-Americans, and 33% of Hispanics have no health insurance. Out of 1.9 million Native Americans, about one million who live on or near a reservation are eligible for health care by the Indian Health Serv-

ice (IHS). The remaining, largely urban, Native American population may be uninsured or covered by Medicaid only. Overall, about half of African-Americans and half of Hispanics are either uninsured or are covered by Medicaid.

While it is certainly preferable to have Medicaid than to have no insurance, the reality is that whether you are uninsured or have Medicaid often makes little difference. Many doctors will not see Medicaid patients because the rates of reimbursement are so low. Unless a particular state or locale has a system set up for Medicaid patients to receive outpatient care, it is common for both uninsured persons and those with Medicaid to have their first contact with the health care system through the emergency room.

This means that minorities and the poor, disproportionately, receive health care on a crisis basis. Crisis care is the appropriate kind of care for victims of a car accident, but it is absolutely the wrong kind of care for people with hypertension, heart disease, diabetes, asthma, or AIDS. Proper care for these diseases requires an emphasis on preventive care, patient education, treatment mostly outside of the hospital, often a lifelong regimen of daily medications, and seeing the same physician each visit who will keep track of the disease over a long period of time and get to know the normal fluctuations of that individual's disease. It is these chronic diseases which now cause most of the deaths of whites and minorities in this country. Almost half of new AIDS cases are among minorities. The rapid increase of AIDS, in particular, has served to ruthlessly expose the long-

standing inadequacies of our health care system.

Why is health care reform getting so much attention now? I think there are four reasons:

1. While it was known for a number of years that we had a large number of uninsured people in our population, the health care reform debate took a strong turn when Congress and national policy makers realized that 80% of those who are uninsured live in a family where at least one person is employed. This changed the image of the uninsured from the unpopular category of those on welfare to average taxpaying citizens.

2. In an off-year senatorial election in Pennsylvania, underdog Democrat Harris Wofford defeated George Bush's former attorney general and former Pennsylvania governor, Dick Thornburgh by making the battle for national health insurance a centerpiece of his campaign. And in this election year, candidates are taking health care reform seriously as an issue.

3. The cost of the current system is becoming unsustainable. Since World War II, most

Americans received their health insurance as part of their employee benefits package. The employer would pay all of the premium, thus shielding the employee from any sense of the cost of health care. As health care costs have risen, employees increasingly are required to bear a larger and larger proportion of their health care costs. In some cases, employers are either not offering health insurance to their employees at all, asking employees to pay increasingly larger portions of the premiums, or are scrambling desperately to find other systems of care, such as health maintenance organizations (HMOs). But these efforts have failed to substantially slow the increase in health care costs, forcing policy makers to consider more and more radical solutions.

4. Finally, those who are insured are not happy with the current care they get under our system. Increasingly, people feel that the American medical system is one on which doctors care for certain body parts, leaving the other parts to be cared for by other specialists. Intense specialization, when combined with the paperwork involved in filling out health insurance forms, make our current health care system user-unfriendly.

In the past, health care reform failed because it was an issue for a few special interest groups.

For the first time we may have all the ingredients (nervous politicians; public dissatisfaction; and economic imperatives) to produce constructive,

thoughtful health care reform which will not only control costs, but provide access to health care for all Americans.

BIO: Herbert Nickens, M.D., M.A., is Vice President for Minority Health, Education, and Prevention at The Association of American Medical Colleges.

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