

Preface

*Upon this gifted age, in its dark hour,
Rains from the sky a meteoric shower
Of facts ... they lie unquestioned, uncombined,
Wisdom enough to leech us of our ill is daily spun, but there exists no loom
To weave it into fabric*

“Huntsman, What Quarry?”
Edna St. Vincent Millay

The Healthcare Crisis: Why We Can’t Wait to Resolve It

More than 50 years ago, during the civil rights crisis, Reverend Dr. Martin Luther King, Jr. was asked why black people could not just take their time and allow discrimination to die out and for prejudicial attitudes to change rather than pushing so hard in a confrontational way, which often resulted in deadly consequences. His response, delivered while he was imprisoned in Birmingham Jail in 1963 and later published in his 1964 book, *Why We Can’t Wait*, was ground-shaking in what it revealed about the state of social conditions for blacks throughout the country. For the first time, people were given a profile of the suffering and pains that had been endured by blacks for centuries. It was clear that discrimination was not only a social injustice, but it also caused death and destruction and was leading to the demise of the largest minority group in America. If allowed to continue, this devastating practice might lead to the realization of a prediction made by the eighteenth century demographer Hoffmann, who observed that the physical state of the black population was so dire that they could become extinct by the twenty-first century. As Dr. King later stated, injustice in health care is the worst injustice of all.

Dr. King’s response to the question of *why we can’t wait* defined the purpose and the driving force of the civil rights movement. In like fashion, the reformation of health care and the elimination of healthcare disparities are moral imperatives that are being pushed by the most startling statistics. For example, in terms of overall quality of healthcare delivery, the United States, which spends about 2.5 trillion dollars each year on health care, or \$7,000 per capita, ranks only 37th among the

nations of the world, in proximity to Cuba and other emerging countries. Between 2005 and 2008, about 880,000 deaths were attributable to healthcare disparities, according to a study done by Dr. David Satcher, the former Surgeon General, and the annual cost of disparities is estimated to be over \$50 billion, according to the Joint Center.

At this juncture in the twenty-first century, we have a Janus-like vantage point for viewing the pestilence of healthcare disparities that has been visited upon the minority population of the United States. We can look back and see the terrible ravages which have led to the crisis in which we find ourselves, and we can also look forward into the future possibilities offered by healthcare reform measures that were signed into law on March 23, 2010 by President Barack Obama. In that sense, this book encompasses within its covers the grief and despair that have been endured in the past with a fast-forward shift to the hope and expectations that ensue from the passage of the law.

This is a simple book about two complex things: healthcare disparities, healthcare reform, and the intersection between the two. Our previous book, *Eliminating Healthcare Disparities in America: Beyond the IOM Report (Humana, 2007)*, was published before Barack Obama was elected President of the United States and prior to the furious debate about altering the prodigious healthcare system in this country. The latter has become one of the top issues for the Obama administration, and while this book was being written, Congress passed the Patient Protection and Affordable Care Act (PPACA) which was signed into law. This landmark law is funded by a governmental expenditure of \$938 billion dollars over the next decade. Thus, the frustrated efforts to reform our healthcare system over the past century, which were begun by President Theodore Roosevelt in 1912, have finally come to fruition.

Prior to the passage of PPACA, the healthcare disparities issue has largely been ignored, except for literary interest, and almost no federal funding was devoted to it. People in Congress, who used to consider mention of healthcare disparities *de rigueur* when discussing health matters concerning minorities, the poor, and the elderly, avoided any serious dialogue about it recently except for what might be called “lip service.” I heard some very liberal politicians say that the important thing was to pass a reform bill that would benefit everyone rather than to focus on the special needs of certain segments of the population for fear that such a focus will distract attention from the greater, more important issue and might even cause it to fail. Besides, it was argued, when there is universal healthcare insurance, there will be no disparities, and the benefits which will result from concentrating our efforts on the majority of Americans will “trickle down” to those who are less fortunate. It is claimed that a rising tide lifts all boats.

This illustrates one of the great myths about healthcare reform measures. It is widely believed that possession of insurance coverage will provide greater access to care and will magically create health equity; disparities will no longer exist. Nothing could be farther from the truth. The establishment of healthcare reform with its major ingredient, near-universal insurance coverage, is exactly the best opportunity for eliminating disparities. There must be a well-funded, activist effort

to connect the two entities rather than reliance on a passive, “trickle down” mechanism.

Our previous book cited above extended the knowledge base on healthcare disparities and made recommendations for their elimination that went beyond those included in *Unequal Treatment*, generally referred to as the IOM Report, published in 2002. This new book will not focus on increasing the data base but instead will consider how elimination of disparities can be accomplished through targeted efforts made within the context of healthcare reform. That is, we will analyze the benefits that can be derived at the intersection of disparities and reform. We will also analyze how much of that \$938 billion will be devoted to really eliminating inequity in health care. “Show me the money”, as the star athlete said in the movie *Jerry Maguire*. This is important because unless serious funding is applied to the initiatives in the law, implementation will not happen, and there will be no chance to level the playing field.

That said, no one should get the idea that improving health in America is just about how much money we spend on it. For too long, we have been monolithic in having a “money fixes everything” approach. We already spend almost \$3 trillion dollars per year on health care, much more than any other nation on Earth, and yet the system is still broken; better insurance coverage will not completely fix it. I believe that the Commission to Build a Healthier America, created by the Robert Wood Johnson Foundation, has it right in saying that improved access to care is not enough, and that we need to focus on conditions outside of medical care per se that fall into the category of prevention and wellness such as promoting good nutrition, early childhood education, and healthy communities. One specific area in which early childhood education can have an impact on health is through educational and intervention programs concerned with obesity; more than 23 million children and adolescents in this country are either overweight or obese, which puts them at risk for health problems such as diabetes and coronary heart disease, resulting in death at an early age. Most of these children are racial and ethnic minorities. First Lady Michelle Obama should receive kudos for organizing the “Let’s Move!” campaign to combat this problem primarily through the schools.

In this new publication, I am privileged to have the authoritative contributions of the best health policy analysts, researchers, key opinion and thought leaders, politicians, health administrators, theoreticians, professors, clinicians, and medical writers in this country. This assemblage of noteworthy contributors is important because our aims are to assure that the federal government does not ignore the unfinished job of eliminating healthcare disparities but instead gives consummate attention to this task and provides transparency for the American public about the intricacies embedded in this massive law as concerns its impact on healthcare disparities.

This book is entirely pertinent and timely regarding the two issues of healthcare disparities and healthcare reform. We have already seen that the federal government’s decade-long program, Healthy People 2010, has failed fully to live up to expectations, although there has been some progress made on a small number of the measures. We need to start preparing for the next iteration, Healthy People 2020, and the new impetus towards healthcare reform may give us a reasonable

chance of making a real difference by the end of the next decade, through the elimination of disparities.

Attempts are being made by opponents of healthcare reform to scuttle the efforts that are being made to make it work on behalf of the American people; some of these efforts began well before the bill was passed. For example, there are those who are trying to decrease the already deficient state of diversity in training of medical professionals. I refer specifically to the fact that the U.S. Commission on Civil Rights (USCCR) sent a letter to President Obama on October 9, 2009 protesting any funding preferences for medical schools and other medical education institutions that provide incentives to minority group applicants; this is alleged by the USCCR as evidence of “reverse discrimination” contained in the healthcare reform bill and is unneeded because the USCCR perceives that there are no real disparities in healthcare provision. For the premier government institution designated to protect the civil rights of our citizens to take such a stand is an egregious example of how even government, which is sworn to protect the welfare of the people, can operate adversely against those in need. This is an issue that is critical to the development of more minority group doctors, nurses, and other health professionals. Fortunately, Congress did not heed the advice of the USCCR and included special appropriations for institutions of medical education that provide incentives to racial and ethnic group applicants, and the federal government deserves to be credited for its attempts to increase diversity in the healthcare workforce. Although the job is not done, the government has made a good start to resolving the healthcare crisis, and all Americans should come together to create the loom that will weave the pieces of a currently fragmented and dysfunctional healthcare system into a solid fabric of healthcare equity. The nation cannot afford to wait any longer.

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