

Blacks & health care

Written by

Wednesday, 16 September 2009 15:50

America's Affordable Health Choices Act of 2009 is on the table. Whatever version that becomes law will have a great impact on poor and minority patients, the hospitals that treat them and those hospitals' doctors, nurses and staff. In regards to the Act, the interests of Blacks and the poor need to be placed on the table with the question: What are the best ways to address problems in a health care system all Americans agree is expensive and economically discriminatory?

African Americans have a high stake in the healthcare legislation and debate. From cradle to grave, Blacks suffer from structural inequalities and practices that negatively influence opportunities for us in education, access to capital and equitable health care. Some Blacks buy into one side of the debate - whether the final bill should include a public plan—a government-funded, government-run healthcare option—similar to Medicare. Out of public view three Congressional panels with jurisdiction over health policy have been working to develop a single bill fulfilling President Obama's goals of “guaranteeing access to quality, affordable health care for all Americans”. The Tri-Committee’s legislation should arrive on the House floor in September.

Many members of the Congressional Black Caucus have vowed not to vote for any bill that doesn't include a public option. On the other hand, Healthcare Cooperatives—nonprofit groups that create networks of providers and negotiate payment rates with them may attract bipartisan support. But, the need to address the large gaps in quality and quantity of care of African Americans relative to Whites will go missing in the debate and its legislation. The National Institutes of Health reports: “As many as 1 in 100 Black men and women develop heart failure before age 50, 20 times the rate of whites in this age group”; and NIH says “Black women have almost twice the rate of advanced breast cancer as White women do”.

When the American Mainstream gets sick, Blacks are sicker! Iowa Senator Tom Harkin says “We currently do not have a health care system; we have a sick care system. If you're, sick, you get care, whether through insurance, Medicare, Medicaid, SCHIP, community health centers, emergency rooms, or charity. This is all about patching things up after people develop serious illnesses and chronic conditions.” The U.S. is the only industrialized country that does not provide universal health care. Americans spend \$2.3 trillion a year on healthcare, yet is only 37th among nations, says the World Health Organization.

Most Blacks endure the worse conditions among Americans and live Third World. Blacks are twice as sick as Whites and receive poorer health care. We are over represented in 'high-risk' occupations, frequently exposed to toxic chemicals, and African-American communities are more likely located near dumping grounds for municipal refuse and toxic waste.” The fundamental issue of Black Healthcare is an American quality of life issue that's has never been adequately addressed. Even as Black Health care indices started to catch up to Whites' in some ways in recent years, Blacks remain much less likely to undergo heart bypasses, appendectomies and other common procedures. Blacks receive fewer mammograms and basic tests and drugs for heart disease and diabetes.

Healthcare is treatment and management of illness and preservation of health. The American Healthcare industry complex receives 20 percent of the national economy and incorporates

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several sectors providing services and products to improve individuals' health. The industry includes health care equipment and services and pharmaceuticals, biotechnology and life sciences. Blacks are much less likely than Whites to receive many types of these industries' care products and services.

Blacks are significantly more prone to illness, tend to experience more complications and take longer to recover when sick. Blacks are more likely to succumb to their illnesses and generally die younger. Healthcare justice demands that whatever legislation that emerges should have provisions encouraging American medical organizations; local, state and federal health agencies; and private foundations to focus more on this habitual problem and launch studies, programs and initiatives to close the racial gap in healthcare.

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