

Health reform makes healthcare a civil right in America

Written by Dr. Henrie M. Treadwell
Thursday, 13 May 2010 13:54

ATLANTA—When health reform was signed into law, Vice President Joe Biden was ridiculed for his use of an off-color adjective in describing the legislation to President Obama. But lost in the rhetorical battle over health reform is the fact that Mr. Biden's words were accurate:

This is a big deal!

By getting the landmark legislation enacted, President Obama has transformed his presidency and ushered in fundamental changes to America's healthcare system, changes that will have a profound impact on millions of African Americans and other people of color. Lack of health insurance is a factor in one of the biggest inequities in American society – the health disparities that prematurely end lives and cause undue pain and suffering in minority communities across the country.

In a savvy move to gain mainstream support for the bill, the administration promoted provisions such as requiring most US citizens and legal residents to have health insurance, preventing insurance companies from denying coverage because of pre-existing conditions and creating state-based exchanges that enable the uninsured to purchase health insurance at reasonable rates. At the same time, supporters purposely downplayed other provisions that may have been unpopular, such as one of the largest expansions of social programs that benefit the nation's poor.

Let's not be mistaken. The health reform legislation may be the most important Civil Rights legislation since the 1960s: Under health reform, 32 million uninsured Americans will receive coverage. The new law mandates that every American must obtain health insurance, while providing significant government assistance for those who cannot afford it. This will save lives. It virtually gives all Americans a right to health insurance and provides ways for the poor to obtain it.

Since 1965, Medicaid has provided health services for the poor. The new law will expand eligibility to include all individuals under age 65 with incomes up to 133 percent of the Federal Poverty Level (FPL) --nearly \$15,000 a year. It means that low-wage earners without children or disabilities will now be eligible for Medicare, allowing them to receive a health benefit package that will cover essential medical services and provide many with their first health insurance. In addition, people earning more than \$15,000 may qualify to receive government subsidies to help pay for health insurance.

A disproportionate number of African Americans will qualify for these benefits. Already, 24 percent of African Americans are covered by Medicaid, and that number will increase significantly with the program's expansion. In total, just more than half of those who currently qualify for Medicare are racial or ethnic minorities, meaning that many poor white families will also benefit. African Americans are 12 percent of the nation's population, but 16 percent of the

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uninsured, so a disproportionate number of the 32 million uninsured who will receive coverage will be people of color.

The real-life benefits of health insurance are substantial.

In 2003, the Institute of Medicine issued a report saying that the effects of being uninsured extend far beyond the health of family members to their financial stability and general well-being. It noted, for instance, that a major health problem in an uninsured family can cause a financial disaster, while also greatly increasing stress and anxiety in an uninsured household.

Research has shown that the lack of health insurance has been a contributing factor in many of the health disparities that ravish communities of color. For instance, people without health coverage are less likely to seek preventive care and more likely to receive a late diagnosis of serious illnesses. In fact, the health outcomes diverge so much that adults without health coverage have a 25 percent greater chance of dying and dying prematurely than those who have private health insurance, according to one study that monitored people over a 17-year period.

Delays in screening for and diagnosing serious illnesses have contributed to higher mortality rates for African Americans compared with whites who suffer from breast cancer, prostate cancer, diabetes and cardiovascular disease.

Healthcare reform should prevent the kind of tragic loss suffered by Alyce Driver of Maryland, whose 12-year-old son, Deamonte, died in 2007 from an infected tooth because she didn't have health insurance. Deamonte was taken to a local hospital where he was diagnosed with a tooth abscess and sinusitis. He was given antibiotics and sent home. But his unemployed mother didn't have health insurance or the \$80 to have the tooth extracted. Bacteria from the tooth migrated to Deamonte's brain, killing him.

With healthcare reform, President Obama has given children like Deamonte a chance. He has changed the landscape. Healthcare will be a Civil Right in America.

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