

Spectacles: A Closer Look The High Cost of Medical Care — Part II - Skyrocketing Cost

By Ada M. Fisher

The real problem with the skyrocketing cost of medical care is that no one wants to deal with issues. In 1965, prior to the onset of Medicaid and Medicare, this nation spent 4.7% of its Gross National Product on health care. In 1980, after the advent of this legislation, 8.2% of the GNP was appropriated for health care expenses. Though politicians like to point their finger at welfare fraud, the facts show that welfare fraud makes up very little of the health care expense problem.

The drains on the health care system and the expenses borne largely by the public are in part due to the following:

1. The cost of institutionalized care both in hospital and nursing home type facilities are a major chunk of the money spent on health care.
2. Drug and manufacturing companies have virtual monopolies on patients and products used in the delivery of health care services. The cost of medicines continues to rise with few checks on whether these costs reflect production and usage. The cost of one antibiotic, Cephalosporin in particular, hypertensive medicines and a few other frequently used medicines, is disproportionate to what it now costs the company to make these products.
3. With each new technological advance, there is often a rush to use the product to avoid malpractice, rather than because one believes the study is in-

dicated. Many of the x-rays now being ordered are not necessary but are being obtained to avoid legal entanglements and because of the medical profession's vulnerable position in legal areas.

4. Because of the adversary relationship between medicine and the law, the fees for malpractice insurance in some states run as high as \$25,000 per year. Of course these costs have to be paid and unfortunately they have to be passed on to the patients.

5. Though the general public still believes that doctors charge too much, medicine is one of the few professions where costs are regulated. No matter what one charges, the cost for care to the poor is not always adequately reimbursed by various government agencies.

In 1978, a \$10 office visit in one North Carolina county saw a \$3 reimbursement for Medicaid patients, \$6.40 from Medicare, and \$10 from those who had to pay out of their pocket. Subsidized patients do not have the full cost of their care reimbursed and as the economy tightens, even less of their costs will be paid; hence many may find themselves being denied the care which was once available to them.

The publicity accorded to health professionals who have made more than \$100,000 from Medicaid and/or Medicare is unfortunate. This allows the public to labor under the illusion that doctors get rich from these patients when the reverse is more

often true. The reimbursement for federally subsidized patients varies from state to state with the southern states traditionally reimbursing the least. Consequently, most M.D.'s have refused to accept assignments for Medicaid/Medicare patients.

As money is allocated to states in block grants, expect to find less of it available for federally subsidized patients and more doctors requiring cash payments in advance of services.

The cost of drugs is forcing patients to buy one-half of their prescription or skip their medicines because they can't afford the cost of staying alive. Equipment for offices, hospitals, health centers is expensive in part due to the limited competition in their production and in large measure secondary to materials and labor costs in an inflationary economy.

A luxury hotel room can be obtained for less than \$100/day; however, the cost of a normal hospital room in most major cities runs \$100-\$200 per day with intensive care units costing \$300-\$500/day.

The cost of personnel, supplies, facilities and losses accrued due to those who can't pay will continue to escalate costs. The economic realities of running medical practices dictate that they be operated on sound business principles if the system is to remain financially solvent. It has little to do with any lack of compassion or commitment to patients, but rather reflects the realities of survival in a capitalistic society.

If the state and federal governments would come clean with health professionals and consumers, we would both understand that all of us are victims of a burgeoning bureaucracy which has served as an unnecessary middle man and feeds on our mutual distress.

Black people must wake up and take a more active interest in their health and health care. Black people stand close to being written out of the health care picture if we do not become politically informed and appreciate just who is low man on this society's totem pole. We face a time when health care may be rationed in accordance with the whims of those who control the money and on the basis of our economic worth to society. We all need to stay healthy, stay alive and get involved in decisions regarding our health care and its costs.

A View From Capitol Hill: Professor Dennis Brutus vs. South Africa/United States

By Gus Savage
Member of Congress

The U.S. State Department must decide whether or not an exiled South African professor, who has been living in America for the past ten years and fighting racism, should be deported. Basically, these are the reasons the U.S. Immigration and Naturalization Service wants to kick professor Dennis Brutus out of the country.

His protests against South Africa while living in the U.S. come during a time when the Reagan Administration is moving closer to better relations with the racist government of South Africa (recently, for example, some new trade agreements were announced). And the professor is considered a good organizer against apartheid — no matter where he is. Last year, he was teaching at Northwestern University in Evanston, Illinois, but he took time to organize a protest against the university's multimillion dollar holdings in South Africa. As a result, the university's president has shied away from putting direct pressure on the State Department, although others have come forward to promote Brutus' cause. Black professors from all across the nation and throughout the Third World are sending letters of support.

The recent publication in England of a book called "Inside BOSS" (BOSS is the South African version of the CIA) has an entire chapter on Brutus. He is described as "one of the twenty most wanted blacks now living outside South Africa." Clearly, if Brutus is sent back to South Africa, or even to Zimbabwe, his life would be in danger. South African agents will go after him. In Salisbury, Zimbabwe, last July former nationalist freedom fighter Joe Gqabi was killed. Brutus had been jailed with Gqabi for some years earlier in South Africa. In fact, Brutus has been banned three times for political actions while he was living in South Africa. Finally, he agreed to leave that country. But his fight against apartheid did not cease. When the Springbok rugby team toured the U.S. last year, Brutus was protesting. This is the same man who helped get South Africa banned from the Olympic Games.

Third World nations will boycott the 1984 games if the U.S. deports Brutus.

The American officials who want Brutus out of this country argue, with a blind passion, that he failed to renew his visa and work permit on time. What they keep failing to take into account is that conditions beyond Brutus' control prevented this from happening. Brutus was born in Rhodesia which is now called Zimbabwe, although he was raised and educated in South Africa. When Zimbabwe gained its independence from Britain last year, all passports were withdrawn and Brutus and his countrymen were told to reapply for new passports from Zimbabwe. Brutus was working in the U.S. before his new passport came. University officials and insensitive immigration administrators lost, misplaced and otherwise derailed vital documents relating to Brutus' work file.

We must not allow the U.S. State Department to boot this man out of a land where his persistent voice is needed most. Dennis Brutus Defense Committees have sprung up all over the nation — most notably in Chicago and Amherst, Mass. Currently, he is a visiting professor at Amherst College. Other supporters include Senator Paul Tsongas (D-Mass.) and the Congressional Black Caucus. However, as the pressure against the professor grows, so must our resistance to this political insanity. More letters

of support must be directed to the State Department. The Brutus defense committees also need financial assistance with the mounting legal fees.

Brutus is not a raving rabble-rouser, but a soft-spoken distinguished poet and scholar, an impor-

tant figure within the international artistic community. If he is deported, we will lose access to a compelling literary representative of the African continent. The *Encyclopedia Britannica* has termed Brutus "A gifted African Scholar. . . ." As a people, we must be prepared to do whatever we can to reverse the threat of deportation — a most grievous situation for all progressives. Brutus has spoken out against and fought an abhorrent system of racism in South Africa, and he must be allowed to continue to make his voice heard. His contributions toward the elimination of racial injustice are unparalleled.

I am proud to be a co-convenor of the Dennis Brutus Defense Committee and I shall continue to speak out in support of this freedom-fighting, literary giant's right to remain in America and live!

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