

Spectacles: A Closer Look

The High Cost Of Medical Care

Part V - Future Directions in Health Care

By Ada M. Fisher

The thrust to the private sector means a far different future in medicine than that envisioned by the social planners of the 60's and 70's. The move toward National Health Insurance is currently dead. The regard for the welfare of the poor and those long on the bottom rung of the health care ladder has yet to be adequately addressed.

What will the private sector do for the public in medicine? Unfortunately the best and brightest doctors may go where the money and security are — to industry, Health Maintenance Organizations (HMO's), the military, and to the more prestigious teaching institutions such as Hopkins, Harvard, Yale, Duke, UNC, etc. Right now the poor are being relegated to clinics and health centers which have neither the resources nor money to address their many needs. For those with jobs, money or insurance, all the care that you could ever want will always be available. Those without will find Medicaid restricted even further, Medicare benefits decreased with an increase in the proportion paid by its recipients, physicians demanding cash before patients are seen and an unwillingness to accept those on Medicaid, Medicare or with no money. The sad thing about the majority of discussions on the High Cost of Medicare Care is that everyone is talking about cutting costs with little regard being shown for the quality of care that patients have received and will receive in the various systems being proposed.

Health Maintenance Organizations, long an offering of big businesses such as Kaiser Permanente, will spread among conglomerates. This concept can keep costs down but has three disadvantages: 1) It requires that those entering it have a job or a family member must have a job; hence, it is not available widely to the poor and by its eligibility requirements can also exclude the elderly; 2) In some HMO set-ups, one is still required to have some other health insurance in addition to the yearly membership fee; 3) Those who control your job also control your health care and potentially have access to the most intimate information on your well-being. This should raise some serious questions regarding conflicts of interest.

Preventive Care which is now the watch word for the 80's is a life long process which must start in infancy. It still does not address the very real problems of the millions of Americans who already suffer job related disabilities, genetic diseases, environmentally associated illnesses, etc. One presupposition of preventive care is that all men are created equal and have equal access to the resources needed to protect their health when such is not the case. Exercise, no smoking, controlled weight, and limited intake of alcohol are a few things that we can do ourselves to foster preventive care if this is to be our commitment as a nation.

Medical Ethics is the most exciting of fields but one in which blacks have exercised limited input. Society now has committees to determine who shall live, who shall die, who gets what treatment and who is used in experimentation. It is frightening to realize how few black people participate in these decisions. When our kidneys fail and we need dialysis, will we have equal access to the process if we have no money or if we are black and under-represented on these committees? Now that amniocentesis can predict which fetus has sickle cell anemia, will we be encouraged to abort them? How honorable and noble are those who read the test? Will our women who have been unknowingly sterilized be given a chance to have test-tube babies even though financially the procedure may be beyond their means? Decisions such as these which affect our very existence are now being made. Are black Americans being given a moral voice in this process?

Public Health and our commitment to it has been radically changed by economically hard times. Cutbacks to community health centers will become more severe. Local health departments will be expected to do more and more with less and less. Public hospitals will face bankruptcy if not supported by federal dollars since most private hospitals do not want those who cannot afford to pay. The victims of misfortune are being punished for things beyond their control. Funds for the handicapped and learning impaired are drying up. If the shift to federalism materializes, less and less is to be expected from the federal government. When the states wake up, they will realize that their new burdens cannot be supported without massive federal assistance or increased taxation.

Health Care Personnel: Far removed from the public's eye, the battle for patients and patient control is already being waged. Unspoken behind the nursing shortage is not only a question of wages, but one of authority for patient care. Many nurse practitioners are already asking for the right to practice independently. By 1990, if there is a realized glut of doctors, what will be the role of physician extenders? The American Medical Association is already predicting that ten of the 126 medical schools now in existence will be closed in the 1980's and they suggest that class sizes can be decreased by one per cent without affecting the physician supply. This is devastating news for traditionally black medical professional schools such as Meharry which need increasing financial support and back-

ing if they are to survive. Schools such as East Carolina University which has a small class size may also be hit hard.

Medical research has spent millions of dollars directed at issues of select diseases, many of which are known as "fascinomas" (fascinating and often rare diseases). The most exciting and potentially frightening work is being done in immunology (defense systems of the body) and genetics (our body's signals and patterns for our individual make-up). Truly it has been shown that no advance in medicine comes cheaply. A year's supply of Interferon which will be used to treat some cancers has an estimated cost of \$30- to \$50,000 per year for one patient. Will those without insurance get this treatment if they need it? Gene splicing is already producing medicines more quickly and has some potential for use in intercepting birth defects. Could this procedure be used to eradicate or eliminate people society doesn't want born? Can a mutant (abnormal) gene which can cause a cancer be controlled if there is a lab accident where it is being bred? Surrogate motherhood is just one by-product of medical research and has demonstrated that our technology has outstripped our legal system's ability to keep pace.

Medicine and health care have opened a world of potential benefits and possible problems which at times seem more than one can comprehend. We cannot turn back the clock and retreat because of our fear of the unknown. To address these issues, we must demand the inclusion of our best and brightest hearts and minds in the development and implementation of Health and Human Services programs. Our children must look to the top echelons in health careers for employment, taking with them a compassionate morality and a sense of loyalty to those of us left behind. We must elect politicians sensitive to issues such as the right of access to health services. And we must not be afraid to demand our human rights of life, liberty and the pursuit of happiness.

Civil Rights Journal

Reaganomics and the Black Family

Executive Director
United Church Of Christ
Commission For Racial Justice

By Dr. Charles E. Cobb

In the United States, some two-thirds to three-fourths of all black families fall under the poverty level. Although the greater number of families benefitting from federally subsidized social service programs are white, these programs serve black families in a disproportionate percentage to their number in the U.S. population. It is important for the black community to be cognizant of the effects which the Reagan administration's cuts have had and will have on programs directly affecting the security of black families in the United States. It is also essential that the black community mobilize the struggle against an insensitive and inhumane system which places war machinery above decent human existence and survival.

As President Reagan cuts domestic social programs to the bone under the guise of balancing the budget, the defense budget is being increased to the incomprehensible level of over 1.5 trillion dollars in the five years from 1982 to 1986 in military expenditures. As an illustration of how great this expenditure is, let me cite: If you were the start spending one million dollars a day from the day Jesus Christ was born until this present day, you would have spent 1.5 trillion dollars. This huge increase in military expenditures leaves the American public with an unparalleled national debt ranging from 100 billion dollars in 1982, 150 billion dollars in 1983, to an unheard of 200 billion dollars in 1984. During the Ford and Carter Administrations, a time when social programs were intact, the debt was around the fifty billion dollars range.

It is the low-income and poverty categories where the highest percentage of blacks is located. Unemployment in the black community is rising above the twenty per cent mark and more black families will drop into these categories. It is this same category of families who are laid off, who only qualify for 26 weeks of unemployment compensation rather than 36, who have their food stamps cut, who receive reduced Aid For Dependent Children payments, who will have to start paying for their children's medical services, and who will have their subsidized rents increased.

I am speaking of the "truly needy" — the

three million families living in subsidized housing whose incomes average \$4,000 per year, and the fifty per cent of all good stamp households whose gross incomes fall below

\$500 a month.

When estimating his tax and budget cuts together, President Reagan has only added insult to injury for 32 per cent of American

households with incomes below \$11,500 — there is an income loss of 1.8 billion dollars, but for the 37.2 per cent of the families with income ex-

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Letter to the Editor:

On Nu Phi Omega Brotherhood Story

I would first like to thank your paper for publishing the article concerning the new Brotherhood Nu Phi Omega. It brought out many aspects of our Brotherhood that captured the true identity of our organization.

However, the section concerning our views on hazing is somewhat distorted. We do not as the article stated condone hazing which we feel is "mental and physical abuse," but by no means were we accusing any organization at NCCU of practicing hazing.

We feel that our main objective, which is to pur-

sue a unified way of achieving one's personal goals was not given the proper attention. This is reflected in the headline which gives the topic of hazing top billing and does not mention our basic concept which is *unifying* to achieve personal goals.

Many people have been misled by the article and we hope there can be some type of follow-up article which will correct the misconception that was created by what we believe was a failure of communication during the interview.

Once again we would like to say thanks for the article and hope that the misconceptions can be corrected.

Thomas A. Stith, III
President of the Nu Phi
Omega Brotherhood

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