

Lessons for health care reform

Members of Congress have left Washington for the August recess, and back in their districts they are facing public outrage – real and manufactured – about health care reform. Their constituents' concerns and fears are being fueled by radical fringe groups which are disrupting town hall meetings and disseminating myths and outright lies about health care reform provisions. The worst of these equate health care reform with Hitler's final solution.

Regrettably the media has added more heat than light to the debate, when surely there are people who genuinely want to listen and learn rather than scream obscenities. Sarah Palin's comments about 'death panels' should have been castigated as totally inappropriate from someone who was once considered eligible to be Vice President, rather than endlessly repeated. It's a sad indictment of how down and dirty politics can get in the land of the free and home of the brave.

In making the case for why health care reform is needed, legislators need look no further than the tenements around the US Capitol, only a few blocks from the Supreme Court and the White House.

To the tourist, Washington DC is an imperial city, with grand buildings and monuments. It is home to powerful politicians, wealthy media figures and influential lobbyists. But it also has some of the most devastated neighborhoods in the country, where working class and poor residents face record levels of poverty, infant mortality and HIV infection. One quarter of the population, 55 percent of which is African-American, has incomes below the poverty level (\$10,400 for an individual, \$22,000 for a family of four).

On a population basis, Washington has twice as many hospital beds as the rest of the country and more than twice as many doctors. Needless to say, these services are cheek-by-jowl in the well-heeled northwest sector of the city. When the poor residents of Anacostia need care, they head for the emergency rooms of Howard Hospital, which was initially set up to provide freed slaves with the medical care they were denied elsewhere.

The infant mortality rate for black babies in Washington (13.6 per 1000 live births) is similar to that for Indigenous babies in remote Australia, and more than twice as high as the national rate (6.3). In comparison, the infant mortality rate is 5.1 for Cuba and 4.2 for Australia. The life expectancy of an American male is 72 years – the same as for someone living in Cuba and 10 years less than the average Australian - but for a black male living in Washington it is 58 years.

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Perhaps the most appalling statistics are those for HIV/AIDS and related diseases. Recent estimates are that 3 percent of Washington residents have HIV/AIDS, and the rate is 7 percent for black men. Rates of infection with sexually transmitted diseases such as chlamydia, gonorrhea and syphilis are three to five times higher than the national average and infections with tuberculosis are increasing. The age adjusted death rate from AIDS in Washington is almost 10 times that for the nation as a whole.

Such high HIV infection rates have not been seen since the height of the epidemic in San Francisco in the 1990s. When these findings were released earlier this year, the director of the District of Columbia's HIV/AIDS Administration, who previously worked in Africa, stated that these rates were higher than West Africa, and on a par with Uganda and some parts of Kenya.

Many of the health problems of black residents of Washington DC are due to poverty, poor education, violence and discrimination. But they are also due to a system that is focused on delivering expensive treatments to people once they are sick rather than keeping those people healthy through prevention and primary care services.

The consequences are inevitable: even in a city overloaded with the trappings of wealth and with excellent health care facilities, there are large pockets of people whose health status is no better than that of people in the third world. It's a salutary call for reform.