

LETTER FROM WASHINGTON No 7.

July 29 2009

Third World Health Service Delivery for America's Poor

This year the privately-sponsored, volunteer-operated Remote Area Medical (RAM) Expedition, a service originally set up to deliver health care services to isolated third world communities, will deliver 14 multiple-day health clinics in poor counties in Kentucky, Tennessee, Virginia and California and the Northern Ute Tribes Reservation in Utah. In scenes that might be expected in a third world country, thousands of desperate people will travel long distances and camp out for days in order to get the free treatment these clinics offer.

This month RAM was at the Wise County Fairgrounds in the Virginia Appalachian mountains¹. The fairgrounds were transformed into a makeshift field hospital: sanitized horse stalls became draped examination rooms, a poultry barn had optometry equipment, and a large, open-air pavilion was crammed with 70 portable dental chairs and lamps. There was a converted 18-wheeler with a mobile X-ray room and two massive trailers where technicians ground hundreds of lenses for new eyeglasses. About 1,800 volunteers provided the medical, dental and logistical help, including hundreds of doctors, dentists, nurses, assistants and technicians. RAM organizers say they spent about \$250,000 providing care worth about \$1.5 million.

This was the tenth year RAM has been to Wise County, and 2,700 people came seeking treatment, more than in any previous year. A survey of the patients found that just over half of the people attending this year had no insurance at all and 47% were underinsured, given unaffordable co-payments or gaps in coverage provided by Medicare, Medicaid and conventional insurance plans. Only 11 patients had dental insurance, and just seven had vision coverage.

National Public Radio interviewed one man who had come with his family seeking medical care and he described how he had earned a six-figure income working for an international industrial supply firm until an accident five years ago left him disabled.

In America in 2009 that's an increasingly common story.

A recent Harvard study showed that 62% of all bankruptcies in 2007 were medical; 92% of these involved medical debts over \$5000 or 10% of pre-tax income. The rest met the criteria for medical bankruptcy because people had lost significant income due to illness

¹ The Congressman for this area is Representative Rick Boucher, a Blue Dog Democrat who, to date, has not been a supporter of the House tri-committee health care reform bill.

or had mortgaged a home to pay medical bills. Most medical debtors were well educated, owned homes and had middle-class occupations. Three-quarters had health insurance. There was a 49 % increase in medical bankruptcies as a proportion of all bankruptcy filings between 2001 and 2007. The total number of medical-related bankruptcies is likely higher as the data were compiled before the recession began last year.

However bankruptcy is only the tip of a medical-debt iceberg. In 2005 medical debt affected about 29 million non-elderly adult Americans, with and without health insurance.

The risk of medical debt is greater for people without health insurance, but even those who are insured are not immune; 15 % of those who had insurance for all of the past twelve months reported having medical debt, and 70 % of all those with debt said that they were insured at the time the debt was incurred.

The presence of medical debt, even for the insured, appears to create health access barriers akin to those faced by the uninsured as health providers often refuse to provide services without at least partial payment and debtors may be too embarrassed or ashamed to return to providers knowing they owe money.