

Will Your Number Be Drawn? Welcome to the Health Care Lottery



BY JEFF TIEMAN
Mr. Tieman is senior director, Health Reform Initiatives, Catholic Health Association, Washington, D.C.

For more than 10 years, I have been covering the health care field as a reporter or working within it as a reform advocate. In my time as a health policy reporter, I attempted to make sense of federal health care policy and explain to hospital leaders how it would affect their operations, their business environment and the care they deliver.

When possible, I also tried to make the stories about people. The only way to understand why the arcane is important is to put it in the context of real people — for instance, how would the 415-page Medicare prescription drug law affect elderly patients? What impact would it have on the lives of seniors struggling to make ends meet? What would the new benefit mean for the hospitals and doctors that treat these patients every day?

During my time at *Modern Healthcare* magazine, I read or wrote hundreds of stories about the consequences of lacking health insurance and about the implications of the coverage gap for the health care industry and our nation's fiscal solvency. I also wrote obituaries for health care professionals who died on 9/11, described the struggle to rebuild Iraq's broken medical infrastructure following the U.S. invasion and penned more stories about unseemly, backroom politics than I care to remember.

Given this experience, it is difficult to surprise me, especially when it comes to health care horror stories. Nonetheless, a Feb. 3 article in the *Washington Post* titled "The New Uninsured" caught my attention. The article reports that "people young and old crowd the hallway outside the locked door of the Arlington (Va.) Free Clinic. It's lottery day, and 45 county residents who lack health insurance and money to pay for medical care are competing for 30 openings on a cold afternoon in January."

Yes, that's right. In Arlington, Va., less than three miles from the White House and in what is still the wealthiest nation on Earth, sick people entered a lottery to receive health care. So much for not being surprised anymore. This shocking

story made clear to me that our broken health care system has produced a society in which many working people have no better hope for medical treatment than having their names randomly pulled from a plastic box.

"One by one, winners are separated from losers," the *Post* reported. "A clinic volunteer grabs a 'Z' from the box, and a man holding a 'Z' strides into the clinic. His broken arm had been set in a hospital emergency room, and he needs to see a specialist for follow-up care. Another man, who has Parkinson's disease and urgently needs drugs to treat it, leaves disheartened. He will have to return in two weeks and try again in the next lottery."

For anyone still wondering whether this nation needs health care reform, I urge them to imagine entering a lottery to see a doctor, being one whose name isn't drawn, whose illness and suffering continues to go untreated.

It is not only the uninsured who are affected by this fractured and unfair system. The Institute of Medicine reports that in communities with large numbers of uninsured people, even those with full coverage can have difficulty obtaining care and being satisfied with the quality of care they receive.

The report, *America's Uninsured Crisis: Consequences for Health and Health Care*, is an outgrowth of research the institute conducted between 2001 and 2004. The research determined that having health insurance plays a major role in overall health and well-being, expanding on the institute's earlier conclusions that 18,000

Our broken health care system has produced a society in which many working people have no better hope for medical treatment than having their names randomly pulled from a plastic box.

people die each year simply because they lacked coverage.

"Lacking health insurance is hazardous to your health," Harvey Fineberg, MD, Ph.D., president of the institute, said in a press conference announcing the study results. When an individual is uninsured, Fineberg said, "you suffer the consequences, your family suffers the consequences and your community suffers the consequences."

For instance, the Institute of Medicine's report found "growing evidence that hospitals and physicians operating in areas with high rates of uninsurance tend to focus more intensively on revenue-generating activities and to drop or limit unprofitable services."

Citing the report is a good way to counter the argument made by those who feel safe and secure in their coverage. Their argument usually goes something like, "Why should I be responsible for someone who can't afford their own health care?" A new answer is: evidence shows us that when a community has high numbers of uninsured people, we all suffer — the insured and uninsured alike.

This reflects in many ways the argument the Catholic Health Association has been making for years — that health care poverty is a problem affecting all of us, rich and poor, insured and uninsured, young and old. As we state in *Our Vision for U.S. Health Care*, "When people have unmet health needs, it is difficult for them to fully function as members of their families, their workplaces or their schools, which then affects the broader community and economy."

Sr. Carol Keehan, DC, CHA's president and chief executive officer, carried that message to the White House when she participated in a health care reform summit there in March.

"Many who attended the White

When a community has high numbers of uninsured people, we all suffer — the insured and uninsured alike.

House summit spoke of their preferences for reform, but also said they are open to listening and working together to get the best possible bill," Sr. Keehan wrote in a commentary titled "Time to Collaborate" in the March 30 issue of *Modern Healthcare*. "We have moved beyond a partisan and piecemeal approach to this issue, and the conversations we had on March 5 showed how widespread the commitment is to get something done."

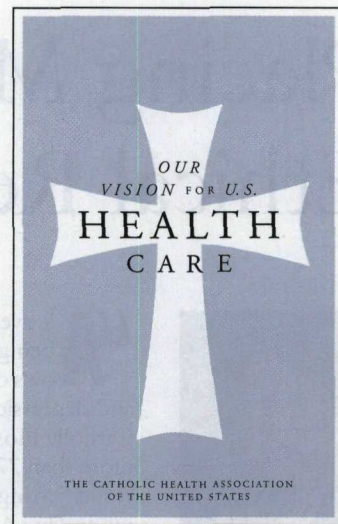
She continued: "It will take more than health summits to advance legislation we can all sign onto. Still, having legislators, health care providers, businesses, labor groups, advocacy organizations and consumers come together for a substantive discussion was a great start. We need to build on that collaboration. We must be willing to compromise on preferences, not principles, to achieve health reform that is worthy of the American people."

No one in any of the groups Sr. Keehan mentioned believes health reform will happen quickly or easily. And it should not. This is complicated, important policy and must be handled and debated as such. But we should no longer be arguing about the need for change. Whether it is a health care lottery or an entire community hurt by the lack of coverage, we have more than enough reasons to move forward. Now we just need to do it. ■

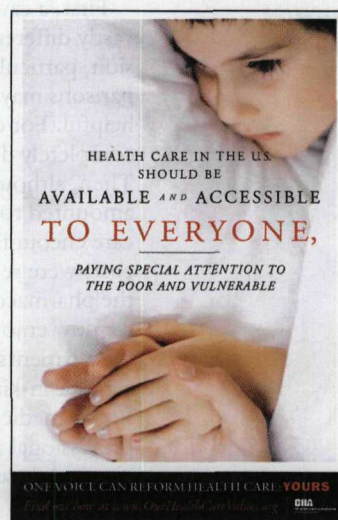


Comment on this column at www.chausa.org/hp.

Free Resources for Health Reform



The Vision document is available as a brochure and a PowerPoint presentation for your meetings.



One of six Vision posters to help spread the word.

These and other resources are available at www.OurHealthCareValues.org

CHA
THE CATHOLIC HEALTH ASSOCIATION
OF THE UNITED STATES