



surviving the health INSURANCE CRISIS

An estimated 46 million Americans have no health insurance, including 9 million African-Americans

BY HILARY BEARD

In 2005, Darlene and Richard Garth and their three children relocated from New York City to Greenwood, S.C., to “get away from the rat race.” Darlene found a job as a cafeteria worker, but had missed her company’s health insurance enrollment period, which opens to new members only once every three years. So the family joined the health plan of the hospital where Richard, 47, works as a radiology assistant. But last year his company changed insurance providers, and the Garths landed in a hornet’s nest.

“We had two choices for health care—gold and premium. I couldn’t afford either,” Richard recalls. While shopping for lower-cost insurance, he inadvertently missed the hospital’s enrollment deadline, and the family joined the ranks of America’s 46 million uninsured.

Now the younger children go without checkups. Their 19-year-old daughter, who no longer lives at home, but is breastfeeding an infant, is uninsured. “My biggest concern is trying to get my children covered,” says Darlene, 49. Richard, who needs “about six shots a day” to treat his diabetes, plus medications for hypertension and other complications, obtains two types of insulin free through a pharmaceutical company’s patient-assistance program, but can’t afford his other medication.

“I haven’t been taking blood pressure medication for about 1½ years,” he says. “The doctor told me I need the medicine.” But at \$67 a month for one drug, that prescription breaks his family’s budget.

Even worse, after six months, the local free clinic learned that the Garths’ employers offer health insurance, so it began charging Richard for medical appointments. “He needs to be seen four to five times a month,” says Darlene. “He is afraid to go because he knows they’re going to charge him a lot of money.”

Last year, Richard became ill and “almost died,” says Darlene. “At the time he went to the hospital, he didn’t have insurance. Now we’re more than \$22,000 in the hole.”

As a possible solution, one doctor suggested that Richard go out on disability. But Darlene says, “If he stays out of work, we starve.”

“I try to maintain my diet and do other things, but it’s so much,” Richard says of his attempt to make healthy lifestyle choices. “My main

focus is working. You take a man’s job away and you take his independence.”

Less access, greater need

The Garths are not atypical. The United States is experiencing a monumental health insurance crisis. According



to Dr. Albert Morris, president of the National Medical Association, 46 million Americans have no health insurance, including more than 8 million children and 20 million working adults. Among African Americans, 9 million are uninsured. "These numbers are staggering and unacceptable," says Morris. "Job loss and the rising cost of health insurance premiums are major causes of the growing number of uninsured. Lack of health coverage is attributable to thousands of avoidable deaths each year, poorly managed chronic conditions, and undetected or untreated illnesses."

The primary reason is cost. Indeed, the annual cost of family coverage in an employer-based plan is nearing \$11,000 annually, more than the yearly earnings of a full-time worker making minimum wage. Individual coverage costs even more, according to the Commonwealth Fund, a private foundation working toward a high performance health system. To make it worse, many people who are elderly and have chronic health conditions do not even qualify.

"If being uninsured is the illness, universal health care is the antidote" says Dr. Morris. "Universal health care simply means that every American should benefit from quality, affordable health care. It is a fundamental principle for a democratic society, yet the concept continues to provoke resistance."

As with many issues, the bottom line is money, Morris says. Opponents claim that universal care would be too expensive. However, our nation already spends billions on a health care system that generates soaring costs, but offers only plummeting access to care. Compared to other industrialized nations, the U.S. spends twice as much on health care—more than \$7,000 per capita—yet millions of Americans remain without health insurance and millions more are inadequately covered.

And as is the usual case, when White America sneezes, Black America catches pneumonia. A Commonwealth Fund study found that one-third of working-age African-

Americans lacked health insurance at some point during 2005, compared to 20 percent of White Americans. People who lack insurance are less likely to obtain preventive checkups and less likely to effectively manage chronic diseases like heart disease and asthma. They are more likely to use the emergency room (ER), says Gail Christopher, D.N., vice president for health, women and families, and

director of the Health Policy Institute at the Joint Center for Political and Economic Studies, a think tank on Black America. Compounding the problem, hospitals often charge the uninsured 10 times the usual rate for ER visits and "turn them over to credit agencies very quickly." Indeed, the loss of access to health care is particularly devastating for African Americans, who are less likely to be insured by their employers than Whites.

"It sets Blacks up not to have prevention and early detection for diseases they may have a greater susceptibility to, such as hypertension and diabetes, experienced disproportionately by our community," says Dr. Christopher. "If anyone needs prevention, early detection and management of chronic conditions, we do. In the face of that greater need, we have less access."

This lack of insurance and our reliance upon the emergency room for treatment sets us up to carry medical debt, which affects our credit record and employability. "I'm ducking and dodging, to tell you the truth," says Richard Garth of his outstanding medical bills.

"They're going to catch up with me at some point. We're going to have to make some changes."

Something amiss

"I have diabetes, but I'm not on insulin," says Michelle Dartis, a 30-something resident of Indianapolis. Though her employer offers health insurance, she would have to shell out about \$400 monthly to cover herself and her 19-year-old daughter—more than she can afford on her

Where To Go For Health INSURANCE HELP

Local Department of Health: You may have to wait in line or for an appointment, but local health departments do an amazing job of providing high-quality, low-cost health care. Call your local health department.

Planned Parenthood: Offers contraception, screenings for sexually transmitted diseases, sexual health counseling, gynecological and breast exams to men and women at prices scaled to your income. (www.plannedparenthood.org; 1-800-230-PLAN).

Supplemental Coverage: For a monthly fee, you can obtain mini insurance policies that cover catastrophic events, including chronic conditions like heart disease or cancer that may run in your family. But don't forget to set funds aside to cover regular doctor's appointments, prescriptions and screenings.

Discounted Coverage: The Atlanta chapter of 100 Black Men of America has partnered with Aetna to offer a health care discount program—not health insurance—through the insurance giant's Vital Savings Program. "It is designed to bring affordable access to health care coverage, dental, pharmaceutical and other long term care," says Atlanta chapter CEO John T. Grant Jr. Discounts are about 30 percent less than regular prices. Anyone can enroll through the Atlanta chapter's Web site; there are no membership or geographic restrictions. Visit www.100blackmen-atlanta.org and click on "Vital Savings."

For more information, go to www.obonyjef.com

\$30,000-plus salary. Because she can't afford the payments, Dartis hasn't seen her doctor in more than two years. To compensate, she watches her diet and exercises with mixed results. "Sometimes I have better days and sometimes I'm not so good," she admits.

"There is something amiss about the industry," says 55-year-old Evelyn Cunningham, a Philadelphian with an M.B.A., who has worked as a manager in nonprofits. Following the deaths of her mother and live-in boyfriend, she took a break from work in 2002. "I was emotionally whipped," she says. "I needed to regroup."

But Cunningham's COBRA health insurance payments of roughly \$400 monthly chewed up "nearly 20 percent" of her unemployment check. "It didn't make

“It didn't make sense to pay that kind of money for health coverage when I wasn't using it.”

—Evelyn Cunningham

sense to pay that kind of money for health coverage when I wasn't using it, except for prescriptions," she says.

So she elected to stop taking her blood pressure medication, which costs \$100 a month. Instead, she obtained alternative care and made lifestyle changes. "I had some exposure to and belief in alternative health practices," she says, "but they take a level of diligence that medication doesn't require."

As long as she adhered to the strict regimen, her blood pressure hovered in the same 140/75 range as when she took prescription medication, she says. Still she admits that she experienced "some apprehension about not taking the pills."

Eighteen months later Cunningham was working. But after having been employed for her "entire adult life," her experience of being uninsured leaves a sour taste in her mouth. "We have a broken system," she says. "I've worked for some really good companies and have had some wonderful benefits, but none would pay for my gym fee. I want the insurance the Congressmen have."

Hilary Beard is a health writer and editor based in Philadelphia. She recently authored Friends: A Love Story with Angela Bassett and Courtney B. Vance.

How To Manage Your MEDICAL EXPENSES

African-Americans carry more medical debt than any other racial or ethnic group. Forty-four percent of Blacks report not being able to pay their medical bills, being contacted by a credit agency, having to change their life significantly to pay bills, or having outstanding debt. This compares to 33 percent of Whites with medical debt.

"People with outstanding bills are less likely to go back for other care, either because they're nervous about going back or don't want to accumulate more debt," says Michelle McEvoy Doty, Ph.D., associate director of research for the Commonwealth Fund, a private foundation working toward a high-performance health system.

Tips For Coping With MEDICAL BILLS

- Do review all your medical bills for accuracy.
- Do ask your provider to bill Medicaid or Medicare, or your health insurance company directly if you have coverage.
- Don't ignore your bills—you may end up owing more!
- Do consider using medical-expense management software to help you track medical expenses and insurance payments.
- Do tell your provider if you're having difficulty paying your bill, and ask if the provider has financial assistance, payment plans, or a charity or indigent-care program. These are often not publicized. To qualify, be prepared to show proof of income, your bills and your savings.
- Do ask your doctor, hospital or collection agency if you can negotiate a discount or payment plan that's more compatible with your income. Ask them to "hold" your case and not refer the case to a collection agency while your eligibility is being evaluated.
- Do try to work out a payment plan that comprises less than 10 percent of your monthly income.
- Don't agree to a repayment plan to which you can't adhere. Better to consent to a small commitment—even \$5/month—that you can honor than to renege on a larger amount.
- Don't sign a plan with an acceleration clause, which requires you to pay the entire balance as the penalty for a missed payment.
- Do pay up. If you're still having problems, inform your provider.

Sources: Families USA and the Legal Aid Society of the District of Columbia