HEALTH CARE

BEYOND UNIVERSAL COVERAGE

Building a Movement for Health Equity

By Leeann Hall

On a hot day in July 2005, Roy Martinez found himself retching at the side of the highway. Mr. Martinez, a curly-haired Mexican with a broad smile, had begun weeding onions with a 10-inch-long knife at six that morning. At 10:00 a.m., he and the rest of the farm workers , unable to leave the fields to wash their hands, unwrapped burritos and began eating; by noon, all of them were violently ill. They had inhaled and ingested three dangerous pesticides that a crop duster had sprayed on the field the night before. Mr. Martinez was one of 29 workers exposed to toxic pesticides that day. The local fire department arrived on the scene wearing blue hazard suits. They made the farm workers strip and pass through a quickly erected "shower," where they were hosed off and then transported to a nearby hospital. At the West Valley Medical Center, Maria Aguirre, one of the farm workers, was asked to interpret because the hospital had no interpreters available. They were treated and released. None of the farm workers had insurance and some needed, and had difficulty receiving, follow-up treatment. Mr. Martinez continues to have symptoms three years later and is unable to work.

Mr. Martinez's experiences point to the complex systems that impact the health of people of color, including working conditions, environmental degradation, lack of insurance and cultural barriers to quality care. These pre-conditions for poor health can be found in various forms in communities across this country. This paper examines those conditions and calls for a radical intervention into the healthcare debate that transforms the debate from one about insurance to one about health. This analysis highlights the need to address the environmental conditions that undercut health, invest in public programs that ensure universal access to insurance and end discriminatory practices within the health system. In taking this position, we will educate the public about the realities and roots of health disparities and solutions to this parallel and intertwined crisis.

THE ROOTS OF HEALTH INEQUITY

Many pressing health issues stem from devastating inequities in jobs and wages, environmental pollution, education, housing and access to opportunity—the "social determinants" of health. This is exacerbated by a lack of health coverage; there are 46 million people without health insurance, and half of those are "ethnic minorities." For many, the problem continues at the doctor's office or in the hospital, where a lack of cultural understanding and overt biases color the care that patients receive.

On the Tohono O'odham Reservation, a child who is only four years old is diagnosed with adult-onset diabetes–a disease that 40 years ago was rarely heard about and now is an epidemic on the reservation. The root causes of the illness are imbedded in the erosion of culture—"traditional gardens, foods, games and dance have been replaced by high rates of unemployment, alcoholism and government commodities (processed food)," explains Terrol Johnson of Tohono O'odham.

In Brooklyn, New York, Adriana Mendoza goes to the doctor because of chronic asthma that has impacted her ability to participate in school. The doctor examines her and tells her mother that they must have their landlord exterminate their apartment–rid it of roaches and rats. The doctor writes two prescriptions, one for asthma medication and one telling the landlord to clean up the building. In this inner-city Latino neighborhood, rodents, poor housing conditions and poor air quality give rise to high rates of asthma and respiratory illnesses.

A senior citizen who is a monolingual Korean speaker in Los Angeles falls in a hospital and complains of pain–*apah*. The staff asks her husband, who also has limited English skills, what that means; they are told "pain" and give her medication. A week later, they discover that she has an infection in her arm that has traveled to her blood stream. This infection, complicated by diabetes, results in her death. Had there been adequate interpretation services, which are mandated by federal law, her death would have been preventable. These services are desperately lacking in many medical facilities.

As a result, people of color are more likely to die younger and to be treated worse—or not treated at all—by the U.S. medical system. Black and American Indian infants are more likely to die in every income bracket. Likewise, diabetes is higher among Blacks and Latinos, and increases people's chances of dying from stroke and heart disease. And the list continues with obesity, cancer outcomes and other diseases (Kaiser: Minority Health Update). Simply put, racism in daily life makes people of color ill, and an unequal healthcare system results in inadequate care and shortened life expectancy.

PUTTING THE PICTURE TOGETHER

The complete story is surfaced by understanding the complex interplay between health coverage (insurance_ public and private), the delivery system and the environmental backdrop that shapes our health. In the Idaho farm workers' story, it was clear that institutions—in this case the hospital's lack of interpretation services—created a significant barrier to care. The pesticide spraying that created an unhealthy working environment (and environment for those living in the area) represents the broader systems—including food, environment, housing and transportation—that are degraded, creating unhealthy communities and community members. These problems are further compounded by a broken private healthcare system, the failure of which leaves millions of people, including the farm workers, uninsured.

Dr. Steven Woolf has pointed out that equalizing mortality rates between Blacks and whites would have saved five times as many lives as all the advances in medical technology saved between 1991 and 2000. He challenges us to reverse the trend by "reconsider[ing] the prudence of investing billions of dollars in the development of new drugs and technologies, while investing only a fraction of that amount in the correction of racial disparities in health." (Woolf 2004).

BUILDING A NEW HEALTHCARE SYSTEM

It is clear that to improve our health, we as a society must invest in a new approach to healthcare. The first solution is to recognize that healthcare is not a commodity that should be sold on the private market to only those who can afford it or are lucky enough to have the "good jobs" that provide it. Access to medical care and the prescribed remedies (whether it be drugs or extermination of roaches and rats in your home) should be available to everyone who needs it.

The foundation of this vision is built on national healthcare reform. The politicians need to turn their heads away from the insurance companies and toward the communities and listen to what is needed. Bold action is needed to make a public—yes, government-sponsored—health insurance option available to everyone regardless of employment status, race, income or immigration status. This program must have a rich benefits package addressing all of our health needs from birth until death. This system needs to provide people the healthcare they need when they need it. From a racial justice lens, we need to read the fine print to ensure that covering everyone includes immigrants, regardless of status, and ensures full funding of Indian Health Services. The national coalition Health Care for America Now! is promoting just such reform. Their efforts are structured around a set of principles against which legislation can be evaluated.

Although ambitious, national healthcare reform alone will not result in healthier communities and unbiased care. We need to take on the underlying causes and ensure that there is unbiased, culturally appropriate care.

LOCAL ORGANIZING HIGHLIGHTS PROMISING DIRECTIONS

The organizing campaigns led by American Indian communities in Arizona, Latino immigrants in the Northwest and Korean workers in Los Angeles offer just a few examples of the seeds of change growing across the country.

Terrol Johnson, a member of the Tohono O'odham Nation, is walking from Bar Harbor, Maine to southern Arizona to highlight how a return to cultural roots can be part of the remedy for the health crisis facing his community. "Type 2 diabetes is epidemic in my community," he says, adding that the root causes of the illness are imbedded in the erosion of his culture. "Traditional gardens, foods, games and dance have been replaced by high rates of unemployment, alcoholism and government commodities (processed food)."

Terrol has led a community project to bring back health by returning to traditional ways, including food production and cultural projects. "We have everything we need to create wellness within our communities–our traditional foods, our cultural identity, our land and water, our elders and our youth."

The steps that Terrol is taking to advance his community's health are echoed around the country. Farm workers in Whatcom County, Washington, after realizing that they couldn't afford the food they picked, are now working their own organic farm, selling produce locally and catering events for the community. This approach has improved their diets and health and transformed their relationship with the broader community. The South Central Foundation in Alaska is a nonprofit Indian health corporation that is realizing their vision of health, which emphasizes Indian culture, traditions and empowerment. In doing so, they have seen dramatic improvements in screenings and preventive testing, a reduction in hospitalization rates and improvement in overall health outcomes.

Groups across the country, including the Korean Resource Center, Washington Community Action Network and Idaho Community Action Network, are documenting the issues that poor communities and communities of color are having within hospitals. They are demanding and winning medically qualified interpretation services, multilingual billing practices and signage, access to no-cost or reduced-cost care, and training for staff around cultural issues. In doing so, they are improving the hospitals' knowledge of the communities and cultures, as well as their ability to competently serve these communities.

ACTION NOW

It is time to build a new health justice movement–to stand up and demand a new approach to our health–that invests in healthier working conditions and communities, guarantees that people get medical attention when they need it and holds itself to a standard of care that is unbiased and culturally appropriate.

Toward this end, we need to:

- Aggressively address the environmental and social conditions that lead to poor health by making investments in living-wage jobs and affordable, healthy housing. Enforce and strengthen environmental justice protections to remediate compromised environments that lead to poor health outcomes. And, implement the use of health impact statements, which, like the environmental impact statement, will evaluate new public policies by asking the question, "Do these changes advance or undercut the health of our communities?"
- Ensure access to care by creating a mandate to revitalize our economy and communities through a massive restructuring of the healthcare system, making available a public insur-

ance option that would cover every man, woman and child living in the United States.

- Create a new health justice movement that highlights inequities, names the underlying racism and demands solutions. To be successful, this movement will require data collection on disease, performance, language access and quality care–data about how institutions behave. The health justice movement will demand new policies and practices. Some examples include:

    1. Interagency collaboration among departments responsible for public health, environment and economic development to coordinate strategies that result in healthy communities and families
    2. An enhanced role for the Office of Civil Rights to ensure that discriminatory barriers to accessing care are identified and removed
    3. Creating strong education systems that address the needs of children of color in K-12 so they can get out of high school and into college. Expanding admission slots and financial aid for those who choose medical professions; expanding the diversity and cultural competency of medical professionals

If we expect to honestly address the healthcare crisis in this nation, then we must fundamentally change our approach to healthcare. That shift requires treating access to quality and accessible healthcare as a right, not a privilege. It mandates expanding our definition of health to include the living and working conditions of our communities, and respecting the cultures and needs of people in them. If we truly believe in racial justice, then this is a vision that must come to fruition.