

OPINION

Health Reform Changed Landscape

Makes healthcare a civil right

BY DR. HENRIE M. TREADWELL

When health reform was signed into law, Vice President Joe Biden was ridiculed for his use of an off-color adjective in describing the legislation to President Obama. But lost in the rhetorical battle over health reform is the fact that Mr. Biden's words were accurate: This is a big deal!

By getting the landmark legislation enacted, President Obama has transformed his presidency and ushered in fundamental changes to America's healthcare system, changes that will have a profound impact on millions of African Americans and other people of color. The lack of health insurance is a factor in one of the biggest inequities in American society — the health disparities that prematurely end lives and cause undue pain and suffering in minority communities across the country.

In a savvy move to gain mainstream support for the bill, the administration promoted provisions such as requiring most US citizens and legal residents to have health insurance, preventing insurance companies from denying coverage because of pre-existing conditions and creating state-based exchanges

that enable the uninsured to purchase health insurance at reasonable rates. At the same time, supporters purposely downplayed other provisions that may have been unpopular, such as one of the largest expansions of social programs that benefit the nation's poor.



Let's not be mistaken.

The health reform legislation may be the most important Civil Rights legislation since the 1960s: Under health reform, 32 million uninsured Americans will receive coverage. The new law mandates that every American must obtain health insurance, while providing significant government assistance for those who cannot afford it. This will save lives. It virtually gives all Americans a right to health insurance and provides ways for the poor to obtain it.

Since 1965, Medicaid has provided health services for the poor. The new law will expand eligibility to include all individuals under age 65 with incomes up to 133 percent of the Federal Poverty Level, nearly \$15,000 a year. It means that low-wage earners without children or disabilities will now be eligible for Medicare, allowing them to receive a health benefit package that will cover essential medical services and provide many with their first health insurance. In addition, people earning more than \$15,000 may qualify to receive government subsidies to

help pay for health insurance.

A disproportionate number of African Americans will qualify for these benefits. Already, 24 percent of African Americans are covered by Medicaid, and that number will increase significantly with the program's expansion. In total, just more than half of those who currently qualify for Medicare are racial or ethnic minorities, meaning that many poor white families will also benefit. African Americans are 12 percent of the nation's population, but 16 percent of the uninsured, so a disproportionate number of the 32 million uninsured who will receive coverage will be people of color.

The real-life benefits of health insurance are substantial.

In 2003, the Institute of Medicine issued a report saying that the effects of being uninsured extend far beyond the health of family members to their financial stability and general well-being. It noted, for instance, that a major health problem in an uninsured family can cause a financial disaster, while also greatly increasing stress and anxiety in an uninsured household.

Research has shown that the lack of health insurance has been a contributing factor in many of the health disparities that ravish communities of color. For instance, people without health coverage are less likely to seek preventive care and more likely to receive a late diagnosis of serious illnesses. In fact, the health out-

comes diverge so much that adults without health coverage have a 25 percent greater chance of dying and dying prematurely than those who have private health insurance, according to one study that monitored people over a 17-year period.

Delays in screening for and diagnosing serious illnesses have contributed to higher mortality rates for African Americans compared with whites who suffer from breast cancer, prostate cancer, diabetes and cardiovascular disease.

Healthcare reform should prevent the kind of tragic loss suffered by Alyce Driver of Maryland, whose 12-year-old son, Deamonte, died in 2007 from an infected tooth because she didn't have health insurance. Deamonte was taken to a local hospital where he was diagnosed with a tooth abscess and sinusitis. He was given antibiotics and sent home. But his unemployed mother didn't have health insurance or the \$80 to have the tooth extracted. Bacteria from the tooth migrated to Deamonte's brain, killing him.

With healthcare reform, President Obama has given children like Deamonte a chance. He has changed the landscape. Healthcare will be a Civil Right in America.

Dr. Henriette M. Treadwell is director of Community Voices of Morehouse School of Medicine, an organization working to improve health services and healthcare access for all.

Safety, Stability for Foster Kids:

We have a long way to go

BY ERINN KELLEY-SIEL

May is National Foster Care Month, a time to turn our attention to the children and youth in care and to honor the dedicated foster families, relatives, volunteers and child welfare professionals who get involved with children and young people to help change their lives for the better.



Last year in Oregon, more than 13,000 children spent at least one day in some kind of foster care because they could not remain safely at home with their parents, usually because of drug and alcohol abuse and/or domestic violence in their homes.

Children in foster care need safety and stability. In Oregon, we're working to become the safest foster care system in the country.

The good news is we are getting closer to reaching that goal: Last year, our state's financial supports for children in foster care increased, and the number of children in foster care who were abused by their foster parents declined by 32 percent. Placements with relatives increased by more than 20 percent, and the number of children who had two or fewer placements increased by 10 percent. In addition, 10 percent fewer children in Oregon spent time in foster care in 2009 compared to 2008.

These milestones of improvement could not have been reached without the great work of our staff, the commitment of foster and relative caregivers, quality services delivered by our partner providers, and the support of communities across Oregon.

Nevertheless, we still have a long way to go to be sure that all children in Oregon are safe, well, and con-

nected to their families, their communities and their cultural identities. Ideally, all families would have the support they need to safely parent and prepare their children for adulthood.

Ideally, no child would need the government to keep them safe. However, keeping children safe and families stable are goals that Child welfare cannot accomplish alone. We need the help and support of individuals and communities in every city and town in Oregon. That's where you come in.

No matter how much time you have to give, each one of us has the power to do something positive that will change the life of a child or young person in foster care. Be a mentor or coach to parents who are struggling, or to a young person in foster care. Become a foster parent.

Volunteer at one of our child welfare offices to transport children or parents to services or visitations. Give

a foster parent or relative caregiver a break by providing respite child care. Tutor a young person in foster care and support their academic and lifelong success.

These are just a few of the many ways to have a positive effect on the life of a child in foster care. We need more everyday people to come forward because no child should be without a strong relationship with a caring adult to depend on.

If you are already a foster parent, or involved in the lives of children and families in your community - thank you. Our kids and families need your support, and you can make a difference.

If you want to become involved in the lives of children and youth in foster care in your community, please call your local DHS office, e-mail us or visit our website.

Erinn Kelley-Siel is the director of the Children, Adults and Families Division of the Oregon Department of Human Services.



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