The Challenger

Health Care at Harper

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Health Care for Dummies

By Amanda Muledy

The National Health Care Option's Guide for Dummies

Subsidies and death panels and public mandates, oh my! The task of untangling the knot of buzz words and catch phrases is daunting nowadays. Health Care jargon is all around, and since most of us aren't familiar with that dialect, we feel overwhelmed or tune it out. But an uninformed populous is the best weapon of partisan politics. It's important we understand what these concepts mean, because it affects us all. With a little understanding, we can begin to form logical opinions based on facts and decide which national option would be best for the country and ourselves. Now, health care is a complicated matter. Any system with millions of different people's interests to consider will be. One article can't cover all the details and complexities involved. With that in mind, here is the first step--a readable guide to what we, as a nation, can choose from.

There will be some talk of the differences between free market and socialized programs. My advice is that you don't let the predisposed notions certain words may conjure up be the ultimate determiner of which one you will support or reject. Read the descriptions and the pros and cons, and see if you honestly think it would benefit you, your loved ones, and/or[slash doesn't seem fitting, as it suggest you choose one or other] society.

We'll start with what would be considered the most "free-market" system there could be.

Complete Privatization

This is what our health care would be like if we had no Medicare, Medicaid, Veteran's health care services, or non-refusal policies for hospitals. Going to the doctor is like buying a pair of jeans. No matter how much you really need the pair of jeans because yours are falling apart, the clerk isn't giving them to you unless you pay for them. On the other hand, if you've worked hard and have money to spend, you can buy the best jeans on the rack, or whatever best suits your taste or needs. Insurance companies may or may not exist, but the rule is the same--you get whatever insurance or doctor you can afford, and nothing more, nothing less.

Pros

• All those free market fans out there, rejoice. In this system, doctors and insurance [insurers or insurance companies] would want to provide the best service possible because that is how they would compete for the best customers. Supply and demand would, ideally, address all customer bases in the way the free market should. Therefore, like there are both car insurance companies that cater to people who want premium plans and car insurance companies that cater to people who have little money, there would be plans for everyone.

• Taxes would be lower. No money would be going to fund social programs like Medicare, so those who work would have more money to spend on purchasing health insurance.

• It would help balance our national budget, which is currently running a very red balance.

Cons

• There would be no help for those who are out of work, cannot work, have pre-existing chronic conditions, or cannot pay a penny for their families' health. It would affect not only the poor, but also the disabled, the elderly, children, the injured, the citizen with chronic health problems...the list goes on. This would not only be a huge problem for those who cannot get health care but those who can. Communicable diseases can affect anyone. It is better for the whole country if everyone can get health care because sickness could be on the rise--more so than it is now.

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• Casualty rates from illnesses could rise in a system without some sort of safety net for those who are in dire straights. This is directly tied to the third con.
• This system could have some results that would seem characteristic of a third world nation, rather than the modern society we have. The prestige of a nation with a high mortality rate is going to drop. We would be viewed as incapable of taking care of our citizens and our reputation would drop in the eyes of other nations.

Mostly Privatized

This is the system we currently have. Our present options are A.) you purchase private insurance or receive it through your employer, and the insurance company pays some or all of your medical costs in return for you paying a set rate for a set time period of coverage; or B.) you pay a doctor or hospital out of pocket as you need it. Most people will have health insurance, because it is more cost effective and safe to have insurance than to pay as you go. The exceptions to this are Medicare, a government subsidized plan for the low-income population to get care for themselves and their families; Medicaid, a government subsidized program for the disabled or the elderly to get care; Veterans' services, because in America, all former servicemen and women are entitled to government-provided health care; and non-refusal patients, who cannot pay but are sick or hurt enough for emergency room care. The last exception is either paid for by the hospital or the government, depending on the hospital's policy.

The uninsured dilemma, where emergency room visits get put on the nation's tab, is just one of the issues frequently brought up today. The cost of malpractice and related civil suits is another. If you hear any mention of malpractice lawsuit caps, or torte reform in conjunction with the word "malpractice," it is in reference to the movement pushing for a limit on the amount of money for which one can sue a doctor.

Pros

• While still relying heavily on the free market, there are some programs in place to help the needy. Because of the attempt to strike a balance, more individuals in different situations can be provided for.
• A hospital is required to help those who are in a life or death situation. This means that care is available when an isolated situation is dire, no matter how limited the patient's funds are.
• People with insurance or who pay out of pocket for doctors have consumer's rights. They are customers, and they get to choose whatever coverage or whatever doctor they like, provided they can pay for it.
• This privatized system, as well as the fully privatized system, encourages innovation. Because it is consumer based, the drive to provide the best and most cutting-edge care is high. A top-of-the-line product and service will draw the most customers (and money).

Cons

• Uninsured care is driving up this cost. The uninsured go to the emergency room for life or death problems that could have been solved a year ago with a doctor's visit that was one-tenth the cost of the emergency room care. That bill doesn't just go away; it is absorbed by companies who have to raise their prices and the government who has to raise your taxes.
• Malpractice suits drive up the cost of health care in many ways. Many people who feel that they have been wronged by their doctors are bringing heavy lawsuits and costing the medical industry a great deal of money, which they pass on to their customers. Some of these lawsuits are justified. Some are not. The hospitals factor in the cost of malpractice insurance, as well as the money they have lost through malpractice suits, to the price you pay for care. Also, to prevent malpractice suits from coming against them, you may see a physician for a sore wrist and leave with a $2,000 dollar invoice coming to you. Doctors may run excessive amounts of tests "just to make sure," because if there's anything at all they haven't caught, you, as a patient can sue them. This is a commonly noted con of our current system, and it is what people who desire torte reform are looking to fix.
• There is very little in our current system to regulate outrageous pharmaceutical costs. The term "big

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pharma" is used by some to describe companies they feel behave in a monopolistic fashion.

• Professor John Garcia said it best: "Overmarketed consumers get unnecessary care." The free market aspect of our care results in many commercials for drugs. The commercials for drugs result in a lot of people going to their doctor and talking of vague problems these commercials have convinced them that they have.

• You may already know insurance companies are currently confined to operating only on a statewide level. What you may not know is that there are only usually three or four per state. That doesn't allow for much competing, and you will rarely see one company's rates be very different from another's. There is talk about letting insurance companies compete beyond state lines--that is, erasing the confines of state-wide insurance and letting the three or four companies with very little competition compete with other companies all over the nation, forcing them to lower prices. The fear here is that it will morph into the same problem we have now on a much wider scale. If it comes to three companies buying out the competition and running health insurance all across the U.S., it would be the same story.

Single Payer--Uninsured

Simply put, the single- payer option is the same as buying wholesale. If you approach Sony and say, "Hello, I would like to buy one plasma screen T.V., and I would like it heavily discounted," they will probably laugh at you. If you call up Sony and say, "Hello, three million of my friends and I would like to buy three million plasma screen T.V.s, and we would like them heavily discounted," then you've got their ear. When one talks of the single- payer option, he or she is talking about a group of people buying private health insurance in bulk. In this case, the uninsured would band together (most likely under government organization) and buy insurance as a massive whole, or as several large groups. This is a proposal that would tweak our current system rather than introduce radical changes to it.

Pros

• This proposal would drive down the cost of insurance, and that would make insurance affordable to those who currently cannot get it.

• In catching the uninsured, health care costs as a whole would decrease for everyone. Less hospital or government- funded emergency visits mean less that these entities, respectively, have to charge or tax.

• It would let those who already have insurance continue their lives unaffected. No one would have to switch doctors or change insurance. The only people who would be making a change would be the uninsured, who would be making a change for the better.

Cons

• The "uninsured banding together" part sounds simple, but the complications of organizing such a large group of people are intimidating. While the efficiency of the government is something that begs questioning, could the uninsured organize themselves? Most likely, they would need the government to step in and arrange things, and that may or may not be successful.

• Insurance companies would most certainly not go along smiling with this new program if it were instituted. Their complaint, perhaps legitimate, would be that it is the cost of care itself, not their premiums, that is the problem. They would lose money, should the uninsured single-payer system be adopted.

Public Option

The public option is a broad category. It is whatever gives the public (keeping in mind the uninsured, low-income families, the elderly, ect.) an option beyond what is called "pay or die"--the privatized first two systems mentioned. When the public option is mentioned nowadays, it is usually referring to a specific option beyond paying for private insurance or paying out of pocket for a doctor. That option is that the government becomes a supplier of health insurance. This health insurance, being designed to address the huge portion of the population that is uninsured, will be steeply discounted, or perhaps on a sliding scale according to income.

Pros

• As with uninsured single payer, the costs of health care would be lower when less of the population is uninsured.

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• Many people have suggested that the government would act as much-needed competition for insurance companies. With this option being "public" and available to their customers, private insurance companies would have to lower their prices in order to keep people from choosing the government's plan over theirs.

Cons

• Insurance companies worry that the government's insurance will be so cheap, they could not possibly match the price without going bankrupt. Alternatively, they say, if they would keep prices at a level that would allow them to operate at a profit, no one would choose them and they would be driven out of business.

• Again, government efficiency is called into question. Some argue that the last thing we want to do is give the system that somehow mysteriously "lost" our pool of social security money more control over health care.

• The public option would not be limited to only those in financial trouble or the uninsured. It would be an option for everyone. Therefore, employees that currently receive health insurance through their employer are afraid they might lose it if the public option is put into play. They reason that their company may say, "Why pay for employees' insurance if they have this other choice?"

(Side note: The counter argument is that most companies would want to have the best employees they can, and if they discontinued the insurance perk, they would lose their valued employees to a company that does offer that benefit.)

Quality vs. Quantity

This would introduce a change in doctors' goals. Instead of getting paid per visit, they would be paid according to their results. Right now, a doctor who orders six tests and schedules a series of follow-up visits for a patient's complaint will get paid more than a doctor who diagnoses the problem right the first time and successfully helps a patient in one or two visits. The emphasis will no longer be on how many patients a medical professional can get in and out the door in a day, but how many patients show improvement. Suggestions have been made to change the entire structure, or to just add bonuses to reward efficiency. A supporter of the quality vs. quantity payment structure, President Obama, has said "We need to bundle payments so that you (doctors) aren't paid for every single treatment you offer a patient with a chronic condition like diabetes, but instead are paid for how you treat the overall disease...We need to give doctors bonuses for good health care outcomes--so that we are not promoting just more treatment, but better care."

Pros

• If it were successful, this would greatly lower the cost of health care by eliminating wasteful spending on extra tests and doctor visits.

• It would reward doctors for doing good work, in contrast to the current system, which is rewarding inefficiency.

Cons

• If there were monetary rewards for, as an example, a doctor's yearly number of patients with low blood pressure, who would want to be the doctor for someone with chronic blood pressure problems? What doctor would want to help save someone who had a 50/50 chance of living if mortality rate is a factor in that doctor's salary? Would a high ethical standard and a pleasure in trying to save a life be worth sacrificing a paycheck? Only the realized results, if this structure were put into place, would tell. And it is probably safe to say that the realized results would be that the seriously ill would have trouble getting care.

• The nation could have trouble adjusting to such a heavy change in the way things are done. There would be a lot of kinks (like the aforementioned con) that would take time to work out, with the system meanwhile in upheaval.

•If this system did not go hand in hand with torte reform, or malpractice lawsuit caps, there could be trouble. The amount of tests doctors would do would be confined to what they thought would fix the problem the quickest and most completely. There would be less time spent covering every single possibility for fear of

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lawsuits, and therefore, patients with dollars signs in their eyes would have more opportunity to sue for the absurd amounts that are typical in malpractice cases. This could end up in a lot of medical care centers going bankrupt and a shortage of care providers.

Play or Pay--Employer Mandate

The government lays down the law on businesses. If employers do not offer health benefits to their employees, they will be charged through taxes. Therefore, if you do not play (offer insurance that meets minimum requirements--as decided by the government), you will still pay for your employees' insurance, one way or the other. The money from the fees via additional taxes that businesses would pay would go into a pool to be used to assist those who have medical bills and no insurance. The uninsured would be able to put their hospital stay or doctor visit on their tax information for the year, and they would then receive the money back in their return.

Pros

• Corporations would be less likely to drop their health benefits in tough economic times.

• This would be a way to help the uninsured without the government paying for it. If it were government funded as well as instituted, it would drive us nationally deeper into debt.

Cons

• Free marketers would say this is pretty heavy-handed government action and an unnecessary attack on small businesses. If employees are willing to work for a company knowing full well they are not going to get health benefits, why should it be required of employers to offer it?

• Some businesses simply cannot afford the extra expense, and that is the only reason no insurance is offered. It is hard to expect that simply forcing them to afford it would work. If a mom and pop business is financially flailing, this proposal may not only close them down, but also be a disincentive for people to open a small business in the first place.

• The tax system is already a convoluted, fine-print laden, layman unfriendly thing. The few who understand it can manipulate it, and it is flawed and bureaucratic. To have our lives further entrenched in the tax system (and to now involve our well-being in it) seems rather unwise.

• This system does not seem to address the unemployed.

Individual Mandate

Illinois currently requires you to have car insurance by law. Massachusetts and California are proposing that their residents will be required to have health insurance by law. But while you can still technically drive without insurance and pray that no bad fortune befalls you, there is no escaping getting insurance in the individual mandate. Any citizen who does not have a personal health insurance policy will be charged by way of taxes. An uninsured person will owe come April for their choice. An individual mandate is an ultimatum, same as the employer mandate. This time, every individual will pay. And once again, they will pay one way or the other. The people who cannot afford insurance will have to dole out the cash up front for a policy but can look to the tax system for relief. Their purchase will be subsidized, and they will be reimbursed for what they spent.

Pros

• The cost spent on caring for the uninsured would drop; there would be no more emergency room visits for what, six months ago, would have been a one hundred dollar fix.

• The more people who are insured, the more risk that is absorbed. Insurance companies are less likely to feel a financial hit from one sick person if they insure 10,000 healthy people. Therefore, the more people that are insured, the less insurance companies feel they need to charge to assure they will make a profit. This measure would drive down the cost of everyone's insurance.

Cons

• Again, this would be very heavy-handed government involvement. The individual mandate would not be just involvement in businesses' welfare, as in Play or Pay, but the government sticking itself directly in every

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individual's life. Some may start to bristle at what seems like the loss of some civil liberty.
• There are some people who make so little money, they absolutely could not pay for an insurance plan and wait to be reimbursed.
• As there is not much competition for private health insurance companies in the first place, could it give them more power knowing that, by law, everyone had to have what they offer? However, if this mandate were given as part of the public option package, this would no longer be a factor.
• The previously mentioned dependence on the flawed tax system continues to be a possible con in any sort of mandate situation.

Single Payer--National

If you will recall the "wholesale" nature of the single payer system I described earlier, assign the buyer role to the entire country. The entire U.S. population is together one buyer, making one bulk purchase of health insurance. In this situation, though, it would hardly do to make a single insurance company king of the hill. So, the government will take your business and insure you. Equal insurance policies will be distributed to all for a low nation-wide price. Private insurance will no longer exist, but private doctors will. Medical professionals will not be employees of the government.

Pros

• This would completely eliminate the complications with employer-provided health care. It would no longer be a concern whether an employer can afford insurance, whether they should provide it, and whether employees might lose it. The problem would simply go away.
• It also would completely eliminate any problems with insurance companies. There would be no need to make them compete more, no more picking out policies, no worrying about monopolistic behavior, no refusals for preexisting conditions, no worrying about getting your insurance dropped. They'd be gone, and that's that. Everyone, hopefully, would breathe a little easier.
• Price relief is something desperately needed and enthusiastically welcomed.
• There would be no special treatment in the health care system according to class structure. The wealthy entrepreneur with a fever would not get to go ahead in line of the lower- class mother with a fever in the emergency room. No one would get priority.
• Doctors would remain private, encouraging innovation and competition. They would still want to be the best, because they could still be paid more if they are the best. Quality of medical care would not suffer, as it might in a fully socialized system. Medical care costs for Americans would go down, as the quality remains the same.

Cons

• The nature of our economic system is that we are consumers. In a national single- payer system, no longer would we be able to choose a health insurance provider or the coverage we want. If you wanted the Cadillac of health insurance policies, even if you could afford it, you could not have it. It, nationally, would no longer exist, no matter what kind of demand there would be for it. The government would have taken away some of our consumer's rights. As in the case with the wealthy entrepreneur and lower- class mother previously mentioned, equality sounds nice. But the spirit of our consumer culture is that you can get what you want to pay for. We would have to change some of our ways of thinking, culturally, and many are not ready to make that switch.
• The deficit would grow, and the nation, at least until some savings on health care are realized, would be broke. For the government, paying an entire country's insurance is not exactly affordable. In fact, the money just doesn't exist.
• The government tends to bloat its programs with wasteful spending, departments created to oversee departments to oversee departments, over-hiring, inefficient practices, and excessive overhead that doesn't actually catch any problems. Our gift--control of our health insurance--would be a big extension of trust to

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an entity that has not proven itself worthy.

Socialized Medicine

Perhaps you didn't know there is a system of completely socialized medicine already in place in the U.S. Our veterans see government-employed doctors. They pay nothing; it is a service provided without bias to every veteran. The funds for this come from taxes. And that is all socialized medicine is--doctors are government workers, and whoever you are and however much you pay in taxes does not matter. You simply see the doctor when you're sick. There are no bills, no insurance, and no private doctors working for a profit.

Pros

• While doctors would get paid, it would be a set salary. They wouldn't be looking to expand or gain a reputation the way a businessman might. There would be no doctor looking to profit off of you, and no incentive to put you through unnecessary procedures.

• The equal treatment mentioned in the national single payer system would apply even more so in this case, as would the disappearance of worries about employer health care and insurance companies.

• If you needed care, you would get it in this system. There is only one situation where this consistency would not be applied: if the cost of relief from a sickness was so expensive to treat that it wouldn't make any sense for the government to justify paying for you, they would not. (This is what is referred to by the term "rationing health care"--putting a cap on how much is reasonable to spend on one human being's life.)

Cons

• Cutting edge medicine? Innovation? Gone. There would be practically no incentive to be better than the next, as far as medical service goes.

• Consumer rights? Freedom of service provider choice? Gone.

• Taxes could not remain the same. They would have to increase and increase a lot.

• Someone would be paying for these doctor visits. Since the funding would come from the pockets of citizens (see above mention of a dramatic tax increase), we would still be paying for our health care--we just would be stripped of our right to choose where the care was coming from.

• The rationing of health care hurts the cause of socialized medicine. In a consumer system, you have the option of buying treatment for your million-dollar ailment. You, of course, have to have a million dollars, but the option is there. In a socialized system, there would be no option.

• Cuba has socialized medicine. When was the last time you looked at America, with all its flaws, and said, "If only we could just be more like Cuba"?

Congratulations! You're now on your way to converting health care speak to graspable concepts! Understanding terms and knowing their possible ramifications will protect you from misled opinions or the ever-present dynamic charlatan. Now, when you hear these phrases tossed about on the news or in conversation as health care reform comes closer to taking place, you don't have to give over to the habitual glazed-eye daydreaming. Take charge of muddled brain syndrome, and let your health care knowledge pool grow from here.

Baucus Bill

By Cheryl Gistenson

On October 13, 2009 the Senate passed the Baucus bill, written by Montana's senator, Max Baucus. This bill is now the fifth version of a Universal Healthcare legislation to pass the committee stage in both the House and Senate. It passed by a vote of fourteen to nine with only one Republican vote (Maine's senator Olympia J. Snowe). The cost of Baucus's plan is approximated to be 856 billion dollars. In scanning through the television news and listening to radio's NPR, I haven't heard much about the bill other than its absence of the Public Option. For those of you in the same boat as me, here are some important keynotes about the bill gathered from Baucus's website as well as Philosophy Professor John Garcia.

What's the story with the public option? The bill includes a co-op. Think of it as a citizen-run public option. The co-op, or consumer operated and oriented plan, would be nonprofit (funded partially by grants) and meant to compete with large, private insurance companies. In no way could private insurers be affiliated, and states would have the choice to opt out if they did not want to participate.

On Baucus's senate website page, he claims a major benefit of the bill is that it is already paid for. However, it has also been said multiple groups will pay high fees in order to cover some portion of the costs. They are willing to do so because they stand to gain a lot of customers, since people will soon be required to get health insurance. Each year the pharmaceutical industry would pay 2.3 billion dollars in fees, while medical device companies would have to cough up 4 billion. And don't think the insurance companies will get the upper hand in this reform. Their fees will run close to 6 billion. Have you heard of "Cadillac plans?" Any insurance company that offers these bloated plans will be charged an excise of 35% on any plan over $8,000 per person and $21,000 per family. There are also many proposals on the table right now to eliminate fraud, waste, and abuse within the system.

Baucus also addresses the ways in which his plan would make insurance affordable to more citizens. He proclaims, "My bill will provide access to quality health care coverage for 36 million Americans - significantly reducing the cost of uncompensated care and resulting in lower costs for everyone." But how does he plan to do it? Baucus's bill includes provisions to raise the threshold for eligibility for Medicare patients to 133% above the poverty line (in 2009 it is $10,830 for an individual person, and $22,010 for a family of four), and state exchanges would cover the portion between 134% and 300%. People who purchase their own insurance and employees of small businesses (less than 25 employees) who do not receive insurance through their companies will get relief on their premiums on private insurance plans with tax credits.

Here are a few clarifications. Only businesses with over 200 employees would be charged penalties for not providing their employees with insurance, on the assumption they are big enough to afford it. The co-op is not available to those of a large group, such as Harper College employees, and it is not government run. The Baucus bill would also allow insurance companies to compete across state lines.

H.R. 3962, called the Affordable Health Care for America Act, talks about most of the same things the Baucus Bill does, like mandated health insurance and a national pool to limit the power of the state line. There are a few significant changes the Affordable Health Care for America Act would bring to our country. Coverage would be extended for children who are under their parents' insurance. They are suggesting making the cutoff age twenty-seven instead of eighteen or twenty-one. People with pre-existing conditions will find it much easier and cheaper to get coverage. The proposal protects people's right to keep their existing insurance coverage and will require that mental health care be provided, even with minimum coverage.

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What is still up for discussion in congress is whether the public option is in or out and if abortions should be covered with the public dollar.

Remember, the bill is not a final bill. In order for congress to draw up a final bill for health care reform, it must look at the bills from both the House and Senate and reconcile the differences so that all of congress is in agreement. You may keep hearing politicians say they need sixty votes for a bill--a cloture vote. This is needed in order to bring the debate to a close, and only then can the bill be voted on. But perhaps one of the most important things to remember is that you still have the opportunity to write your representatives and make a difference!

The Winds of Change:

Are They Blowing at Harper?

By Diptika Khanal

America is being criticized by many for its failure to provide a good health care option for its citizens. The health care system that we have today has not been providing affordable insurance for many Americans and thus the uninsured want the government to bring about change. The government has been trying its best to come up with a bill that would benefit everyone. The winds of change are on their way and we are here to see the effect it has at Harper.

Many students anticipate changes in their career outlook with the coming of health care reform, especially in the areas that are associated with the medical field. At Harper's Career Center, Kathleen Canfield tries to soothe the reform-related uneasiness. She is the director of the Career Center and Women's Program and has years of experience counseling students. When asked about the effect of a new bill's passage, she voiced her confidence in the continuing pursuit of medical careers, regardless of how the field changes. Canfield said that even if the government passes a bill on health care reform, "People are still going to pursue their dreams."

According to Canfield, reforming health care could have some negative repercussions. A possible downside of health care reform is that the salaries of doctors and nurses may be reduced. A projected pay decrease would lead to other consequences. If the

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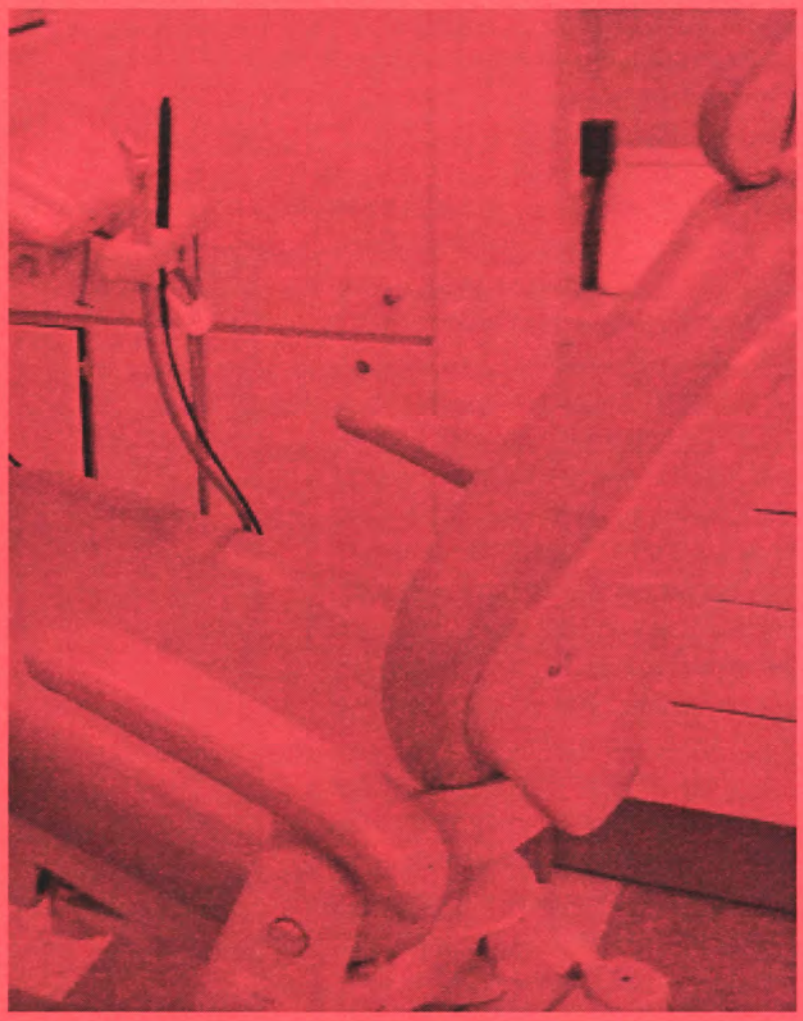
salaries of doctors and nurses go down, what impact would it have on students? Would they still be drawn to the medical field? Well, our expert Ms. Canfield said that nursing is a field in which one has to be around those who are sick or that need help. These students must love what they do. "You can't be doing this kind of job just for money," she said. What do you think, Harper students?



Any kind of change in the health care system is a concern not just to Harper's many nursing and dental students, but to potential patients. Harper College offers dental hygiene services to residents of the area. The dental hygiene facility is a "learning lab" for these students. According to Kathleen Hock, the director of the dental hygiene program, Harper will "provide dental hygiene care to patients of all ages; but, because we are an educational program, we function differently than a public health dental clinic." The Harper dental clinic, unlike other dental clinics, does not file insurance claims for the patients. However, there are some requirements that patients must meet before they are able to make an appointment. These eligibility requirements are related mainly to their health status and their availability for "lengthy" appointments. The appointments average three and a half hours to four hours, because students are working together with and learning from their teachers.

According to the dental hygiene and clinic patient agreement, if a patient's dental requirements are too complicated or if the medical history indicates a potential problem, the treatment may be postponed until a consultation can be scheduled between the clinic dentist and the dental hygiene professional staff. After the patient signs an agreement, an initial examination is performed which later will determine a patient's treatment plan.

The brochure of the dental hygiene clinic is useful, as it provides information like the fees associated with the dental treatment--which are: screening-- $ 5.00; dental hygiene care-- $22.00-52.00; radiographs (X rays)--$10.00-30.00; sealants (each)-- $5.00; infection control barrier fee-- $2.00 each appointment. Also, there is a discount for senior citizens and children under the age of sixteen.The clinic hours are from Monday to Thursday, 8:00 a.m. until 4:00 p.m. A patient must be ready to spend two hours for the screening appointment and up to four hours for a dental hygiene treatment appointment.

The Harper community is fortunate to have the dental clinic. It provides low-cost care in a congenial environment. As of now, it is not known what changes health care reform might bring to the dental field. The hope is that, no matter what changes in health care may come, the clinic can continue to supply this service that is both helpful to the community and to students looking to get hands-on learning.

The Plight of the Uninsured

By Amanda Muledy

There are gaping holes in my teeth. I brush them and brush them, thinking maybe the enamel will just re-grow over them and everything will be okay. Sometimes, I panic and "what am I going to do?" echoes in my head. Most of the time, I am numb to it. I'm just playing a waiting game. I can't get care until the cavities hurt so badly that it is considered an emergency, and then you, the taxpayer, will pay a lot more for what I need than it would have cost for me to just have a few little cavities filled five years ago. I don't feel great about that, and I'm willing to bet you don't either. But what are my options? I have no insurance.

My health insurance through my parents expired about seven years ago. That's seven years of just hoping nothing bad happens to me. Like with my teeth, I have phases where I'm so overwrought with worry that my nails turn to bitten-down stubs. Most of the time, though, I just accept that if anything is seriously wrong with me, I can get emergency care.

I just have to make it through non-life-threatening sickness or pain by myself, and that's what most people do anyway. In a way, I don't feel I have it half bad. The people who really lose are people who stay healthy all their lives and don't get the care they paid for, through insurance and taxes. I've paid practically nothing into the system and get thousands of dollars worth of care written off. I'm not proud of it, but I am realistic. I won't sacrifice my life or limb for a principle, and I've explored all my options and done the best I can with what I have. Perhaps, for some of those without insurance, some options that don't work for me will work for you. I've certainly gotten plenty of information on the subject and am happy to share.

Something that, in the past, has helped me a lot is County-subsidized Health Care. They offer limited services, but it is on a sliding scale based on your income. Most times, if the patient is working a job that doesn't offer heath care, his or her income will dictate that there is no charge. Since most of my experience is through DuPage County, I can tell you that they offer free family planning care, WIC ("Women, Infants, and Children"--a program for low-income mothers), and mental health services and medications. What is

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missing is any primary care and non-emergency dental care. I've tried for a few years now to get the same County care from Cook County, but it is impossible to reach the people at the offices, and the website is cryptic. One who is more persistent than I can try to make heads or tails of www.cookcountypublichealth.org, but there doesn't seem to be any mention of helping those without insurance or in the low-income bracket. A better option, at least for women, may be a new program for Illinois residents called Illinois Healthy Women (www.illinoishealthywomen.com). This is a government-subsidized program that allows you to see doctors (for family planning related visits only) and use the "pink card" they issue as an insurance card. The government will pay in full for all your needs. The requirements are that the patient is at least nineteen, a citizen and Illinois resident, has no heath insurance, makes less than $1,800 a month, and is not pregnant. (One who is pregnant or has an infant can check out www.allkids.com for a similar program.) The trouble with Illinois Healthy Women is a discrepancy in their projected ease of use and your realized ease of use. They say, "It's easy! Just call a doctor and ask if they take the pink card!" I say, "I've called seven doctors and they either say 'What? No, we don't take whatever that is' or 'Oh, no, we're not accepting any patients with that'." So after calling places, not only have I not found a doctor, but I also feel like some degenerate system-milker that no respectable doctor would want to see. However, perhaps an expanded search will yield more results, and perhaps not act as turpentine on my pride.

So what's missing from this equation? Primary care is simply not an option if you are uninsured. To talk to a doctor is going to cost maybe a hundred dollars, which may be an acceptable price to pay, but there is bound to be some follow up if an uninsured patient is in bad enough straits to pay to see a practitioner. Unless he has something that a nice glass of orange juice will cure, there will be medication or tests needed. These are not things someone too broke to buy health insurance is going to be able to afford. While some personal health insurance prices quotes I've gotten are as low as eighty dollars a month, the co-pays on services are not affordable. Harper offers student injury and sickness insurance. Depending on how much money you want to wind up paying for medical services, you can pay $186 or $277 per semester to get, for instance, $500 or $1000 dollars per day off an inpatient hospital stay (respectively). While some money off is better that no money off, the almost $200 dollar plan isn't enough coverage to warrant that sort of expense, and the almost $300 dollar plan is unaffordable. While it covers doctors visits completely, the coverage will not help much if you need more extensive care or medication. In my case, this is too expensive and has an insufficient financial trade-off. My student aid goes to paying rent, and there is nothing left over after bills. Basically, unless you have enough money in the first place to see a doctor, primary care is not affordable.

Another missing available options is a way to get dental care. In Harper's insurance plan, non-emergency dental care is not even a possibility. You can get discounted or free cleaning from the dental students at Harper, but if your teeth have any more problems than a little plaque, so do you. If those with toothy woes have at least a moderate source of funds, there is a wonderful discount program available called Carrington Dental. It isn't insurance, but you pay $108 for a year's worth of 20%-60% savings on dental procedures. They have a list of services and what the charge would be, as well as participating dentists who have contracted with them and will honor your discount. Visit www.carringtondental.com for more information. It's a great way to move dental care from impossible to get to merely painful to get (in more ways than one). But don't get me wrong. If you need implants, crowns, or a mouth full of cavities filled, an uninsured patient is going to pay a lot of money. And the uninsured who isn't reading this article is going to pay also with time, on the internet, on the phone, trying to find what took me years to stumble upon by word of freshly-drilled mouth, that there is at least a discount program available for dental.

Where does being uninsured leave your poor, forgotten eyes? Along with having deficient enamel, I have some retinas that work to leave me perpetually destitute. (Thanks for the great genes, Mom and Dad.) Due to a degenerative condition, I have to get new glasses and contacts at least every two years. This, unlike health care, cannot be ignored while hoping nothing goes wrong. For people with vision problems, something

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already is wrong and must be dealt with. And have I got the ticket for the uninsured! America's Best has wonderful doctors, great care, and charge a third of what other places do. After calling around to get quotes, I was certain the person on the phone from America's Best was joking. It was so significantly lower that I expected to enter a shack where someone would pretend to give me an exam while smoking a cigar and chugging a bottle of Icehouse, but it was wonderful. They also have a plan, called the Eye Care Club, that you can sign up for that costs about a hundred dollars. It will get you heavy discounts on glasses, exams, and contacts. If you like to have back-up pairs of everything or find your prescription changing often, the plan pays for itself.

I have to say, one of the worst things about not having insurance is feeling like I could not take care of myself if I got in trouble. It's so hard to reach out and ask for help, or "charity," as it is called on some forms hospitals give patients who apply to get their bill written off. This is applicable in emergency room visits, where it is vital to get care, but impossible to pay. Sometimes it's called "forgiveness." What it all says to me is, "Poor thing, you couldn't arrange care for yourself, so we'll do it for you." I'm glad income-conscious emergency care exists. But what I want is health insurance, and I want to have it because I've succeeded enough in life financially to have my health needs provided for. I haven't earned that yet, but it's one of the reasons I decided to go to school. I don't want to ask for help. I hate looking at every person who pays more than me in taxes, because I feel like I owe them. I hated calling doctors, telling them I was on the Illinois Healthy Women plan (in essence, a version of welfare), and having them say "Oh, we don't take your kind." But if about 46 million people don't have health insurance in America, there are a lot of my kind. I assume they are having similar problems and feelings. If I graduate and get a nice corporate job, I'll have everything covered--from my obnoxious cavities to the brain transplant I've been wanting. (I'm tired of forgetting my debit card at various establishments.) That solves my personal pride issues with being uninsured and relives me of a lot of worry. However, one person does not put much of dent in the figures. Almost 20% of us are uninsured. The National Coalition on Health Care says that with the recession and job loss of recent times, an estimated 13 million more will have lost their health insurance from 2008 to 2010. I've been giving you a bit of a glimpse into the personal difficulties this increasing demographic of people deal with. But the vast amount of uninsured Americans are affecting the insured as well. We cost you.

Here's a story to illustrate my point. Around the spring of 2006, I got a cold. It was a particularly clingy one, and even after three weeks and most of the symptoms gone, I had a cough that kept me up all night. A month later, I was still coughing. Three months later, I was coughing so much my voice started to turn. I felt like a boy going through puberty. By November, I had pulled muscles in my chest from coughing so hard, and I would alternate coughing and bawling from the pain. In December, I started to be unable to breathe and found it hard to walk from the bedroom to the living room without getting dizzy from the exertion and lack of oxygen. After calling into work for a week, I decided keeping my job and the pain in my chest was enough reason for me to go to the hospital. I had double lung infection pneumonia by then, and after x-rays, antibiotics, inhalers, painkillers, and emergency visit costs, I had racked up a thousand dollar tab that I was never, ever going to be able to pay. They demanded a follow-up visit to be scheduled in a week. As I made the appointment, I knew I wouldn't be going. I had just seen the bill from this visit, and if I couldn't get it written off, I was going to be in serious financial trouble as it was. Two weeks later, my antibiotics were gone and I was starting to cough again. The next day, I felt like I did the day I went to the hospital, barely able to lift a limb and short of breath. I could tough it out, though. What I couldn't tough out was another doctor bill. The next morning, my roommates had already left for work when I woke up, unable to breathe and feeling like my muscles had turned to jello. My phone was in the living room, and I was panicking, making my desperation to breathe worse. By the time I crawled out of the bedroom, I was pretty much done. I was blacking out on the floor, struggling to get enough air to feed my brain and keep

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me conscious and going to the phone. It's fuzzy, but I know I got there, held a key down to memory dial a roommate, and got the breath to croak "help." I was carted to the hospital, put on oxygen, and four hours (and another thousand dollars) later, left with another arsenal of pills and apparatuses. I did qualify for the "charity" the emergency room provides, so after much paperwork over several months I wound up not having to pay based on my income level. Guess who paid for me to go to the emergency room twice in two weeks for a problem that could have been solved with a simple doctor's visit and a prescription half a year earlier? You did, oh American taxpayer. Whether the government itself compensated the hospital, or the hospital absorbed it and raised their rates, thereby raising your insurance cost, you paid. This is what is wrong with the system. One way or another, the American populous is already paying for a public option--it's just that the option is "wait until the problem has quadrupled in cost, urgency, and complications, and then go to the emergency room." It's not only that I want the system changed because I am uninsured. As I mentioned, in a few years I'll have a degree and it probably won't be an issue. But then there will 45,999,999 more people who will be in the same situation I had just gotten out of, costing me money. I'd like for them to be able to have "preventative maintenance," to be able to get care while the pneumonia is just a cough, because it will be cheaper and safer for all of us. Like systems of government, no one national health care plan is going to be perfect. There are too many people in the country to make everyone happy. But there has to be something better than this.

How Our Doctors Hope to Heal Healthcare

By Cheryl Gistenson

Since Obama took office, the issue that so many people say helped carry him into the White House has remained in the spotlight. Everyone and their mother has an opinion about the prospective revamping of our nation's healthcare system. And rightly so, as it affects us all. We hear it being talked about on the news and internet, on the trains, in our grocery stores, and even in our schools' newspapers. People have different perspectives depending on how the reform pertains to themselves. Small business owners are concerned as employers, while others who are employed by these businesses worry what will happen to their coverage. There are many uninsured individuals paying close attention to the see-saw that is the Public Option, and doctors, in particular, have quite a lot to say.

For employers, employees, patients, and caregivers, the matter impacts them along a wide spectrum. Doctors have an array of experience and knowledge due to their role in the medical field. A gastroenterologist with whom I spoke expressed concerns with how he will continue to provide coverage for himself and his family, as well as whomever he employs, with a cost-efficient plan. He is among the many doctors who feel major changes need to take place within our healthcare system. This doctor fears things could end up like Medicaid: "Hospitals lose money on almost every Medicaid patient because the government doesn't reimburse properly." "It needs to be changed," he continued, "in such a way so that supplying good health care is rewarded."

Money is among the major issues driving the reform. "If nothing changes we will run out of money; we won't be able to afford what we're doing," said an orthopedic surgeon. He explained that administration processes and the need for profit are large factors of the current costs. Insurance companies are privately owned and therefore depend partly on the success of their stocks. "Look at all the money that

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goes into healthcare, such as premiums," the surgeon said.

This surgeon feels that two things need to be addressed: "There needs to be a national torte reform. That is, medical liability needs to be affordable." He also believes a public option, which would compete with private insurers, has to be included in the bill. The gastroenterologist agreed the bill should include a public option. He doesn't feel it would drive insurance companies out of business, but it would cut into doctors' pay. He thinks, "[the bill] should have a baseline public option, and then if you want additional benefits or a personalized plan, that's where private companies would come into play."

Plus, he thinks employer-based insurance won't survive indefinitely. He himself (as an employer) has never gone with an HMO because it was frustrating and it didn't reduce costs. "Most people work for small companies . . . a lot of people would opt for a public option." The orthopedic surgeon said many of the people who are uninsured are so by choice. He noted the high costs as the top reason for this. The surgeon said his patients complain about the current state of healthcare: "Access is limited, and people don't get what they pay for." When I asked him how he thought the growing crisis of uninsured Americans could be resolved, he said, "We need some way to assure [people that] when [they] change or lose their job they won't become uninsured . . . and allow people to switch insurance without penalties." Becoming uninsured, he said, is his patients' biggest concern.

How did high costs become such a problem? The surgeon said, "the majority of the problem is [the insurance and drug] industries lobby congress to enact laws which favor them." He also worries the strong influence of these companies will prohibit the reform from reaching its full potential. The gastroenterologist expressed concerns regarding costs incurred by the patients. "I think it is important that patients have motivation to keep costs under control. . . [patients] have these Cadillac plans without co-pays so they'll get treatment for a little cut," he said. "Patients need to be aware of and understand the costs of their treatment."

Despite their concerns, both of these physicians feel optimistic about the reform. They both told me the majority of doctors they speak with have similar sentiments, and no one is happy with the current state of America's health care system.

However, I spoke to a doctor who is sickened by the proposed changes to health care. This cardiologist did say the current system is not stable, but he does not think the direction of change in which we are headed is the right one for our country's citizens and doctors.

The cardiologist did not think the reform will achieve the things the president is hoping to achieve. "What it will most certainly do," he said "is cost an enormous amount of money to the country." But what concerned him even more is the "near disastrous impact it will have on the health care system that we are lucky enough to have right now."

In response to my curiosity regarding his opinions, he explained the major goals of the legislation. "The objectives of the bill are to provide coverage for people who don't have coverage, which is, depending on how you count it, between twenty and fifty million Americans." Reducing health care costs to the point that the government can continue to run the Medicare program in particular, without going further into debt and bankrupting the Medicare system, is the second goal the cardiologist described.

Don't yet diagnose this man with chronic pessimism. He does not think all the ideas would be negative. For instance, he agrees with the creation of laws that, in theory, force people to obtain health insurance or pay penalties in order to ensure insurance companies charge the same basic premiums to all individuals. Insurance companies would be restricted from charging more based on pre-existing conditions.

However, he does not like many of the other possible requirements the legislation would enforce. The cardiologist described the proposed large federally run and administration-heavy insurance policy that would compete with insurers. He said the government feels this would be possible due to its belief that "this will bring down costs for everyone and keep the insurance industry more honest." He feels that the government

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thinks this is feasible because the insurance industry is making a lot of profit. If they are "forced to slash their profit and offer lower coverage insurance...they [the insurance companies] have enough money that they can do this." In other words, this doctor interprets the public option as a government assumption that insurance companies could pull through.

But the cardiologist sees many problems with this. He admits while not allowing discrimination based on pre-existing conditions would "in essence be a great idea, " it would cost the insurance companies more money. The cardiologist said, "[the insurance industry] wanted a firm mandate in the bill to force people to buy coverage when they're younger and healthier (a large segment of the uninsured right now) in order to make up for offset losses on selling to everyone at the same rate."

A lack of incentive to purchase insurance is another problem he sees. Compared to the system we currently have, the cardiologist mused that "if you get sick when you're forty, under the present bill, you have two options: you can call Blue Cross and pay the same rate that somebody whose been paying for the entirety of his or her life would pay and get coverage moving forward; or you can simply call the government and get the public option--which, while not free, is obviously going to be very heavily subsidized and expensive for the government." He feels there is no motivation, the way the bill is currently written, for people to do the right thing--buy health insurance. He also believes people would be penalized not once, but twice for doing the right thing, because the government plans to raise revenue for this rather large public option by taxing most plans over a certain dollar amount as income (varying depending on where you live). So you're not only paying more for your premium (because it will be much higher), but your coverage will probably also be worse due to cuts the insurance industry will make to compensate for lost profits.

Another part of the current health care system that will suffer is the government-run Medicare program. One way in which the president plans to pay for the reform is to cut nearly 500 billion dollars from the (already low) Medicare reimbursement program to hospitals and doctors. The cardiologist fears Medicare patients will feel repercussions from this. "It will put doctors and hospitals in the uncomfortable position of turning away Medicare patients," said the cardiologist. If this were to happen, he feels a long-term effect would be a two-tiered system in which "people who have money will see private doctors who do not accept any form of public assistance."

If our country were to turn to socialized health care, this doctor predicts the availability of good care would actually go down. Due to many reasons, including some of the ones described above, the cardiologist explained larger hospitals could shut down. The smaller hospitals found in suburbs might also shut down or lose the capabilities to do many of the procedures the large hospitals perform. For instance, if you walked into your neighborhood's ER needing your appendix taken out, they could not do that. According to this doctor, ultimately, wealthy areas may see private pay-only hospitals while the majority of publicly insured patients would be forced to seek more distant hospitals that would accept their plans.

All the concerns of these, and other doctors, are very relevant. It's important to consider these issues when dealing with a topic that affects the entire nation. Until a bill has been passed into law, we can voice our concerns and nurse our nation back to health.

The Voices of Harper Students

By Diptika Khanal

Sustaining good health should always be of prime importance. Each one of us wants to live a healthy life and wants to see some changes in the health care system. Some Americans believe that the health care system that we have today does not help them. The youth are no exception. Here at Harper, many students showed their interest in this issue by expressing their thoughts on the health care system.

Like many Americans, Julieta Duran, a student here, believes that health care is very important and laments over the current health care system that we have. She says that our health care needs a number of changes because people are not getting the treatment they require. She said, "There is a lot of reforming to do in the health insurance companies because people's health is not their priority. Money is."

Regarding the cost of healthcare, Julieta said that it should be lowered so that more people could obtain the means to get treated. Another point that she emphasized is that the uninsured should have some sort of affordable health-care options. Her opinions are echoed by many other students as well.

Michael Shear, who is in his second year at Harper, had many things to say when asked to express his views about the health care system. He said that "The doctors' pay should be reduced." Like many other students, he too said that there should be some form of control to regulate health care cost. He also believes that there should be a discounted cost program for all children under the age of ten. This program would enable children to have regular access to doctors. Rosemary Gustave, whose major is dental hygiene, also shares the same story. On being asked about her views on the health care reform, her instant answer was that

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"There should be FREE health insurance." Rosemary Gustave, personally does not have health insurance. Three years back, her wisdom tooth gave her the pain of a lifetime and as result she was taken to a hospital. When she came back to consciousness she discovered that she was in the emergency room where she had been operated on. She said that the pain of the bill that was in her hand, $3000, was more painful than the actual pain of the tooth. She was gnashing her teeth for the expenses she had to pay just for a tooth. Had she had insurance, she would not have had to pay this amount. Rosemary wishes to see some changes that would enable her and many young Americans to afford health insurance. As a dental student, she also wants the government to subsidize dental insurance to protect her career.

Some students here at Harper were uncomfortable talking about health care reform, so they only shared some of their thoughts on this topic. Kieran Peters is not at all happy with the health care system that we have today. After a few bitter experiences, she said that she felt, "The speed at which the doctors get back to you shows how they are not interested in healing the patients." On her visit to a hospital in Chicago, she did not receive the guidance that a hospital must provide to its patients and thus said that "The current health care system that we have is not at all organized." I could see the agony and the frustration in her face. Kieran is not the exception. Kiu-Chor-Yuen, an international student here at Harper, also had something to say. According to her, two words best describe the American health care system. "AMAZINGLY ECXPENSIVE." Another interesting fact that she mentioned was that, since the American health care system is so expensive, many people opt to travel abroad to get treatment. She is aware of many people who are doing this.

Nina Kulinczenko is a certified nursing assistance (CNA) and also a nursing student here at Harper. She too says that there should be health insurance for everyone. In her opinion, if the government passes the bill of the health care reform which looks forward to providing health care for every American, then there will be a demand for more nurses, as nurses will be needed to look after the teeming patients. She also strongly feels that American hospitals should stop hiring international nurses. This, she believes, would not only help to create more job opportunities but also help to boost the economy.

Many Harper students voiced similar sentiments. All of us share the same story and thus want to see some changes that could benefit us. All we want is affordable health insurance. As nervous as we all may be, we all hope for a change that could benefit everybody.

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A survey was done of 80 Harper students:

• Do you have health insurance?

37. 5 % said that they have health insurance.
30% said that they don't have any health insurance.
5% had no answer :(

•Do you think this country needs health care reform?

Yes **60%**
No **12.5 %**
Undecided **21.25%**

•Do you feel like you understand the potential options and outcomes of health care reform?

Yes **50%**
No **50%**

•Do you support a public option?

Yes **52. 5%**
No **7.5 %**
Huh? **40%**