I. Health in America

A. America’s Physical

1. Infant mortality: approx 7 per 1000

a. class/race

b. comparative 29th

2. Life Expectancy: 77.8 years

a. class/race

b. gender w 79 m74

c. comparative w17th m 15th

3. Mortality

a. approx 2.5 million

b. 1 out 8

4. Disease

a. class/race

b. gender

5. Mental illness: Adults 20%

Children 10%

6. Overweight and Obesity

a. BMI: OW 25%-29%, O +30%

a. Adults 66% Children 17%

b. Trend

c. comparison

7. Eating disorders

B. Health: social factors

1. Exercise

a. adults

i. 60% not regularly physically active

ii. 25% of adults are not physically active at all

b. Children

i. 50% of adolescents

ii. Phys Ed

2. Diet

a. fast foods: 1 in 4 each day

i. size

ii. content: fat, sugar, salt

b. 90% of children visit McDonalds once a month

c. Avg American: 3 burgers a week, and 56 gallons of soda

3. Food security

a. each day

i. 200,000 sickened,

ii. 900 hospitalized

iii. 14 die from food poisoning

b. 1/4 of population

c. long term: heart disease, kidney damage, bowel

disease, neurological disorders

d. one study: meat

i. e coli

ii. staph 30%

iii. listeria 11.7% 1 out of 5 lethal

iv.salmonella 7.5%

v. fecal matter 78.6%

vi.Jack in the Box 500,000 sickened by e coli

4. Cigarette and Alcohol

a. 500,000 deaths

b. disease

5. Work

a. more hours 200+ since mid 70s

b. more hours commuting

c. work is more sedentary

d. stress: job insecurity

e. occupational illnesses

6. Advertising

a. targeting children

i. $, prime time

ii. selling: cereals, snacks, candies, sweetened drinks

iii. “branding” children

b. McDonalds

7. Environmental factors

a. industrial pollution

b. chemical pollution

c. air pollution

d. environmental racism

8. Technology

a. television

b. internet

9. Class and race

II. Health care:

A. Two approaches

1. public health (prevention)

2. health “cure”

B. Public health

1. method

a. discover social/environmental causes

b. eliminate

2. public health: success

a. sewage treatment b. water treatment

c. standards for food d. working conditions

3. funding: 3%

4. Public health

a. no profit

b. cost to corporations

i. environment: auto, fossil fuel, chemical

ii. diet: fast food and meat processing industry

iii. media: advertising industry

iv. health care industry

C. Health Care in America: “Health Cure”

1. Health: individual problem

2. Health delivery: commodity

a. product

b. purchased

c. corporate controlled

3. Cost

a. $1.6 trillion/15% of GDP

i. 25% administrative

ii. $200 billion drugs

b. per capita $5440

c. Seniors: avg $1500 drugs

4. Comparison/trend

a. Most expensive

b. WHO: 37th

c. uninsured: 16%/47

d. underinsured: 50 million

e. dental insurance: 130 million

f. only industrial country w/o universal health coverage

g. only industrial country that doesn’t regulate drug

prices

5. method

a. “best prevention is early detection”

b. diagnose it, poison it and kill it, and/or cut it out

D. Three tiered system

1. top: best care in the world,

a. private doctors

b. private hospitals

c. "boutique"

2. middle:

a. Managed Care: HMOs, PPOs, fo

b. strategies of undercare:

i. gatekeeping: primary care physicians

appointments

brief examinations

ii. medlining (redlining in medicine)

exclude sick and poor

non coverage: preexisting conditions

not offering specialists

iii. low staffing

c. consequences of undercare

i. bankruptcy

ii. inadequate care

iii. approx 90,000 per year die from hospital-grown infections

(75% preventable)

iv. errors: millions prescription drug mistakes

3. bottom tirer

a. Emergency room care/ dumping

b. “black market” health care.

E. Corporate-controlled “health cure”

1. drug companies (most profitable legal industry 18%)

2. managed care: HMOs/PPOs all profitable (10-15% profit)

3. for-profit hospitals

4. insurance companies

5. doctors

6. nursing homes

F. In pursuit profit

1. campaign finance

1. lobbying: pharma 625 lobbyists

.3. trade groups

a. PHARMA (Pharmaceutical Research and Manufacturers of

America),

b. AMA (American Medical Association)

4. front groups

a. Citizens for Better Medicare: $65 million

b. United Senior Coalition

5. advertising and marketing: Pharmaceutical indursty

a. advertising

b. marketing: $8,000 to $15.000 per doctor

G. Corporate Interests vs. vital needs

1. Pharmaceutical Industry

a. research and development

i. subsidies (Taxol)

ii. licensing

ii. “cosmeceuticals”

b. tort reform

c. human testing in third world countries

d. limit generics

i. patent extensions

ii. law sutis: AIDS drugs

iii. bribery

e. control: FDA, medical journals (JAMA), researchers

and studies

f. DTC (Direct-to-Consumer drug advertisements)

i. illegal until 1997

ii. “clarification”

iii. legal now in US and New Zealand

iv. restrictions

2. Managed care (HMOs/Ppos): set fee for services and physicians within

plan

a. low with staffing

b. physician incentives: gatekeeper to limit care

c. exclusion: preexisting condtions

d. limit speicalists

e. limited liability

3. For-profit hospitals

a. concentration of ownership: Columbia/HCA

i. decrease beds

ii. low staff (no unions)

iii. wealthy areas

iv. no emergency room, burn units, neonatal intensive units

v. charge more

4. nursing homes

a. concentration of ownership

b. government subsidies, raise medicare and medicaid

payments

c. laws to keep people alive

d. 6years +1600% profit

5. Doctors

a. Specialists vs general practicioners

b. Areas:

c. Limit regulation: radiologists

IV. Summary: Inequality

A. Class: poor and working poor

1. fewer doctors and medical infrastructure in poor areas

2. more likely to receive inferior care

3. more likely to experience “patient dumping”

4. Medicaid: doctors refuse

5. exposed to more health risks

B. Race

1. same as poor

2. late diagnosis and less treatment

C. Women

1. less likely to have health insurance

2. health risk: child bearing and traditional social roles

3. sexism in the medical profession

4. gender discrimination in research

II. Class

A. Determines whether one is insured

1. 43 million, 11 million, 50 million, 130 million

B. Poor pay w/o insurance pay more if they go to the doctor

C. Medicare

D. Medicaid

1. health care for the poor

2. drs refuse

3. goes to emergency

a. delay

b. stresses ER

4. more likely to receive inferior care

a. overstressed health infrastructure

b. fewer drs

i. 90210 1 per 150, ELA 1 per 3500

c. blame the poor

5. patient dumping

a. increases profit of private hospitals

b. stresses public services

III. Race

A. Non-whites disproportionately poor + racial discrimination

B. Health

1. lower life expectancy

2. higher infant mortality

3. maternal mortality +3x white

4. less prenatal care

5. low birth weight 2x

6. death rate, especially heart disease

7. cancer 31/2x

8. greater vision problems

9. Infectiousdiseases, tb

C. Health care

1. same problems as poor

a. no health ins

b. fewer Drs and overstressed facilities

c. negative social and emotional environment

2. plus discrimination

a. late diagnosis

b. less treatment

c. inferior treatment with health coverage

III. Gender

A. Women less likely to have insurance, esp 45 to 64

1. directly related to their role in the economy

2. and status as dependent on husband's employment

a. husbands death or

b. divorce

B. Health

1. Positives:

a. longer life span

b. better immune system

c.

2. Negatives

a. child birth

b. anorexia and bulimia

c. cosmetic surgeries

C. Health Care

1. Uninsured women are less likely to receive cancer screening

2. Women are less likely to have breast cancer adequately

evaluated and treated

3. medical field exclude women

4. medical research historically excluded women

5. NIH funding

6. sexist practices

7. treatment

a. excluded from certain tests

b. less innovative and hi-level treatment

c. less potent pain medication

I. Transformation: Public health to health cure (Twentieth Century)

A. Resources

1. The Social Transformation of American Medicine, Paul Starr

2. Betrayal of Trust: The Collapse of Global Public Health,

Laurie Garrett

B. Increasing power of AMA (American Medical Association)

C. Agenda

1. Health care should be controlled by doctors.

2. Health care should be function of market place (commodity).

3. Doctors are entrepeneurs.

D. Depression

1. Municipal and State government cannot fund public health programs.

2. Public health becomes federalized (taken over by federal government)

3. Funding and resources in hands of national politicians.

D. WWII

1. Public health workers for war effort.

2. Underfund public health.

F. Post WWII

1. Discovery and success of anti-biotics.

2. Funding:

a. hospital construction (rather than public health)

b. research and development of drugs

c. hi-tec diagnostic equipment (hospitals)

3. Ideology:

a. public health was “communist”

b. technology will solve social problems: technological advances will solve disease