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MAGAZINE

Who's Gonna Take the Weight? Assessing the Cost of Mass Incarceration in America

By Adolphus G. Belk Jr.

America is the undisputed global leader in incarceration. According to the Bureau of Justice Statistics, there were nearly 2.2 million persons in America's prisons and jails as of 2005—60 percent of whom were black or Latino. If all persons under adult correctional supervision are included, the number of individuals under the surveillance of American criminal justice systems increases to over 7 million. What is more incredible is that, according to the International Center for Prison Studies, the U.S. alone—with just 4.6 percent of the world's total

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Let's "Tear Down the Walls" to Better Health Care

By Congressman Edolphus Towns

There are moments in history when those in leadership need to take the right course of action. That was never more true than it is today in terms of our nation's health and its health care system. Let me be clear: those of us with employer-paid health insurance most likely have access to one of the world's best systems of care. However, those without health insurance or those not eligible for coverage under Medicare or Medicaid often have no means of accessing preventive care and may seek care too late to make a difference in their lives and those of their families.

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Let's "Tear Down the Walls" to Better Health Care

By Congressman Edolphus Towns

Clearly, this was the case with Deamonte Driver, a young man who died from lack of access to dental care in the nation's capital. As reported in the *Washington Post*, Deamonte's death probably was preventable and should not have happened in our nation—a nation that spends almost \$2 trillion a year on health care (or about \$6,700 per person).

Despite that huge investment, we have created a system of haves and have-nots, many of whom receive health services equivalent of a third world nation. That investment is more than twice as much per capita as many European and other nations, yet our system of care is ranked 37th in overall health system performance by the World Health Organization, barely ahead of Slovenia and Thailand. And the number of those covered is decreasing. While Medicaid covers slightly more than 40 percent of the poorest Americans, the number of working poor covered by employer-sponsored health insurance has decreased over the last 15 years. Meanwhile, the number entering the ranks of the uninsured increases by 1-3 million a year. In addition, only 55 percent of Americans get appropriate care in their doctors' offices.

This need not be the reality in America. I am tempted to paraphrase former President Ronald Reagan: "Mr. President, leaders in Congress, let's tear down these walls!" By this I mean, let us have the political will to tear down the walls preventing access to care for all Americans, urban and rural. If we can spend billions on a war in Iraq, we can do what it takes to deliver good health

care to all Americans, wherever they live and whatever their income.

We are working on parts of this process during the 110th Congress as we look to reauthorize the State Children's Insurance Program (SCHIP). I want to tear down the walls barring access to dental care for millions of American children and their families who rely on SCHIP. Let's make dental coverage a mandatory part of SCHIP. Let's make the purchase of private insurance under SCHIP part of the offerings made by all states. Let's fully reauthorize SCHIP and make sure that as many children as possible are in the program. And if their parents do not have health insurance, those adults should have access to SCHIP as well. Finally, let's define poverty realistically so as many children and families as possible qualify.

Let's also tear down the walls preventing the reform of our largest public health programs, Medicare and Medicaid. If we reform these two programs and make them work together, we probably are on the way to national health coverage—and that's really where we need to be. Part of this reform needs to be paying our physicians and allied health workers reasonable rates to encourage quality care and best practices for those who need it the most. To get there will not be easy. Hundreds of stakeholder groups will need to participate in a dialogue with Congress and the administration concerning their often disparate views on how to get the job done. But let the dialogue begin. Let's not wait any longer. Let's get started tearing down these walls to quality care for all.

Now, let's talk about reducing health disparities. For instance, how can we prevent younger African Americans from experiencing a two- to threefold greater risk of stroke, and reduce the higher death rates that stroke causes in the African American community? How can we prevent older Hispanic and African American adults from suffering more serious illness and death from influenza and pneumococcal disease than their white counterparts? How can we protect African American children who suffer from childhood lead poisoning at a rate five times more than that of white children?

Our health measures must target the reduction of health disparities among racial/ethnic groups if we are to build a system of care that is both more effective and less costly. So every piece of health legislation that comes out of Congress, and every rule and regulation—to the extent possible—that comes out of the White House, should have a component that addresses the reduction and elimination of health disparities for racial and ethnic minorities.

Finally, information technology will drastically affect our system of care. Health systems nationwide are beginning to use information technology to connect health facilities and electronically maintained health records within a secure and confidential network to guide diagnosis and treatment, and provide better health choices for all Americans. As Congress considers health information technology legislation and electronic patient records, we should expand upon the current legislative options to more fully integrate connecting health resources in medically underserved areas.

We have a great opportunity to make our health care system work for everyone. Let's work together to make it happen. □

Congressman Edolphus "Ed" Towns has represented the 10th Congressional District of New York (Brooklyn) for 13 consecutive terms. He is chairman of the House Subcommittee on Government Management, Organization and Procurement, the Committee on Oversight and Government Reform, and a senior member of the Subcommittee on Health, the Energy and Commerce Committee.