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Health Care Part of King's Social Justice Legacy

Jan. 21, 2014

BLOOMINGTON, Ill.— More than 130 students, faculty, staff and community members gathered at Illinois Wesleyan University Monday for the University's annual Teach-In honoring Dr. Martin Luther King, Jr. Several campus and community leaders spoke on this year's theme: health care and social justice.

In introducing the topic, IWU's William Munro, the Betty Ritchie-Birrer '47 and Ivan Birrer, Ph.D. Endowed Professor, drew attention to **King's remarks** at a 1966 convention of the Medical Committee for Human Rights. Munro said King called injustice in health care "shocking."

Regarding health-care financing, Professor of Political Science Greg Shaw spoke about two dominant models: government-financed or market-driven. "We have this rather messy hybrid way of doing it in the United States," explained Shaw, who is the author of *The Healthcare Debate*, a book that traces the history of the government's role in health-care financing. "We have a lot of public dollars, we have a lot of private dollars, and we mainly have private providers, with lots of nonprofit providers as well."

In explaining a consumer-driven health care (CDHC) movement, Shaw noted the CDHC's main tenet says when individuals more directly experience the true cost of the health-care goods and services they might consume, they consume fewer services, and in ways that most appropriately meet their needs.

Citing findings from a federally funded study — the late 1970s-era RAND Corporation project that remains the 'gold standard' on the topic — Shaw noted that people do not consume medical services in any direct proportion to their incomes.

"Wealthy people do not care about a new intestinal procedure and say 'I'm going to go out and get that right away,' the way they might about a new vehicle or a house," Shaw said. "On the other end of things, lower-income people do not refrain from services altogether, especially for their kids. They go and find a way to get those."

Shaw said approximately 70 percent of U.S. health-care dollars are spent on 10 percent of the population in a typical year.

"The healthy 50 percent of the population only account for about three percent of the health-care dollars we spend," explained Shaw. "We need to understand that imposing cost-sharing on the wealthy won't save us much."

Shaw reminded the audience that the Affordable Care Act (ACA) focuses mostly on enhanced coverage; it focuses very little on quality or costs. The Affordable Care Act will extend coverage for more than 40 million people who have not been insured in recent years, while America still spends 17 to 18 percent of gross domestic product on health care.

A market-driven model is a piece of the puzzle, but "it's not going to be our salvation," Shaw said. "We do have some coverage of a generalized nature, Medicare, Medicaid, county health, but those are not intended to be universal. So we do have this hybrid model. But I do want us to think about efficient ways to get to universal coverage, that don't involve imagining that buying surgery or a band-aid or an antibiotic is just like buying a sweater or a car."



Jennifer Prochotsky '16 (left) and Rebecca Gearhart (right) spoke about health-care delivery in rural areas of the developing world.

Other speakers included Dr. Trina Scott, medical director of Immanuel Health Center in Bloomington, and Angie McLaughlin, executive director of Community Health Care Clinic in Normal. Both spoke about local health-care delivery and financing issues. Immanuel Health Center opened in 2013 to provide a holistic approach for primary medical care, social and behavioral services, counseling and spiritual care, and community referrals for Medicare, Medicaid, uninsured and underinsured clients.

McLaughlin explained that even with expanded coverage for millions under the Affordable Care Act, there will still be tremendous need for her free clinic which serves uninsured or low-income McLean County residents. She said an information gap remains, noting that many of the clinic's clients were unaware of the Affordable Care Act or how to enroll for coverage in recent weeks.



Teach-In speakers Trina Scott of the Immanuel Health Center (left) and Angie McLaughlin of the Community Health Care Clinic talk with President Richard F. Wilson.

Chair of Sociology and Anthropology and Associate Professor of Anthropology Rebecca Gearhart and Stutzman Peace Fellow Jennifer Prochotsky '16 presented the day's last session on international models of health-care delivery, particularly in rural areas of the developing world. The two related the characteristics and sustainability of several models.

Prochotsky's experience in international health care comes from her "gap year" between high school and college, when she volunteered in West Africa with Mercy Ships, the largest non-governmental hospital ship in the world. Mercy Ships provide free health care, community development projects, community health education, mental health programs, agriculture projects, and palliative care for terminally ill patients.

Gearhart described several models, from the "guinea pig model" to the "surgical safari model." She said a common problem with these models is that health-care providers trained in Western facilities are not culturally competent everywhere in the world.

"Each society has a unique cultural framework in which its members understand illness and wellness, which health-care providers need to understand in which to successfully operate within it. It is critical to delivering quality healthcare," Gearhart said.

"The notion that inadequate health care is better than no health care is also false," she added. "If medical intervention does not include necessary follow up and rehabilitation, it's not a valid form of health care."

The Action Research Center, the John and Emma Stutzman Peace Fellows Program and Unraveling Inequality, a liberal arts cluster of courses that explore human rights and social justice issues, sponsored this year's Teach-In.

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