



## **6/18: Health Care in the United States: An In-Depth Look**

June 18, 2009 by John Sparks

Dr. Irwin Redlener, Co-Founder and President of the [Children's Health Fund](#), discusses the Marist Poll's findings on health insurance in the United States and shares his thoughts on President Barack Obama's health care plan and the future of health care in the country. Dr. Redlener, also the Director of the National Center for Disaster Preparedness, addresses, as well, how ready we are to handle the H1N1 virus, other pandemics, and acts of terrorism. The transcript of his interview with The Marist Poll's John Sparks is below.



Dr. Irwin Redlener

### **John Sparks**

Dr. Redlener, The Marist Poll conducted a survey, and we learned that 21% of households in America have at least someone who is not covered by health insurance. Now that percentage increases when those households surveyed earned less than \$50,000 a year or they're not college educated or they're young families or if they fit into a category of ethnic minorities. For instance, 37% of Latino households had someone who's not covered by health insurance, 31% if it's an African American household. Do these numbers surprise you?

### **Dr. Irwin Redlener**

The numbers really reinforce what we've been increasingly concerned about over the last almost two and a half decades now. The fact of the matter is that an extraordinary number of Americans are not getting access to healthcare in part because of the fact that so many do not have health insurance, and the costs are now absolutely prohibitive. So, these numbers are striking, and in a

certain sense, they're what we might expect in these very difficult economic times where access to health insurance has always been problematic anyway.

**John Sparks**

Now, you worked with Hillary Clinton on that National Healthcare Program that never came to fruition.

A lot of folks, including some in the Obama administration, are working on a new national healthcare program. Will we see something put in place this time, and what do you suppose it will be like?

**Dr. Irwin Redlener**

I am very optimistic that with President Obama's leadership that we will in fact see a successful effort this time to really re-create our healthcare system, to reform those parts that need fixing, and to reinforce those parts that we're very good at. At the end of the day, I think we'll see very much of an American style reform in place that won't be perfect from anyone's point of view but will bring with it many, many improvements that will benefit American families and really help the economy in terms of slowing down the runaway costs associated with healthcare.

**John Sparks**

You mentioned a program called Doctors for America, which has been active lately in calling for national healthcare. Can you tell me what efforts they've undertaken for this effort?

**Dr. Irwin Redlener**

There are a number of physician organizations who are really focused on trying to make sure that the American people understand what is involved with trying to fix the nation's healthcare system, and this is something we did not see back in the early '90s when the Clintons were attempting to reform healthcare more than 15 years ago. What we saw then was general resistance by medical groups in terms of trying to fix the system, but what we're seeing now is that tens of thousands, maybe hundreds of thousands of physicians around the country are joining the call to reform the healthcare system because doctors know as well as anyone else, maybe even more acutely, that what we have now is simply not working. The role of these organizations, Doctors for America, and some of the other organizations like the National Physicians Alliance are out in public now speaking with the media and speaking directly to the public to try to allay some of the anxiety that people have about health reform. People are perhaps worried that they're going to lose their ability to choose a physician if we had health reform, or that we'd have a government run system. These are part of the myths that are associated with people that are resisting or are opposing healthcare reform, and these myths have to be dispelled. People have to understand that we're looking to develop systems that will keep everyone's ability to choose their physician and their hospital and at the same time do something about the runaway costs.

**John Sparks**

And speaking of runaway costs, any idea what a program of national healthcare will end up costing, and how we'll pay for it?

**Dr. Irwin Redlener**

Right now the healthcare system in the United States costs about \$2.3 trillion a year. It's around 14.5% of a gross domestic product. If we don't do something to curtail these costs, we're going to see healthcare, if it goes along its current trajectories, reach a level of maybe 20% of the nation's gross domestic product which would be utterly unsustainable in terms of the economic forces that would ensue. The investment in the system right now to fix it so that the costs slow down and that we're able to ring savings out of the, all elements of the system, will still entail putting somebody into the actual measures that will be part of the reform bill so that we have to invest in state-of-the-art electronic health record systems. We have to invest in developing programs to prevent disease, not just treat it and so forth. Those costs could be anywhere from 500 billion to a trillion dollars over a ten-year period, and the President and his economic team, congressional leaders, are coming up with ways to identify those costs which we're going to have to then debate in Congress and in the public and see what will work.

### **John Sparks**

Are you optimistic that this time we'll end up with something?

### **Dr. Irwin Redlener**

I am actually optimistic that we will end up with some very significant changes in the system that will significantly expand access to healthcare for people and will reduce costs. In fact, I believe we will get a package that the president will sign within this calendar year, so I would say I'm in the very optimistic category when it comes to prognosticating about where we're going.

### **John Sparks**

I'd like to change subjects on you for just a moment. You're also involved with the National Center for Disaster Preparedness, and I want to ask you about Swine Flu. Can we realistically produce enough vaccine to combat H1N1?

### **Dr. Irwin Redlener**

There's been a great deal of talk obviously and concern about this what's now being called the novel or new H1N1 virus or what people were originally calling the Swine Flu Virus that originated in Mexico a couple of months ago and is now been spreading rapidly around the world to a point where it spread so much that it's called an actual pandemic by the World Health Organization, and there's a lot of things that are being done and could be done to slow the spread, but right now it's a very mild illness in terms of the potential fatalities that come from it. That said, we obviously will be needing a vaccine, and the vaccine is being developed as we speak. What our concern is on a large scale is that if we had to vaccinate many people in a hurry, if let's say the virus comes back in a more severe form in the Fall and Winter of this year, we'll really wanting to be vaccinating people. But at the maximum capacity, we could not even produce a billion doses of vaccine, which seems like a huge number, but there's 6.8 billion people in the world. So, if we all get is 900 million doses, there's going to be a substantial gap between those that will be able to get the vaccine and those that won't, and that's a big concern. Secondly, if we put all of our vaccine manufacturing plants on the task of producing a maximum of H1N1 vaccine, that will have the potential of impairing our ability to produce the usual annual influenza vaccine that we still need every year, and don't forget that seasonal influenza which comes around every year kills about 36,000 Americans every year as well as 250,000 people

worldwide. So, we might be caught between this public health rock and hard place where we need to both work on the seasonal flu but the new pandemic as well.

**John Sparks**

You mentioned that there's no way we will be able to produce enough doses. How will we determine who will get the vaccine, and how many at risk, who will not get the vaccine? Is it the "haves" versus the "have-not's?"

**Dr. Irwin Redlener**

Well one of the most difficult ethical questions we're going to have is how to distribute a limited amount of vaccine to a very large population around the world who needs it, and I don't think we have the answers yet, frankly, to that question. What we... Our guess... What we are most concerned about is that the nations with limited economic resources, the developing nations, for example, will have far less opportunity to buy or produce the vaccine so that we'll have a situation where the so called "haves" of the world, the developed nations, may have more than their fair share of the vaccine, and the "have-not" or the poor countries be really suffering because they simply can't get their hands on enough material to vaccinate all of their citizens. That will have significant political and economic repercussions however.

**John Sparks**

You know when I think about disaster preparedness, certainly the H1N1 falls under that category. But I was in New York City for 9/11 and in that, of course, we came to the realization of the potential for other acts of terrorism that could certainly tax our American hospitals. Just how well equipped are our hospitals today to respond to a pandemic or an act of terrorism?

**Dr. Irwin Redlener**

This is a fascinating question that we have been wrestling. My center is the National Center for Disaster Preparedness at what's called the Columbia University Mailman School of Public Health, so we actually have been focusing a lot of our energy on trying to analyze the state of readiness of the nation's hospitals to respond to a pandemic or nuclear terrorism or even another Katrina-like Hurricane. And, what we and others have consistently found is that while we're making advances on the public health side, in other words, the ability to track things like pandemics and to follow disease patterns to produce vaccine, we're getting better at that. But, what's now improved very much is the capacity of the nation's hospitals and healthcare systems to respond or to surge up, to increase capacity if a major event happened. That problem has been something that we've been working on hard, but if we don't fix it, we may come to regret the fact that we haven't invested enough in improving hospital readiness prior to the next big event, which inevitably will happen.

**John Sparks**

Is it a matter of needing more hospitals and more people entering the healthcare profession, or is it simply a matter of trying to ramp up those facilities that we do have?

**Dr. Irwin Redlener**

The health professional workforce issue is a big challenge, and we do have to ramp that up, and

we have to get more people into primary care and that sort of thing. Right now, we have lots of doctors, but poorly distributed, because some communities have lots of doctors, others have none, so there's some other areas in the background. But, what we need is the capacity that if something big were to happen in Chicago or LA or the whole country next month, that the system can't expand enough to take care for the numbers of victims and people needing medical care that we might imagine. Now, there's not that many scenarios where large numbers of people would get sick or injured in a short period of time, but you could think of a big earthquake on the West Coast, another Katrina-type situation in the Southeast, nuclear terrorism, and I mean actually a nuclear bomb, not just a dirty weapon in New York or Washington, D.C. or Los Angeles, and when you start thinking about these large, what I call mega events is or mega disasters, we remain concerned that the system doesn't have enough depth to really be able to respond in a large scale way when we need it.

### **John Sparks**

You know if all this isn't enough to be concerned about, there is a recession and its effect on healthcare in this country, you referenced it earlier. We read about losses in the stock market. We read about huge corporations like General Motors who are not good health, but what is the cost of human health as a fallout from the recession?

### **Dr. Irwin Redlener**

This has been very interesting for us to observe — the reporting of the recession as it became more and more severe starting with late 2007 and of course, continuing on through this moment. Most of the descriptions about the economic downturn were written in financial terms, so we're talking about a banking crisis, subprime mortgages, uncontrolled derivative markets, and so forth. What we heard very little about though, was the human cost and the human toll and in particular with children. So, the Children's Health Fund a couple of months ago came up with a new initiative called Kids Can't Wait, and the point of Kids Can't Wait is to really underscore how badly affected low income families and children are and have been because of this economic downturn. We think on the one hand, this is bad for the banks, it's bad for our pensions and so forth, but it's desperately dangerous for people at the lower end where there's not a lot of disposable income and what income there is needed to go to the doctor or buy groceries or pay the rent or whatever and those people and therefore those children, are being greatly affected, and we really need to put them back on center stage so we can make sure that they aren't hurt anymore than they already are.

### **John Sparks**

Any idea of a number how many children have lost healthcare?

### **Dr. Irwin Redlener**

Since 2007, we think about a million children have lost healthcare, which parallels the loss that they're — that families are taking and parallels the loss that is incurred by unemployment, loss of a job. So, as we track that over this period of time, I believe there's at least a million kids who are, as a result of these larger economic forces and as a result of the breadwinners of the family losing their jobs or having their jobs greatly reduced, that we're seeing a very serious downside for children as well.

**John Sparks**

In talking about some of these challenges with our healthcare, there are moral issues. We've talked about cost control issues, and yet, we need a robust healthcare system. Do you think we'll be able to meet all those challenges, and what are the implications if we're not able to?

**Dr. Irwin Redlener**

Well, we're facing, as you allude to, a vast array of seemingly overwhelming problems from dealing with the recession, the healthcare crisis to the environment, energy, and a very long agenda on our international challenges as well. The point about all this is that we can't do, even though as much as we might want to, we just simply cannot take things on sequentially, because the world doesn't work like that, and we have to be in a sense as a nation multitasking because all of this is important to the nation's future, in some cases the world's future and the world's future well being. So, taking care of our children's needs, worrying about global warming and figure on how to become energy independent are all part of a complex set of agendas that have to be taken on almost — unfortunately, almost at the same time.

**John Sparks**

It's not an easy world we live in. Dr. Redlener, I want to thank you for your time. But before you go is there anything that you'd like to comment on?

**Dr. Irwin Redlener**

I think it's difficult for people in a day and age like this to understand how serious the problems are we're facing and in many ways without overusing this term, a lot of these challenges are pretty — are unprecedented in a real way, the amount of debt that the country is building up, the degree to which the healthcare expenses and costs are getting more and more out-of-control, the intensity of our international challenges, it all is big time. But all that said, the reason I bring this up is to make a point that I think there's also reason to be optimistic. I think we can get control in the healthcare system. I think we could do a better job than we're doing on virtually all the areas that we're talking about, and I think we're fortunate that we have an administration that is smart, is well led, it's organized, and while it's tackling a lot, I personally am optimistic that we're going to find some way out of this briar patch sometime in the next few years.

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