



## Recession Q&A: 'Kids can't wait' for health care



By Abby Brack, Getty Images

Irwin Redlener, center, stands with Paul Simon, who co-founded the Children's Health Fund with him, and House Speaker Nancy Pelosi to talk about kids' health insurance March 11.

By [Janice Lloyd](#), USA TODAY

More than 7 million people under age 18 have no health insurance, says the National Center for Health Statistics. Since the recession started, more children lack care, reports the Children's Health Fund. Co-founded by pediatrician Irwin Redlener and singer Paul Simon in 1987, CHF programs aid children in 15 states and the District of Columbia. Redlener talked with USA TODAY about his medical concerns for children.

**Q: You've been involved in caring for underprivileged children since the 1970s. What is different now, during the recession?**

A: We are experiencing one of the most significant economic downturns in our lifetimes. And until now, this crisis has been described almost exclusively in technical terms like "subprime loans" and "unregulated derivatives," clearly geared toward economists or politicians. But what I'm seeing and hearing from my colleagues is much more about how the severe economic stress is causing great suffering for many children and their families. Children are extremely vulnerable. Sometimes, for a child, losing health care for a year can have a lifetime of consequences.

**Q: How does the care provided by the fund affect children?**

A: The problem for children is that when critical milestones are missed, it may be very hard to recover. When young children do not get a timely diagnosis of subtle hearing or vision problems because they don't have regular access to a doctor, they can fall behind in school, sometimes mislabeled as having behavioral problems or learning disabilities.

These are situations that are very hard to recover from. Since CHF focuses on children who face profound barriers to getting the health care they need, we are able to identify and treat those conditions that have the potential of causing life-long problems. I like to think we are providing quality health care and helping children reach their full potential.

**Q: You have an initiative called Kids Can't Wait. What kinds of services does it provide?**

A: The (mobile) units are comprehensive, fully contained pediatric "clinics on wheels" with two examination rooms, a nurses' station and a small laboratory area. The kids who get care from us on mobile units see us as their pediatricians, and we become what is known as a "medical home" for the family. If they need something after hours or on a day the mobile unit is not in their area, there's a toll-free number for moms to reach us.



Certified pediatric nurse practitioner Doreen Brock squeezes a rubber ducky while examining Preston Parker at the Mississippi Gulf Coast Children's Health Project.

**Q: Who provides the care?**

A: We have been lucky to attract some of the most dedicated and capable doctors, nurses and health care providers in the nation. And I have been very gratified — but not surprised — by the extremely low turnover rate among our professional staff.

**Q: What other problems can potentially arise by not providing medical care to kids?**

A: We long ago should have figured out how to create and pay for accessible, quality health care and a good education for all of our children. Children's Health Fund does what it does because we believe that every child is entitled to these basic promises; it is about compassion and a sense of justice. But there is another critical dimension, underscored by the economic crisis. The long-term outlook for the U.S. is inexorably bound to the rest of the world's fate. In the middle of this century, there is no doubt that global competition will be intense, with many rising powers vying for economic and political influence. In these terms, we need every one of our children to reach his or her

potential and contribute to the future success of our country. Plus, the cost of trying to reverse or manage what should have been preventable health conditions or academic failures will be prohibitive.

**Q: What is the ideal situation for providing health care to children?**

A: My first job (in 1971) after my residency was as director of a Volunteers in Service to America clinic in Lee County, east Arkansas, the sixth-poorest county in the U.S. at the time. I was 26, a naive optimist, and truly believed that in another 10 years or so, we'd solve the problems of poverty and access to health care for children. In 2009, I am still optimistic that we'll eventually get there. Still, It is true we are still using mobile pediatric clinics to get to neighborhoods where other options aren't available. But my dream is that I'll soon see a day where every child in the country will have easy access to a neighborhood-based, high-quality health care provider. Maybe this recession will be a wake-up call, reminding us how vulnerable our kids are — and how important it is to make sure they get the health care and education they need. As our new initiative says, "kids can't wait" — and neither can the rest of us, if we care about our country's future.

**EXAMS LOOKING FOR AND RULING OUT PROBLEMS**

An examination provided by the Children's Health Fund ([childrenshealthfund.org](http://childrenshealthfund.org)) includes the following, says president Irwin Redlener, a professor at Columbia University's Mailman School of Public Health:

- Screening for hearing, vision and developmental deficiencies.
- Ruling out elevated levels of lead in children.
- Making sure immunizations are up to date.
- Reviewing family history to determine whether specific potential problems should be screened for.
- Checking nutritional status and looking for early signs of diabetes if obesity is a problem.
- Looking for psychological and behavioral problems. Learning difficulties or addictive behavior is much easier to manage if picked up early.
- Ruling out, as indicated, asthma or other chronic conditions.