

5-1-2009

How to Wake-Up from a Nightmare

Paul Boynton

Follow this and additional works at: <https://digitalcommons.collin.edu/forces>

Recommended Citation

Boynton, Paul (2009) "How to Wake-Up from a Nightmare," *Forces*: Vol. 2009 , Article 100.
Available at: <https://digitalcommons.collin.edu/forces/vol2009/iss1/100>

This Essay is brought to you for free and open access by DigitalCommons@Collin. It has been accepted for inclusion in Forces by an authorized editor of DigitalCommons@Collin. For more information, please contact mtomlin@collin.edu.

How to Wake-Up from a Nightmare

Erratum

Winner of the Honors Scholarship Essay Contest

HOW TO WAKE-UP FROM A NIGHTMARE: A POSITION ON THE U.S. HEALTHCARE DISEASE

Paul Boynton

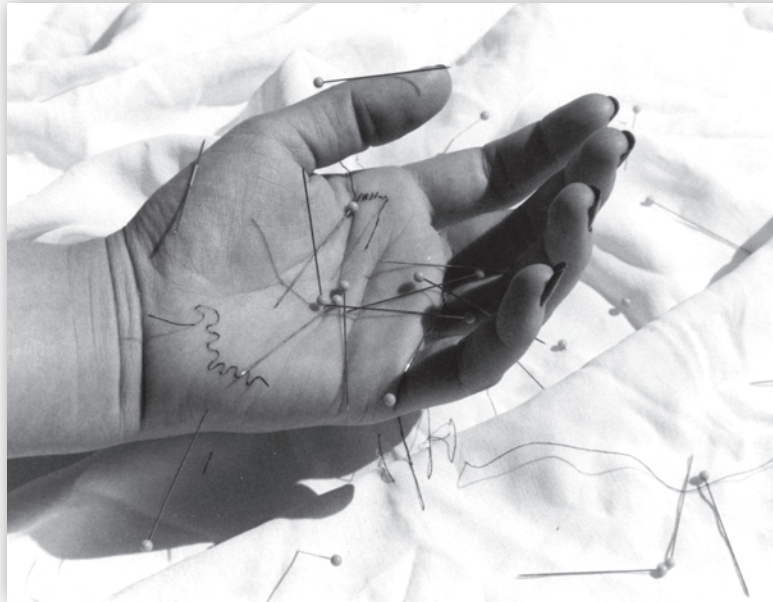
Winner of the Honors Scholarship Essay Contest

A DISASTER LOOMS OVER THE HORIZON as Americans kick off the New Year with their ears to the ground and in a tempered panic. With a weakening American dollar, a sky-rocketing national debt, international war, real estate crises, and rising oil prices, *recession* becomes a terrifying word. The economy is haunted by visions of a new depression; not only here in the U.S., but throughout the whole world too. In discussions for change, the current healthcare situation is often brought to the forefront. Its impact on America's well-being is similar to that of a disease. It is my position that the healthcare disease has become an epidemic, and that prevention is necessary for reform.

THE NIGHTMARE

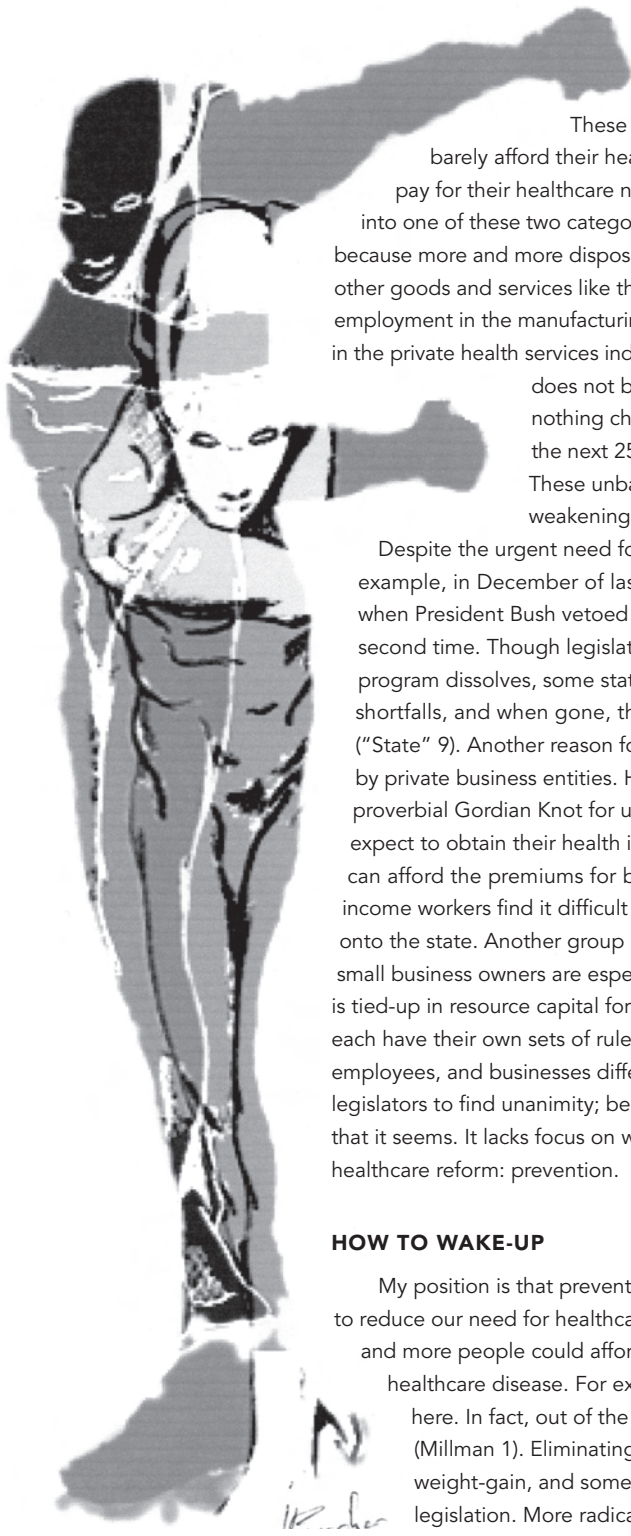
To reform healthcare would be to reform our entire socioeconomic way of life, and there are numbers to prove it. They are both staggering and dismal. For instance, healthcare is the most expensive single category of a state's spending budget. In total, states spend 32 percent of their entire budget on healthcare ("State" 9). So I was not surprised to find out that in ten years, the federal government is projected to double its per year healthcare spending to a whopping 4 trillion dollars (Gibson and Gibson 21). No other sector in the economy has nearly that high a rate of inflation. Even with all that spending, many Americans are still without a balanced healthcare system. The Center for Disease Control and Prevention's National Center for Health Statistics released a report last December that revealed "Nearly one in five Americans can't afford needed healthcare" ("Health" 1). So right now, approximately 61 million Americans do not receive the healthcare they need ("Population"). Moreover, many of those people do not even have access to healthcare. An article in Nation's Health went on to summarize part of that same report's findings:

[The report] found [that] more than 40 million people lack access to the healthcare they need. And 20 percent of U.S. adults needed and did not receive medical care, prescription medicine, mental health care, dental care, or eyeglasses in 2005, because they could not afford them.



UNTITLED 1

Norma Jean Montejano



DANCER Joe Prescher

These statistics still do not account for the people who could barely afford their healthcare in the first place, or those who used credit to pay for their healthcare needs. In fact, more than one in four adults currently falls into one of these two categories ("Health" 1). Household consumption goes down, because more and more disposable income is being spent on healthcare instead of other goods and services like those of the manufacturing industry. Since the year 2000, employment in the manufacturing industry has fallen by 18 percent, but "employment in the private health services industry has risen by 16%" (Gibson and Gibson 21). This does not bode well for such a diversified labor force like ours. If nothing changes, then "30% to 40% of all new jobs created over the next 25 years will be in health care" (Gibson and Gibson 21). These unbalanced figures describe an inefficient economy and a weakening private sector.

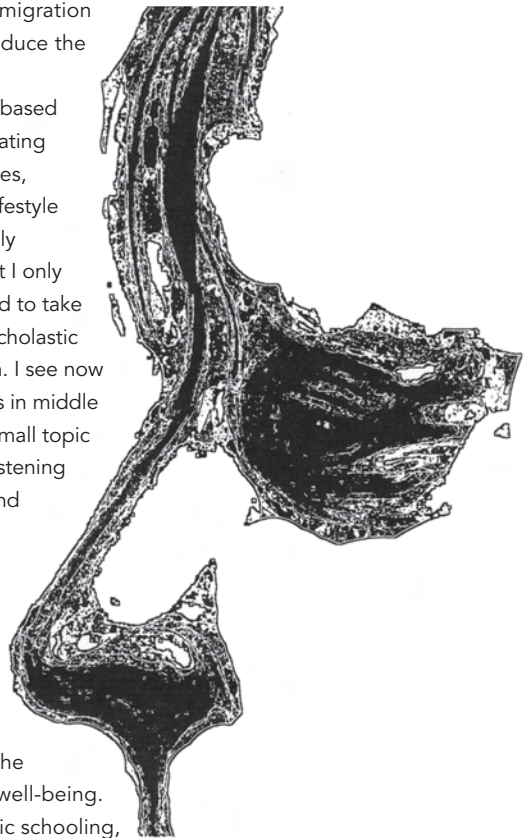
Despite the urgent need for change, progress has been slow-going at best. For example, in December of last year, states were given another healthcare migraine when President Bush vetoed the State Children's Health Insurance Program for the second time. Though legislation for a grace period is expected to pass before the program dissolves, some states as early as March will experience significant budget shortfalls, and when gone, the program will leave some 6 million children uninsured ("State" 9). Another reason for reform set-backs is that healthcare is largely provided by private business entities. How to take back the distribution of healthcare is the proverbial Gordian Knot for universal healthcare advocates. Most people obtain or expect to obtain their health insurance through their employer, but not all employers can afford the premiums for bulk insurance packages. Consequently, middle- to low-income workers find it difficult to obtain healthcare, and so the burden falls once again onto the state. Another group hurt in a similar way is the entrepreneurs. Entrepreneurial small business owners are especially burdened, because a large amount of their money is tied-up in resource capital for their new businesses. Private sector healthcare providers each have their own sets of rules and liabilities that affect people like entrepreneurs, employees, and businesses differently. This wide variety of red-tape makes it difficult for legislators to find unanimity; besides, a universal healthcare system is not the panacea that it seems. It lacks focus on what I believe to be the most important aspect of healthcare reform: prevention.

HOW TO WAKE-UP

My position is that prevention is the key to healthcare reform. If we took measures to reduce our need for healthcare, then we would not be spending so much on it, and more people could afford to have it. In Texas, we have many symptoms of the healthcare disease. For example, the obesity pandemic is very much a presence here. In fact, out of the top-ten fattest cities in the U.S., Texas is home to six (Millman 1). Eliminating trans-fats is a highly tossed around idea for lowering weight-gain, and some states – like New York – have already passed such legislation. More radically, I propose an "hours of operation curfew" be placed on fast-food restaurants. As if their viral ubiquity isn't bad enough, fast-food

chains encourage unhealthy eating habits by staying open unreasonably late into the night. For example, Taco Bell® encourages people to indulge in “fourth-meals”. There is no reason to eat a greasy taco at 1 a.m. Greed and gluttony are the founding principles of the fast-food industry, and I think a curfew law would really turn heads toward moderation. Also here in Texas, illegal immigration exacerbates the healthcare disease and can be deterred. Milton Friedman, an American noble prize winning economist, said that it is impossible to have a welfare state with open borders. I could not agree more. Illegal immigrants are receiving healthcare benefits, and tax payers are footing the bill. Richard Wolf of USA Today reported that “the [Texas] state comptroller estimated illegal immigrants cost hospitals \$1.3 billion in 2006” (1). This must stop. We cannot keep giving hand-outs to illegals. A more secure border coupled with tough immigration healthcare legislation can prevent healthcare cost inflation, and reduce the burden on the state.

Education is absolutely critical to a healthcare reform program based on prevention. We need to provide more and better means of educating people on certain key subjects: diet, exercise, communicable diseases, human sexuality, mental health, substance use/abuse, and healthy lifestyle practices. I think high schools should require students to take a highly detailed and contemporary health course regimen. It is a shame that I only had to take one measly semester of Health in high school. I have had to take the same American Government course four times throughout my scholastic career, yet I have only been required to take one semester of Health. I see now that this is far from satisfactory. My proposed course regimen begins in middle school. It will start by teaching primarily diet but also the relatively small topic of healthy lifestyle practices. By healthy lifestyle practices, I mean fastening your seat belt, how to properly lift heavy objects, sleeping habits, and ergonomics. The tone and detail of the courses will mature as the student matures. Exercise will take center stage in 8th grade. They will learn why and how to exercise regularly. Substance use/abuse as well as communicable diseases – STDs – will be the focus for freshman. Sophomore year will introduce human sexuality and mental health. Junior and senior year will be cumulative course years. These courses will bring together all seven topics and focus on making health an active part of the students’ lives. The hope is to emphasize and implement healthy living and promote well-being. This health course regimen could even be offered outside of public schooling, and I really think it would help people become less dependent on healthcare. **CRETE** Joe Prescher



Prevention is the key. Money alone will not solve this problem, and the statistics make that very clear. We continue to spend more and more money, but things aren’t changing for the better. It’s because the health of the American people is declining faster than the money grow. Healthcare reform is impossible without the cooperation of the people. Government alone should not be held responsible. We as members of society must take the initiative to be educated, and we must show some self-control, or we will further deteriorate our healthcare system and our way of life.