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Dancer

Joe Prescher

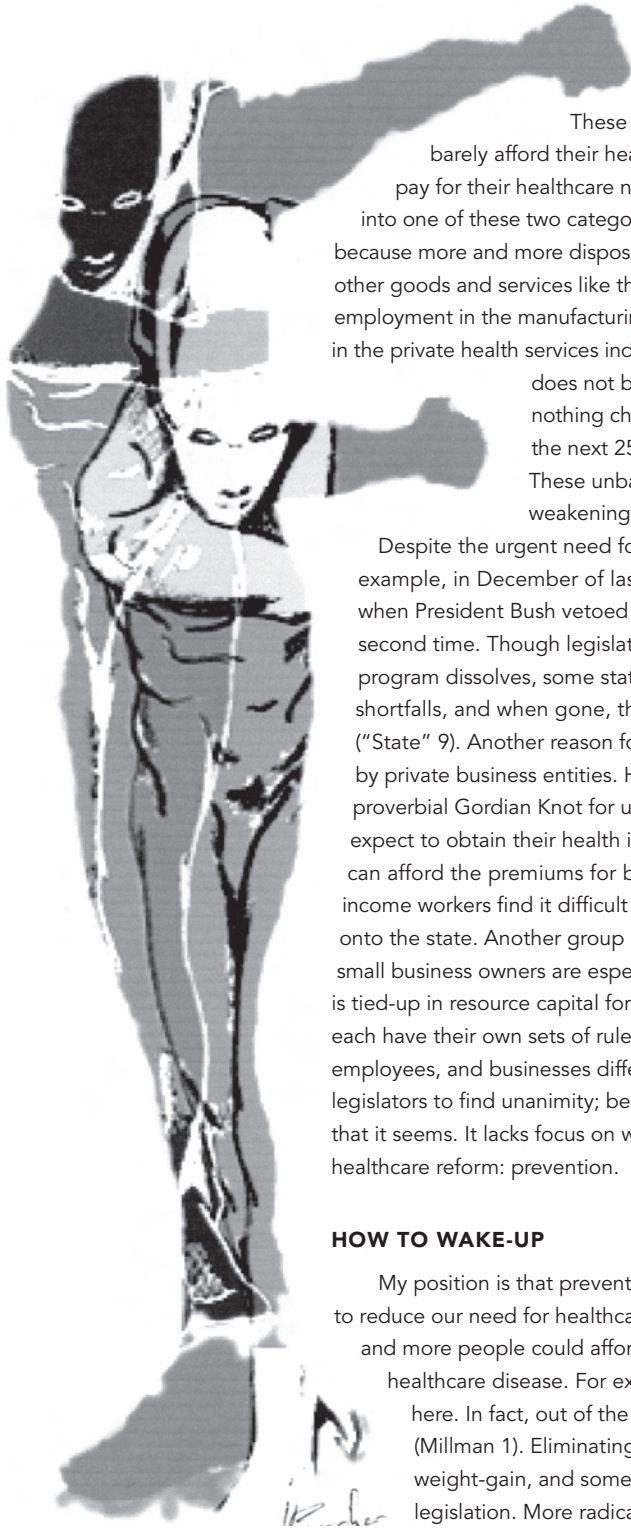
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DANCER Joe Prescher

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