

From The Editor:

Let's Not Beat About the Bush: The New Administration Is Not On Our Side

By Deborah Hornstra

Health advocates must be both pessimists and optimists. After all, why become an advocate unless you think there are problems in the system and patients whose rights need protecting? But there's no point in doing the work unless you believe progress is possible and even inevitable. We know it will be slow and incremental. We realize we will continually have to make our case to people who are skeptical, or who have other priorities.

Even if we accept all this, however, it is difficult to come to terms with the meaning of the presidency of George W. Bush, and the current hold on all branches of power (save the Senate, thanks to Jim Jeffords of Vermont) by the right wing of the Republican party. Advocates need hope. They need to believe that those in high places will listen to them and support them as they advocate for patients, families, and health care workers. Unfortunately, all signs indicate that the new administration is not sympathetic to our arguments and is unlikely ever to champion our causes.

A quick scan of the headlines from the last few months is illustrative:

- Bush Opposes Bills for Patients' Rights
- White House Plans to Ease New Medical Privacy Rules
- EPA to Kill New Arsenic Standards
- Tobacco Interests Poised for Big Gains from Bush
- Bush AIDS Policy Remains Unclear

It seems that every day brings a fresh assault on self-determination, confidentiality, the environment, and common sense. There is more than we can keep up with, and none of it is good.

Bush is no friend of patients' rights

Sure, the new president says he supports patients' rights. He has to, because the idea has broad popular support even

within his own party. But the president refuses to sign any current version of the patients' bill of rights. Bush claims to favor most if not all provisions of the bill, and in fact almost all of its provisions, including access to specialists and emergency departments and allowing patients to select gynecologists and pediatricians as their primary care physicians, are already features of most health plans. So what's the sticking point? Bush doesn't want health plans to be punished financially if they deny care that was medically necessary.

tense industry lobbying against the act's crucial privacy provisions. But Bush and Secretary of Health and Human Services Tommy Thompson have expressed concerns with many of those provisions, and we can expect lax enforcement and an early call for Thompson to "review" HIPAA.

Tossing Those Pesky Regulations

Bush and his administration don't like regulations on business. Deregulation is a cornerstone of Bush's ideology. One of his first acts as president was to re-

peal the new ergonomics rules, carefully constructed after ten years of study by the Occupational Safety and Health Administration. Bush said the rules, which would have prevented 600,000 injuries a year, mostly to women in low-paying factory and office jobs, would cost businesses too much. He repealed them even in the face of evidence that treating the injured workers costs much more.

President Bush tried to halt the routine testing for salmonella of ground beef

used in the school lunch program, again using the excuse that the testing was too expensive (get used to it). He was forced to withdraw this proposal because the controversy it generated threatened to interfere with debate over his budget. He supports retaining the 1942 standard for allowable levels of arsenic in drinking water, despite recommendations by the World Health Organization and the National Academy of Sciences to reduce that level by 80 percent.

The flip side of all this deregulation is the clampdown on the public's right to information. As Bush loosens regulations on industry, he is simultaneously tightening access to information vital to the public health. The chemical industry has lobbied intensely for tighter restrictions on information about its methods, materials, and accident scenarios.

EDITOR'S NOTE:

This issue of the HAP Bulletin is devoted to highlighting the work of some of our current students and recent graduates. In recent years, health advocacy has gone far beyond the patient's bedside. Advocates can now be found not only in patient representative departments but also on ethics committees and institutional review boards, in government, in non-profit advocacy organizations, as registered lobbyists, in academia, in media, and even in business. We hope you enjoy this special issue showcasing just a few of the diverse projects engaged in by Sarah Lawrence-educated health advocates.

The current bill allows patients whose claims have been wrongly denied to seek up to \$5 million in punitive damages from their insurers. Bush thinks noneconomic damages should be capped at \$500,000; he would disallow claims for punitive damages altogether. This he calls a "reasonable" way to discourage "frivolous" litigation and "excessive" awards. Bush says without the caps, the patients' bill of rights will cost insurance companies too much money, meaning it will decrease industry profit margins. So he won't sign a patients' bill of rights until it has been stripped of its muscle by the inclusion of an artificially low cap on damages.

To his credit, Bush did allow the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to take effect as scheduled in April, despite in-

Let's Not Beat About the Bush: The New Administration Is Not On Our Side

Continued from page 3

They want a world in which Erin Brockovich could not have found out what PG&E was doing in the California desert, and under Bush, they may get it.

We can also expect to see less vigorous enforcement of the Americans with Disabilities Act, signed into law with much fanfare by Bush's own father. Since its passage a decade ago, the ADA has been viewed with increasing hostility by business leaders, who resent the cost of compliance. Already the Supreme Court has declared that people with disabilities who are state employees cannot sue their employers for violations of the ADA. Surely this is a first step in the deliberate erosion and eventual elimination of the ADA's hard-fought protections.

Moralistic, Not Compassionate, Conservatism

The Bush administration views public health problems such as AIDS, drug abuse and teen pregnancy as moral issues. Attorney General John Ashcroft is opposed to treating drug abusers as addicts instead of criminals. He has expressed his opposition to diverting resources from law enforcement into drug treatment and prevention and has even suggested that the meager funds now allocated for drug treatment should be earmarked for more law enforcement instead.

Bush is also opposed even to studying needle exchange programs, saying conducting such research itself sends the "wrong" message. When it comes to cigarettes, though, the message is apparently "just say yes." Bush's budget offers less than \$2 million to fund the Justice Department's lawsuit against the tobacco industry; the lawyers working on it say they need about thirty times that to prevail. The states were winning these suits and using the damages recovered from the tobacco companies to fund essential health programs. That's all over now.

Bush seems to have no AIDS policy whatever, except to favor his supporters in the pharmaceutical industry, the ones who peddle the expensive cocktails that keep people with HIV alive and reasonably well, and who want their patents and profits protected, even in impoverished countries ravaged by disease. Bush has eliminated the AIDS

adviser's position on the National Security Council and has let other AIDS-related offices languish.

The new president's first official act was to reimpose the Reagan-era gag rule known as the Mexico City Policy, which forbids U.S. funding of any overseas group that even counsels its patients about abortion. It was an audacious act that will greatly impact women seeking family planning services worldwide. Since in many countries the same organizations that provide family planning services also provide HIV/AIDS counseling and treatment, Bush's withdrawal of this funding will also cause grave harm to people with HIV and AIDS who have nowhere else to turn.

Bush has eliminated insurance coverage of contraceptives for federal employees. He would like to see *Roe v. Wade* overturned and the abortion question returned to the states, many of which would no doubt outlaw it. He is against expanding access to RU-486 and the morning-after pill, and Attorney General Ashcroft is personally opposed to certain forms of contraception. The Bush team's opposition to abortion extends to research on embryonic stem cells, which are thought promising sources of treatment for many serious disorders. The administration is also opposed to comprehensive sex education and promotes exclusive use of an abstinence-only curriculum that does not teach sexually active teenagers how to protect themselves from pregnancy and disease.

Right-to-die advocates will not find support from a government that considers euthanasia part of the so-called culture of death that also includes abortion. Bush's adamant opposition to doctor-assisted suicide is on record and, based as it is on religious belief, unlikely to change.

Forget about universal health care

Bush has said he is "absolutely opposed" to a national health care plan. Indeed, the new administration is not overly concerned about the uninsured. When Bush spoke before the American College of Cardiology in March, he mentioned only one idea for making health insurance affordable. Can you guess what it was? Capping those punitive damages again! According to Bush, the only reason health insurance is

unaffordable is because of all the frivolous lawsuits against insurers (including employers who self-insure), which his low-cap version of the Patients' Bill of Rights would greatly remedy.

The Bush budget does next to nothing to extend health insurance to the 42 million Americans who now lack it. The president offers mostly tax relief, in amounts insufficient to cover the cost of purchasing private health insurance. The new party in power likes to downplay the significance of the high number of uninsured, suggesting that many of them lack health insurance by choice, because they are young and healthy and do not feel they need it. Republicans also claim that many are uninsured only for brief periods of time, for example in between jobs, and that therefore the problem is not as serious as the raw numbers might indicate.

As Governor of Texas, Bush actually fought hard NOT to provide health insurance to poor children. He made sure the state took its time enrolling Texas's one and a half million uninsured children in the Children's Health Insurance Program (CHIP). CHIP was enacted in 1997 but Bush aggressively delayed implementation until 1999, and then fought to limit participation to children with family incomes at 150% of the poverty line, though the federal law allowed covering kids up to 200% of poverty.* He did this because he didn't want the "spillover" that would occur when the kids turned out to be eligible for Medicaid (with its threshold of 100% of poverty). He also did it to please his fundamentalist Christian backers, who didn't like the idea of federal health care funds being used for, among other things, abortions for teenagers.

President Bush's budget proposes a whopping 86 percent cut in the category of programs for people without health insurance, including the well regarded community access program, which linked providers of last resort into a coordinated safety net to serve the uninsured. His budget also cuts federal spending for the training of doctors, nurses, and other health professionals by an incredible 60 percent, at a time when the entire nation is facing a severe shortage of nurses, and many areas are still underserved by doctors. And the Bush budget includes cuts in programs that

Let's Not Beat About the Bush: The New Administration Is Not On Our Side

Continued from page 6

address child abuse.

Show Us the Money

Reimbursements to hospitals will continue to decline under the Bush administration, and hospitals will have to make do with less. The aforementioned nursing shortage, already acute, is likely to worsen in the face of further budget cutbacks. More nurses cannot be recruited at the current level of pay, which averages between \$40,000 and \$45,000.

In both parties, there is widespread support for making prescription drugs more affordable to people on Medicare. At issue is whether such benefits should be added to Medicare or whether, as Bush believes, affordable prescription drug coverage can be provided by private insurance companies. To add a prescription drug benefit to Medicare would of course cost money, and most observers think adding the benefit will require the government to control the price of drugs, a prospect that strikes fear into the pharmaceutical companies. We can get an idea where Bush stands here by looking at who he appointed to decide whether we can afford the benefit and whether it will require price controls on drugs—a former executive of Eli Lilly.

Many think Bush will eventually have to raid the current Medicare surplus to pay for his missile defense plan and to fund his massive tax cut. Efforts to wall that surplus off and prevent its use for other purposes have so far faltered. In the face of an attempted raid on Medicare funds, advocates must be vocal about the need to protect the integrity of the program for future generations.

The Company He Keeps

Let's wonder where Bush gets his ideas on health care policy, the president's major health care adviser is Deborah Steelman, a lobbyist for the industry who has represented Aetna, Cigna, Pfizer, United Health Care, and Prudential, among others. His other senior advisers all have industry connections or are pro-market academics or researchers. Not a single one is a practicing health care provider or health ad-

vocate. Not a single one represents a patient-oriented perspective. There is simply no one at Bush's table who speaks for patients, families, or health care providers.

Running throughout Bush's philosophy is the idea that health care is just a business like any other, without any moral component. And so, what is the appropriate response to this new state of affairs? We will all have to answer that for ourselves over the coming months. Certainly surrender is not an option. Aggressive outreach is more important now than ever, when there is a dire need for advocates to help people understand the system, the issues, and the ways in which change is possible.

I suggest we regroup, develop new "strategies" and work harder than ever to communicate the importance of the patient's perspective. We needn't all engage on the national level. This is an excellent time to make progress in our states, counties, and communities, to rediscover the power of grassroots organizing.

We must not be silenced. We must dis-

cuss the issues of the day with our friends and colleagues, write letters to the editor and op/eds for publication in our local newspapers, and support advocacy efforts with our money and our labor, as we support sympathetic political candidates with our money and our votes.

There are already signs that President Bush is serving as a provocateur, motivating previously complacent folks into protecting their interests. When Jim Jeffords left the Republican party in May, he put the Senate Democrats in a position to curtail at least some of Bush's excesses. If a new wave of social activism is indeed inspired by this administration's extremism, then at least one good thing will emerge from the Bush II era. And I shall end on that optimistic note, since we can't be pessimistic all the time, and we must have hope. ■

**Did you ever wonder why the poverty level is set so ridiculously low? It's because it's based almost entirely on the price of food, which is relatively stable, not on the price of housing, which has inflated wildly and which is where most poor families get hit hardest.*



© 2001 Crystal Greene