Jessica Schorr Saxe, MD

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I represent Health Care Justice—NC. I am here to talk about justice and about health care.

Martin Luther King had something to say on this topic. He said, "Of all the forms of inequality, injustice in health care is the most shocking and inhumane."

I practiced family medicine for 34 years. Every single day in practice I saw someone who didn't get some kind of health care they needed because they didn't have enough money.

Some patients missed appointments. Some didn't fill their prescriptions. Some filled them and then stretched them by skipping doses—although you can't really control diabetes or high blood pressure that way. In our rich country, people don't get health care they need.

Is that justice? I think not.

In this country, about 30 million people have no health insurance. The rate of uninsured has been rising in the last 2 years—and it is rising faster in women. 41 million people are underinsured, which means that even though they HAVE insurance, they either can't afford to get care—or they are sick and get care and then have bills they can't pay.

Is that just? I don't think so.

We know that the United States spends about twice as much per person for health care as other wealthy countries.
Yet our health is worse. We don't live as long as people in other rich countries. And many of our health statistics are worse for women.

American women have a harder time getting health care than women in other countries. 38% of American women skip needed care due to cost, about twice as many as in other developed countries—and in the United Kingdom that number is only 5%. Just think: we have 7 times the per cent of women who miss care as a country that spends less than half as much per person as we do. Minorities, as well as lesbian and bisexual women, are less likely to get needed care due to cost. 44%, almost half, of American women have problems with medical bills, about twice as many as in other wealthy countries.

Is that just? I don't think so.

Although we spend so much more on health care than other countries, our outcomes are relatively bad. Life expectancy for women is lower. Infant mortality, which partly reflects the care women get during pregnancy, is higher. And, in Mecklenburg County, infant mortality for African-Americans is almost 5 times—5 times!—as high as for whites. And it is almost 1 1/2 times as high for Hispanics. Our maternal mortality, the death of women around the time of childbirth, is shockingly high, about twice as high as other wealthy countries, and it has been rising in the last several years. It has been rising— we expect health statistics to improve, not get worse. It is 3 times as high in African-American mothers as white mothers. Disparities in health are also found for LGBT individuals.

We know that access to abortion is being eroded in many states, leaving women at risk from illegal or delayed abortions or of complications of pregnancy, which is a bigger health threat than abortion.

Is that just? I don't think so.

We need to care about this. And we need to do more than care: we need to take action. In the short run, North Carolina needs to join other states and expand Medicaid.

In the long run, we need to recognize a right to health care for all. We can do that by improving Medicare and extending it to everyone.
You can play a role in that by joining Health Care Justice—NC—it's free— and by contacting your members of Congress and telling them to support the Medicare for All bills.

Health Care Justice—NC is having a teach-in on Medicare for All at Queens on Sunday, Feb. 10, at 3. Look at our Facebook page Health Care Justice—North Carolina or get a flier from one of our members here. And join us to make health care better for all.

Together we can do this—and turn the American health care nonsystem into a system with care and justice for all.