Health-Care Inequities Revisited: The Impact of 9/11

The Journal News
September 1, 2008
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On June 21 of this year, George Martin, co-captain of the Super Bowl XXI champion New York Giants, completed a 3,000-mile walk that raised millions of dollars to treat seriously ill 9/11 victims, including recovery workers, police officers and firefighters. It is a sad commentary that seven years later, tens of thousands of Americans affected by the toxic exposure of 9/11 still suffer chronic bronchial disease, cancers and post-traumatic stress, and have difficulty securing appropriate medical treatment.

In July, HR6594 - the Updated 9/11 Health and Compensation Act - was introduced to establish "a permanent program to provide medical monitoring/screening to eligible responders and community members who were exposed to World Trade Center toxins, and medical treatment to those who are sick with World Trade Center-related health conditions." The need is justified. Most victims fare no better or worse vis-à-vis their insurance coverage than any other American. Volunteers and lower skilled workers have sparse or no coverage; unionized workers have insurance from federal and state jurisdictions or private plans. All are subject to the same constraints proving a work-related injury or illness, high deductibles, co-pays and lifetime caps. Although the legislation is currently under review at the Congressional Budget Office, preliminary estimates put the cost between $8 billion and $13 billion dollars.

How do we justify such extraordinary compensation to such a small proportion of the population? How do we justify any form of health care when 16 percent of the nation's population has no insurance, despite the fact that we spent $2.3 trillion dollars in 2007 or $7,600 per person on health care? As health economists, we can't. Inequities in health coverage are difficult to explain and are defied by international comparison. A recent study by the Commonwealth Fund found that 19 percent of U.S. adults had severe financial problems paying medical bills, more than twice the rate in the next highest country. Of course, taxpayers pay the bills regardless through various levels of government-financed uncompensated care.

So how do you justify legislation like HR6594 or the federal September 11 Victim Compensation Fund of 2001? As Kenneth Feinberg noted when he was Special Master of the federal fund, "You justify a program like this not by examining the

status of the victim but by looking at the nation's response, the collective will of the people concerning 9/11, and the impact of 9/11 on the country. This is like Pearl Harbor . . . 9/11 was unique and gave rise to a unique response."

As communities participate in local tributes, prayers and Freedom Walks commemorating Sept. 11, 2001, let's take a moment to consider the fate of those victims who survived. Then let us follow in George Martin's footsteps and write to our representatives in support of HR6594. Finally, let us harness our nation's collective will and consider what we need to do for the other 47 million people in our country with no health insurance. It is no small step to consider what the experiences of the 9/11 victims would be like if we had better health care for all Americans in the first place.

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