

A pox on all the Washington houses



**BRIAN
HOWEY**

If you want to bear witness to one of the most dismal policy and political debacles in American history, consider the last five American presidents and the last dozen or so congresses when it comes to health care. In managing one-sixth of the nation's economy and the needs of the populace, this is simply a sad story sans leadership.

I will give some examples via my own personal prism. Last summer I was at my cabin, got tangled up in my dog's tether and split my forehead open. A friend drove me to Columbus Regional Hospital emergency room where in 90 minutes I received 24 stitches and a tetanus shot. The bill: \$1,600. My friend Mike Carr, a health consultant who helped Gov. Mitch Daniels devise the

welfare "hybrid plan" observed: "That comes out to over \$1,000 an hour."

It underscores a Rand Corporation analysis of Indiana hospital costs which it terms "shockingly high" for charges of in-patient and out-patient procedures, often three times that of other markets.

I'm on an IU Health insurance silver plan, so the \$5,000 deductible didn't help. Since Obamacare was passed in 2010, I've been on MDWise, Anthem and IU Health plans. The latter two are pulling out of the Indiana Obamacare exchange, so I'll be on my fourth insurer next January. My monthly premiums (for just me) have gone from \$440, to \$780, and \$681 this year. I expect them to skyrocket next year.

President George H.W. Bush scuttled the catastrophic health plan forged under Doc Bowen and President Reagan. President Clinton and Hillary couldn't pass health reforms in 1993. President Bush43 and Republicans ignored the skyrocketing costs and lack of coverage for those of us with

pre-existing conditions despite controlling the White House and Congress for six years. President Obama passed the Affordable Care Act, which has not been affordable. Republicans dug in and refused for seven years to evolve Obamacare.

And throughout the spring, summer and fall of this year, President Trump and the Republican congressional majorities have been punking us with repeal and replace schemes that would throw tens of millions of Americans off insurance roles, including some 420,000 Hoosiers on the Healthy Indiana Plan 2.0, and jack up premiums. A Kaiser Family Foundation analysis of the current Graham/Cassidy joke reveals that Indiana will lose about \$1.5 billion in federal Medicaid funding between 2020 and 2026.

Remember when Gov. Eric Holcomb and General Assembly Republicans passed the gas and diesel tax increase last winter to fund our roads? Quietly in the 11th hour, they slipped in

an amendment that would allow them to shift fuel tax dollars to prop up health programs like HIP 2.0 if Trump and Congress somehow foist the Graham/Cassidy joke into law.

We've watched President Trump act as if he doesn't understand the Republican health bills. He simply wants a "deal" and a "victory" even if it turns his 2016 campaign vows of affordable and "great" health care "for everyone" on its head. Wednesday he tweeted, "I would not sign Graham-Cassidy if it did not include coverage of pre-existing conditions. It does! A great Bill. Repeal & Replace." But the bill as it stands at this writing gives states the option of waiving pre-existing condition standards.

Avalere Health, a nonpartisan consulting firm, told the news site Axios the Graham/Cassidy bill would cut \$215 billion in federal spending by 2026, growing to more than \$4 trillion after its block grants cease to exist. AARP, which opposes the

bill, released a report saying premiums for older consumers could rise by roughly \$16,000 per year. The Los Angeles Times reports that "The latest Republican bid to roll back the Affordable Care Act would likely leave millions of currently insured Americans without health coverage in the coming decades."

"If you have less money, you either cover fewer people, or you cover the same amount of people with less generous coverage," Avalere's Caroline Pearson told Axios. "So if a bill reduces the availability of comprehensive insurance, people with chronic conditions are going to be disproportionately harmed."

The Senate bill up for a vote next week won't come with any public hearings, no amendments, and won't have a Congressional Budget Office scoring. U.S. Sen. Lisa Murkowski, who could scuttle this joke, said, "The problem last time was process and substance. Nobody knew what we were really ... voting on." It's the same way on this bill. U.S. Sen.

John McCain, who killed the last GOP bill, added, "Nothing has changed. I am the same as I was before. I want the regular order." By regular order, he means a bipartisan process with hearings and amendments.

And the best idea floated by Republican State Sen. John Ruckleshaus — an independent, bipartisan commission to study and make recommendations — is a no-brainer but non-starter in an inert U.S. Capitol and White House.

What we are witnessing this week is not serious policy making, but a political reaction, a don't-just-stand-there, do-something kabuki theater. Like a dog chasing a car, they'll deal with the consequences later.

My succinct message to the three-ring circus in Washington: A pox on all of your houses.

— **Brian Howey** is publisher of *Howey Politics Indiana* at www.howeypolitics.com. Find him on Facebook and Twitter @hwypol.

Allen County needs to get healthier together

By **Melissa A. Rinehart**

Can we realistically expect someone experiencing economic instability to be healthy and well? Research continues to show that if one has a high school education, experiences economic instability, lacks financial literacy, transportation and affordable child care, lives in a high crime area and in an unsafe home, and has limited social supports, food security, and recreational opportunities, then his/her health will be affected. And, if they're an ethnic minority, their risk factors increase.

To be healthy and well is more than genetics and choice, it involves our social circumstances. "Social determinants" of health is the language utilized by the Centers for Disease Control and Prevention to describe this interconnected-

ness of health and life circumstance. Although the phraseology is awkward, it's rooted in a foundation of a comprehensive understanding of health and wellness. Economic stability, the physical environment one lives in, access to and the amount of education one obtains, food accessibility, community supports, access to affordable health care, and more forecast our health.

The affluent tend to be more educated, live in safer environments and have ready access to affordable health care. They eat regularly and can afford healthier food options, and enjoy recreational opportunities, extensive community connections and reliable transportation. The likelihood they'll live healthier lives increases substantially. It's not so easy for those living in the economic margins. But, whether you live in the

margins or not, social inequities impact us all. What's long overdue is a cultural shift for a broader understanding of health wherein we as a community change the narrative of what it means to be well — piece-by-piece, and sector-by-sector.

One area we can rally around is improving consumer choices in the disproportionate number of convenience stores in various neighborhoods throughout Allen County. These stores offer an abundance of low-quality packaged foods and a variety of tobacco products. With increasing obesity rates, nearly 1/3 of children and 1/3 of adults, and virtually stagnant smoking rates for the past six years in Allen County, why not advocate for healthier options? Why not support the addition of community, school or church gardens for growing

higher quality foods in these neighborhoods? Many neighborhoods are in dire need of clean-up, so why aren't there measures to help organize neighborhood clean-ups, revamp old parks or form citizen watch groups? There are ample opportunities for residents, volunteers and ministries to tackle these challenges.

The beauty (or curse) of being a social scientist is that I'm especially tuned in to the connectedness of issues. The statistics in our area concerning infant mortality rates, opiate addiction, obesity, heart disease, smoking and more are grim and not coincidental. Even with science, medicine and existing social service supports in our area, we're not as healthy as we should be. Not even close. I'm not ignoring the fact that choice and genetics play a role in health, but our circumstances become an even

greater indicator for health and wellbeing. There are creative ways we can tackle these issues, but it takes focused collaboration.

We all pay the price, financial and otherwise, with an infrastructure inadvertently maintaining social inequities. We don't need more Band-Aids to fix these issues. We need a shared understanding of the complexities of health as well as greater resource integration ensuring social equity. We need to get healthier and we need to do it together. We need to do it now.

— **Melissa A. Rinehart**, a Fort Wayne resident, is an applied anthropologist and works as an educator, researcher, author, consultant and community advocate. With the support of Associated Churches of Fort Wayne and Allen County, she's leading the effort for Welcoming Fort Wayne.

Opinion Policy

The ultimate goal of the Northwest News Opinion page is to stimulate discussion and action on topics of interest to the Allen County community.

The Northwest News welcomes reader viewpoints and offers letters to the editor and guest editors as vehicles of expression.

Letters must be signed and accompanied with an address and phone number for verification of identity.

The editor reserves the right to edit and condense letters and guest editorials for space limitation as well as clarity.

Lengthy letters which focus on an issue which affects Allen County residents may be considered for a guest editorial.