

US: Growing impact of the health care crisis on women

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The costly and inefficient system of health care is a major concern for millions of working Americans. The global economic crisis, bringing with it massive job losses and cuts in social programs, is only deepening long-term health care problems. Women and children are among those hardest hit by this crisis.

According to the American College of Obstetricians and Gynecologists (ACOG), about 47 million people in the United States are uninsured. ACOG predicts this number will rise to more than 54 million by 2019. “The cost of health insurance premiums is rising 10 times faster than the median American salary, making it nearly impossible for many families to pay for health insurance and still stay afloat,” said ACOG President Douglas H. Kirkpatrick, MD, in a press release on March 20.

In the climate of the worst recession since the Great Depression, it is likely that the pace of individuals and families losing insurance is actually much greater. Not only are millions of jobs with coverage being eliminated outright, but many employed workers face higher co-pays or a loss of insurance as employers cut costs.

The swelling ranks of the uninsured—about a fifth of the population—are less likely to seek out preventive care as the costs are prohibitive. These expenses—for dental care, regular exams, appointments with the doctor and screenings for potential medical problems—are traded for utility bills, mortgages and debt payment. Because of this, the uninsured are more likely to be diagnosed at more advanced stages of disease and are less likely to receive adequate medical intervention after diagnosis. Even when treatment is received, the enormous costs can leave an uninsured individual saddled with debt for years.

Uninsured women in America

Of those uninsured in the US in 2006, the ACOG report states that 45 percent were women. Because a significant portion of women tend to be dependent on their husband’s insurance plans, they get the short end of the stick when companies drop family coverage or raise insurance premiums. They are also liable to lose their insurance in case of a divorce or death of the husband. Women between the ages of 55 and 65 are 20 percent more likely to be uninsured compared to men, according to ACOG.

Thirteen percent of pregnant women are uninsured, according to the ACOG report. This can have both immediate and long-term effects for the mother and the child. The mother may be less likely to seek out prenatal care, which can put her and the fetus at risk for depleted vitamins, minerals and other nutrients, or even serious harm or death to the fetus and mother if a complication is not found early enough.

As the number of uninsured pregnant women increases, the risk of infant mortality increases as well. According to a Centers for Disease Control (CDC) press release from October of 2008, the infant mortality rate in 2005 was 6.22 (fetal deaths of 20 weeks of gestation or more per 1,000 live births and fetal deaths). The CIA’s “The Factbook” estimates the 2009 rate to be 6.26, placing it 28th among industrialized nations, behind Cuba and just ahead of Croatia and Slovakia.

A subtitle to this big problem is the large discrepancy of infant mortality rates between white and black women. In 2005 the US infant mortality rate for non-Hispanic white women was 4.79, which is almost the same as for Asian or Pacific Islander women with a rate of 4.78.

This is significantly less compared to non-Hispanic, black women, who had a shockingly high infant mortality rate of 11.13. American Indian or Alaskan Native women, compared to non-Hispanic white women, at 6.18 and Hispanic women with a rate of 5.46. The CDC's National Center for Health Statistics explains that a higher risk of pre-term deliveries for African-American women accounts in large measure for the high rate of infant mortality among these women.

The increasing cost of contraception

Many young uninsured and insured women students rely on their college or university health centers to provide low cost birth control pills and annual exams. These programs have faced funding cuts as a result of the economic crisis. Simultaneously, drug companies are now raising prices for pharmaceuticals at universities. Previously, university health centers could receive discounted rates on drugs, but the 2005 Deficit Reduction Act, which went into effect in January, failed to renew this allowance.

According to *Time* magazine, many students are being charged \$30-50 a month for birth control pills, as opposed to \$3-10 previously. Young women may choose to either stop taking the pill or cut back in other areas of their budget to afford it. Uninsured women are also far less likely to receive annual exams and preventive tests—the costs of which are often out of reach for college students. Without these tests, women are at higher risk of not being diagnosed or being diagnosed too late with severe problems, such as ovarian cysts, STIs (sexually transmitted infections), uterine cancer, pelvis inflammatory disease, or infertility.

Rising abortion rates

Planned Parenthood clinics in Illinois reported a record number of abortion procedures in January of this

year. CEO Steve Trombley stated that many of these abortions are being motivated by the economic crisis, though the organization has not released data on the subject. At St. Louis-area Planned Parenthood clinics there was an approximate 7 percent increase in abortions in the second half of 2008 over the previous year.

Some women are delaying abortions in the first trimester because they need more time to raise the funds to pay for them. According to the *San Francisco Chronicle*, holding off on an abortion until the second trimester increases the cost—up to double—as well as increases the health risks for women during the procedure.



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