

As Washington state health care options dwindle, whooping cough returns

Christine Schofelt
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Confirmed cases of whooping cough, also known as pertussis, have reached over 1,000 so far this year in Washington state. According to the Washington State Department of Health the reported number of cases already surpasses the total for all of 2011, standing at 1,738 as of this writing. This number is expected to grow given the difficulty in diagnosing the disease, which has early symptoms very similar to the common cold throughout its most communicable phase.

In April, Washington Secretary of Health Mary Selecky declared the rates of infection had reached epidemic proportion, saying, "In my 13 years as secretary this is the first time I've had to use the word 'epidemic' about disease in our state." She added, "We're headed for unprecedented numbers of cases."

According to Dr. Alan Melnick, the public health officer of Clark, Cowlitz, Skamania and Wahkaikum counties, unvaccinated children are four and a half times more likely to be infected with whooping cough. Rates of vaccination in Washington are the lowest in the country. The state was also subject to the 2011 measles outbreak.

As is the case in many states, Washington allows people to refuse being vaccinated for religious reasons. Until it was recently outlawed by the Washington legislature, people could also take a "personal exemption" for a vaccine. In other words, they could cite any reason they chose not to be vaccinated. The attempt to legislate a rule requiring parents wishing to opt out of vaccines to obtain a note from their child's physician stating that they were made aware of the risks involved in not receiving vaccinations has encountered fierce opposition from anti-vaccination groups.

Governor Chris Gregoire has made \$90,000 available from the governor's emergency fund for an awareness campaign to encourage vaccinations. It is also reported that the USCDC (US Centers for Disease Control) approved using federal funds earmarked for other

immunizations to buy upwards of 27,000 doses of pertussis vaccine for adults who are uninsured or underinsured. That such shell games are being played in a time of crisis speaks to the pervasive underfunding of the crucial health care infrastructure.

Health and human services in Washington state have seen progressively deeper cuts over the last few years. In the most recent budget battle, which involved two special legislative sessions, Democratic Governor Gregoire proposed eliminating the state's Basic Health Care plan upon which 35,000 low income people who do not qualify for Medicare depend. Gregoire declared that Washington could not afford it even though the federal government would cover half the cost of the program. The program survived, but there is a long waiting list to enroll.

Basic Health Care stopped enrolling most applicants in 2009. Except in special circumstances (pregnancy, members of National Guard or Reserves, etc), the names and information of applicants are now entered onto the wait list. The past few years have seen a rise in rates, which has pushed even the lowest priced plans out of the reach of many.

Further restrictions to access are also on the agenda. On April 1, Gregoire blocked a proposition by the state's Health Care Authority (HCA) that would have halted payments for visits to emergency rooms by Medicaid patients if it were later determined that a visit to a primary care physician would have taken care of the problem. The compromise she offered calls for the adoption of a set of "best practices" to "reduce medical assistance expenditures through the reduction of unnecessary emergency department visits." By July 1, hospitals accounting for at least 75% of emergency room use by Medicaid fee-for-service clients will be required to submit legal attestations that they are complying with the plan. Failure to do so will mean the HCA may proceed with implementing its policy of nonpayment for visits it deems

nonemergency.

This could result in the closure of some emergency rooms, which in some rural areas are the only health care access available.

With unemployment still high and the attendant loss of job-based health care plans such programs as Basic Care, Medicare and Medicaid have become literal lifelines to thousands. Yet these are the very programs that are coming under sharp attack as the economic crisis continues. Likewise, county health services are being stretched beyond the limit.

Skagit County, north of Seattle, has so far been hit hardest by the epidemic. The local public health department has lost half its staff since 2008, and preventive care programs have been all but eliminated through budget cuts. During this same period, the number of uninsured rose from 11.6 to close to 15 percent. In the face of dwindling resources, local doctors have been advised to forgo testing, which has been deemed too expensive, and to treat patients with symptoms of the disease by prescribing antibiotics.

Such policies, born of economic desperation, will prevent accurate statistics being gathered about the extent of the epidemic. Lack of testing will also result in missing problems, such as pneumonia or other ailments, which have symptoms similar to whooping cough but which require different treatment.

Given the cost of getting an appointment with a private physician, if one is available, the totally uninsured, estimated to be over a million people in the state, are less likely to seek regular medical care and are therefore often not properly vaccinated once they become adults.

Delay in seeking care due to lack of health insurance has especially dire social consequences because in the critical initial stages of whooping cough the disease is the most infectious and therefore most likely to be spread.



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