**Disparities in U.S. Healthcare**

By: Juliana Blazek

7:00 am. Waiting room filled with crying and yelling. Masks strapped across faces, concealing the angst of people impatiently seeking an appointment. Chairs separated by six feet, replicating the tension between those competing for limited spots to access a doctor’s care.

Each morning, this scene welcomed me as I arrived for my volunteer position as a medical assistant at a free clinic in Southeast Dallas that primarily serves Hispanic and black minorities in the city. Around the U.S., there were 12,000 free clinics that served about 29 million people who could not afford a hospital visit in 2017, according to *Direct Relief.* However, the inspiring missions of clinics get undermined by the lack of supplies in their facilities and number of available doctors, adding to their inability to handle the constant overflow of patients.

Since African Americans and other minorities are less likely to have high-paying jobs that include health insurance and benefits, they have limited access to medical care in the United States. Therefore, U.S. government officials must implement further laws to increase the quality and accessibility of healthcare for African Americans and other minorities.

While some progress has been made towards amending the gap of healthcare access between races, there remains much room for improvement. In March 2010, President Obama implemented a health care reform law titled “The Affordable Act (ACA)” or “Obamacare,” making health insurance more available to people and lowering the costs of healthcare for those families with incomes between 100% and 400% of the federal poverty level (FPL). This law aimed to help the 27.1% of blacks and 24.7% of Hispanics that made up the FDL in 2010, in comparison to 10.6% of white people. The ACA also expanded the Medicaid program, which would cover heath expenses of all adults with incomes below 138% of FPL. Although this law helps the problem of increasing healthcare access for African Americans, many are still left without health insurance. In 2012, the Supreme Court ruling in the case *National Federation of Independent Business v. Sebelius* decided that states would now have the option to implement the expansion of Medicaid eligibility. With this option, fourteen states have not yet adopted the Medicaid expansion, eleven of them being southern states; accordingly, the U.S. Department of Health and Human Services Office of Minority Health states that 58% of African Americans live in the South. Therefore, with many African Americans’ income slightly exceeds the requirement for old Medicaid program, they are excluded from the opportunity to use the new Medicaid expansions.

In addition to the problem of healthcare costs for minorities, many areas where African American and Hispanics live lack hospitals and health care providers. Through residential segregation, these neighborhoods also tend to only have access to low quality care. Leaving many minority families without options for their healthcare, only a limited number can afford the transportation to a different area seeking medical help.

It is important to note that when the government plays a larger role in enforcing laws to equitize the healthcare system, their actions carry negative effects on doctors who are in private practice and only accept private insurance. Doctors who typically have more experience and better education open private practices to charge more per patient each visit. However, with this type of practice, it is usually only the wealthy persons who can afford these regular visits. Therefore, with more strict laws enforcing the acceptance of Medicaid for all doctors, people of all economic status can receive the same quality of care.

While various politicians have designed plans to ameliorate this problem in the future, the American public must also fulfil their role of raising awareness of inequality. In 2020, President Biden incorporated “The Biden Plan” into his presidential candidate platform which would keep both private and public insurance, building upon the ACA and making public insurance available to all that wanted it. In addition, other policymakers advocate for a “Medicare For All” plan that would eliminate every type of insurance but Medicaid to ensure that each person has the same opportunity, especially African Americans, in the healthcare system. Besides establishing new laws to tackle healthcare inequality, the American public can highlight the needs of the clinics and doctors in predominantly black and Hispanic neighborhoods through the internet and social media. With this increased awareness, free clinics can receive more resources to help more patients and give them the care that each person deserves.

Works Cited

“Affordable Care Act (ACA).” *HealthCare.gov*, https://www.healthcare.gov/glossary/affordable-

care-act/.

Dickman, Samuel L. and Himmelstein, David U. “Inequality and the Health-Care System in the

USA.” *The Lancet*, 08/April/2017, https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30398-7/fulltext.

“Poverty Rate by Race/Ethncity.” *KFF*, 2019, https://tcf.org/content/report/racism-inequality-

health-care-african-americans/#easy-footnote-bottom-16.

Smith, Noah. “From the Middle Class to the Working Poor, Millions in U.S. Count on Free Clinics.” *Direct Relief*, 12/February/2020, https://www.directrelief.org/2020/02/from-the-

middle-class-to-the-working-poor-millions-in-u-s-count-on-free-clinics/.

Taylor, Jamila. “Racism, Inequality, and Health Care for African Americans.” *The Century*

*Foundation*, 19/December 19/2019, https://tcf.org/content/report/racism-inequality-health-care-african-americans/#easy-footnote-bottom-16.

Williams, David R. and Rucker, Toni D. “Understanding and Addressing Racial Disparities in

Health Care.” *National Library of Medicine*, Summer 2000, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4194634/#b4-hcfr-21-4-075.