



Health care for children: a right or a privilege?

Written by Ruth C. White, Ph.D., M.P.H., M.S.W.

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Why is the U.S. the only industrialized nation that does not have a system for providing free health care to all its citizens? Why do its citizens allow capitalist ideology, such as tax breaks and privatization, to interfere with a child's basic human right to health? If children voted, our policies would reflect their interests. Instead, pharmaceutical and health-insurance companies seek to maintain their high profit margins and seven-figure CEO salaries by pushing their for-profit agendas and gambling with the lives of our children. What is government for, if not to protect the rights of children?

When private insurance tied to employment pays most of the health-care costs, those without means and those without jobs that provide benefits suffer until they can suffer no more, and as a last resort get their care from the very expensive hospital emergency room. With 9 million uninsured children, the U.S. was ranked by UNICEF's child quality-of-life study in the bottom third of 21 economically advanced countries in five out of six categories. The U.S. finished last in the category of health and safety, which was measured by infant mortality, low birth weight, immunization, and deaths from accidents and injuries. The State Children's Health Insurance Plan (SCHIP) was created to provide access to preventive and basic health-care services to children to improve child health outcomes.

What is SCHIP?

Begun in 1997, SCHIP provided up to \$24 billion in federal matching funds over 10 years to help states expand health-care coverage to more than 5 million uninsured children whose families did not qualify for Medicaid but were too poor to buy health insurance. The proposed, and presidentially vetoed, SCHIP expansion was passed by the Senate and the House and would have increased funding by \$35 billion (over five years); increasing national enrollment to 10 million children, up from 6.6 million — a significant increase in benefits for children.

Within broad federal guidelines, each state gets to decide the details: program, eligibility, services, payment levels, etc. However, new federal guidelines, which include requiring children to go without health-care coverage for one year before being eligible for SCHIP, inspired Gov. Gregoire to sue the federal government to overturn them. These guidelines will make it very challenging for states to expand eligibility.

Why say no to SCHIP?

When President Bush vetoed the popular SCHIP expansion, he clearly stated that he would not "federalize" health care. Instead, he argued, health-care services should be left to private industry, which would get incentives such as tax breaks (that means we pick up the tab) to expand health care to the children of the working poor. These are the same private industries that are at the root of the cost crisis in our health-care system. The president also thought that the income bar of approximately \$80,000 was too high and did not meet his "poverty" criteria.

The president's actions — and those of the Republicans who opposed the bill — raise many questions about U.S. health-care policy, especially as it relates to children:

1. Why is it OK to have "federalized" (i.e., free and public) education for all children, including those of billionaires, but not "federalized" health care for all children?
2. Why are all senior citizens guaranteed health care, but it is selectively given to children?
3. Why will Bill Gates get a federal pension, but a middle-class child cannot get federally funded health care?
4. Won't children "left behind" in health care also be "left behind" in education?
5. Increasing the price of tobacco reduces its use, and since tobacco users consume disproportionate health services, is it not cost-effective and good policy to have tobacco pay for health care for someone? Children perhaps? Anybody?

The opposition this bill has faced is reflective of an administration that talks about supporting children and families while acting against their best interest. It behooves me as a college professor of social policy to find any rationale that would

benefit the country, and not just its insurance companies and pharmaceutical companies, for making a policy decision that would deny preventive and early intervention health care to any child, let alone its poor ones. That it occurs at the same time we are funding (with seemingly no cost limit) death and destruction (to mostly poor youth) in some far-off corner of the world has added this issue to my "sometimes the world does not make any sense" column of social policy analysis; a column that has grown significantly in the past seven years.

Ruth C. White teaches social policy analysis and advocacy in the social work program at Seattle University.

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