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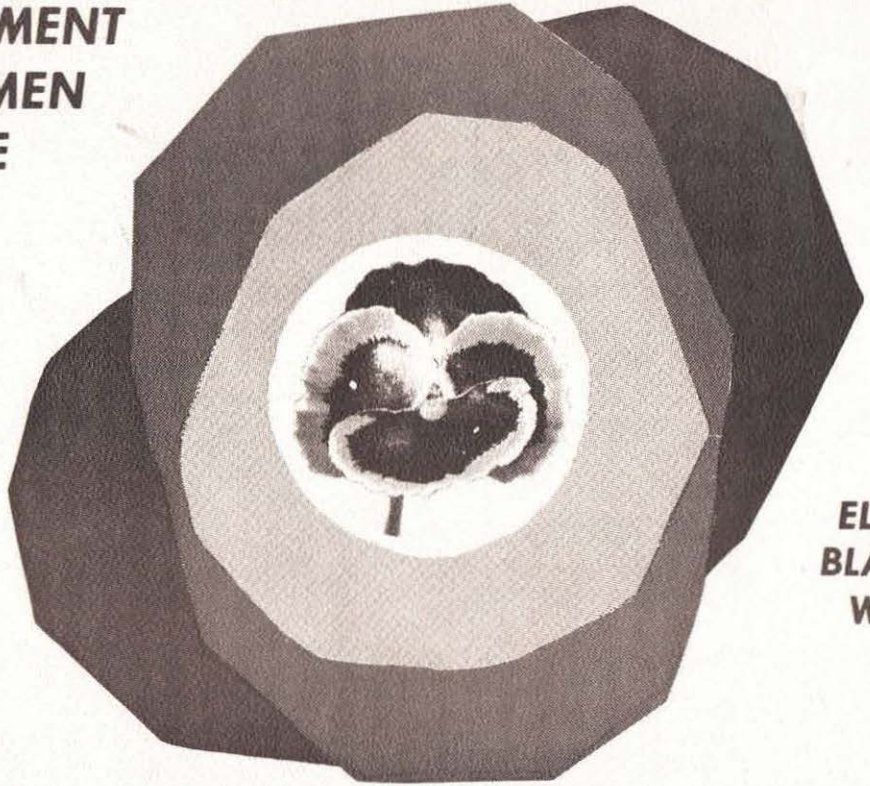
A STATEMENT ON WOMEN AND THE HEALTH CARE SYSTEM



BY THE ELIZABETH BLACKWELL WOMEN'S HEALTH CENTER

ELIZABETH BLACKWELL WOMEN'S HEALTH CENTER

OUR LOCATION:
Suite 303
730 Hennepin Avenue
Minneapolis, Minn 55403

OUR PHONE:
Area code 612
335-7669

SCHEDULE OF CLASSES -- 1977 - 1978

1. WELL BODY — Tuesday Nights
   **first aid*
   **preventative medicine*
   -nutrition
   -exercise
   Oct. 11, Oct. 25, Nov. 8.
2. BIRTH CONTROL AND ABORTION — Saturday Afternoons
   **three sessions*
   Nov. 26, Dec. 3, Dec. 10.
3. SELF-HEALTH — Thursday Nights
   **anatomy*
   **hormone systems and hormone therapy*
   **venereal disease and vaginal infections*
   Jan. 5, Jan. 19, Feb. 2.
4. POLITICS OF THE HEALTH CARE SYSTEM — Wednesday Nights
   **three sessions*
   **including sessions on rape and self-defense*
   Feb. 15, Mar. 1, Mar. 15.

ACCORDING TO POPULAR DEMAND, CLASSES MAY BE REPEATED ON DIFFERENT DAYS AND NIGHTS.

INTRODUCTION

Elizabeth Blackwell Women's Health Center emerged 4 years ago out of women's **concern** *about the deteriorating state of health care services, and* **determination** *to do something about it. From this beginning, an ambitious undertaking developed--with the aim of women working together to find solutions to the problems they faced in their health care experience. Through these years, a program evolved to meet this aim. Having evolved as a women's health center, the program has offered health care classes on a wide variety of topics, a comprehensive medical referral system, an accessible and well-informed speakers' bureau, research on particular areas of concern and recent developments in health care, an up-to-date research and lending library (including books, periodicals, and clippings file system) on topics in the areas of women and health care, distribution of current literature on these topics, meeting many consulting and advisory needs through phone contact and office visits, and during this past year a women's health Needs Assessment Survey as the basis for the future direction of our program.*

Through these years, a wealth of experience has been generated. We have made contact through our program with thousands of women--a cross-section ranging from early teens to middle aged women, single women, married women, women with and without children, housewives, and women in the work force. All of these women had something in common: **a serious concern about health care and dissatisfaction with available services within the health care system.** *That is generally why they came to Elizabeth Blackwell Women's Health Center.*

A brief summation of the past 4 years of Elizabeth Blackwell Women's Health Center's history. We have learned that we are not alone in our concern about health care and the inadequacy of the health care system. In fact, we have found few women who do not share these concerns. Women have particular health care interests, based on their particular reproductive functions as well as their responsibility for the health of children and of the family. This concern and responsibility for health care are frustrated by the declining quality of the health care they receive. In addition, their concern and responsibility are restricted by the inaccessibility of good quality health care. We have verified through our experience that good quality health care (1) is not economically available to all women, and (2) is also not accessible due to shortage of doctors as well as the lack of information available on what services are provided to meet particular needs (not to mention an evaluation of such services). In short, many women lack the necessary financial resources and information to afford them the quality health care to which all people are entitled. Furthermore, the medical system itself is simply not equipped as it exists to meet the health care needs of women.

In this STATEMENT ON WOMEN AND THE HEALTH CARE SYSTEM, *we will go further in analyzing the brief summation of the past 4 years of Elizabeth Blackwell Women's Health Center's existence, and thus describe the Center's plan of action.*

THERE ARE WOMEN WHOSE HEALTH PROBLEMS HAVE BEEN CAUSED BY THE HEALTH CARE SYSTEM ITSELF:

--women who could have had children, but who are sterile because of unnecessary hysterectomies.

--women who received irreparable physical and psychological damage due to harmful effects of birth control pills or an intra-uterine device (IUD).

--women who were given unwanted abortions, or who were barred from getting abortions they needed.

--Black, Latino, and Indian women whose health and lives have been damaged as they were used a guinea pigs for the preliminary testing of contraceptives which had not been proved safe and had not yet been released for "public" use.

--women who have had the wrong organs surgically removed, because the doctor failed to recognize that the problem was their IUD.

--women who have died of cancer because they were uninformed or couldn't afford to pay for regular visits to the gynecologist for periodic tests.

THESE PROBLEMS--AND MORE--ARE FRIGHTENINGLY COMMON.

THEN THERE ARE THE PROBLEMS THAT NEARLY ALL WOMEN EXPERIENCE IN THEIR CONTACT WITH THE HEALTH CARE SYSTEM:

--can't find a doctor you trust.

--have to wait weeks or months before getting to see your doctor.

--have to wait hours in a crowded waiting room.

--have unnecessarily painful exams.

--have a doctor withhold information--not tell you the whole story of what's going on.

--go to the doctor only to be told you have a "virus"--and then get a doctor bill for $20.

--are prescribed untested drugs and devices (although you may not know about this).

--are not treated by doctors with the respect you deserve.

--have doctors fail to take you seriously when you have information to offer about what you know about your body--or when you have questions.

--don't get enough information from your doctor to enable you to make sound decisions about your health care.

--have to go through the yellow pages to find a medical specialist--and aren't sure that the doctor you are calling is really who you want. Don't have the time or money to "shop around."

--call doctors in time of medical need, and are refused service, because you aren't their regular patient.

--are mis-diagnosed--so what is wrong with you goes untreated, or else the prescribed treatment doesn't work or causes other problems.

--don't know WHAT kind of birth control to use--what's safe? what's effective? who/what can you believe?

SECTION I:
AILMENTS OF THE HEALTH CARE SYSTEM

"To a large extent, health care means women's care. The number of women discharged from hospitals each year exceeds males by over 6 million."

John Alexander McMahon
President, American Hospital Association

But few women experience health care as women's care. Instead, women experience the high cost, limited access, and low quality of health care.

HIGH COST

It is no secret that the cost of health care in this country is rising at an explosive rate.

†The health care industry is a $140 billion per year business--reaping $2.6 billion per year in after-tax profits.

†Medical costs to patients are rising 2 to 3 times faster than any other goods in the economy.

†Doctors fees are expected to rise 13.5% in 1977--on top of their 13% rise in 1976.

†General Motors reports that the cost of health care now adds more to the price of a car than does the cost of steel--given the increasing cost of health insurance for G.M. employees.

†And in Minneapolis--hospital costs are jumping. In 1976:

-the average daily charge increased 16.9% (over 3 times the cost per day in 1965)

-the average charge per case increased 17.4%.

Where does this leave women patients? Caught in the crunch of inflation--women are hit hard by the escalating cost of health care. This financial pressure sharpens women's problem of finding decent health care which they can afford. It leaves women with no choice but to get medical care only in a crisis, when they or their children absolutely have to have it. Health care to maintain good health has become a luxury. Medical care to cure disease has become a burdensome necessity.

RISING HOSPITAL COSTS

MINNEAPOLIS HOSPITALS	12 months ending Sept. 30, 1976	12 months ending Sept. 30, 1975	Percent Increase
Room-board, per day	$ 81.75	$ 70.77	15.5
Ancillary, *per day	90.83	76.85	18.2
Total daily average	172.58	147.62	16.9
Average days stay	7.99	7.96	
Total average bill	1,378.72	1,175.13	17.3
Outpatient average charge	50.85	44.39	14.6
ST. PAUL HOSPITALS			
Room-board, per day	77.81	69.60	11.8
Ancillary,* per day	79.89	66.72	19.7
Total daily average	157.70	136.32	15.7
Average days stay	8.2	8.3	
Total average bill	1,296.27	1,125.41	15.2
Outpatient average charge	49.70	41.00	21.2

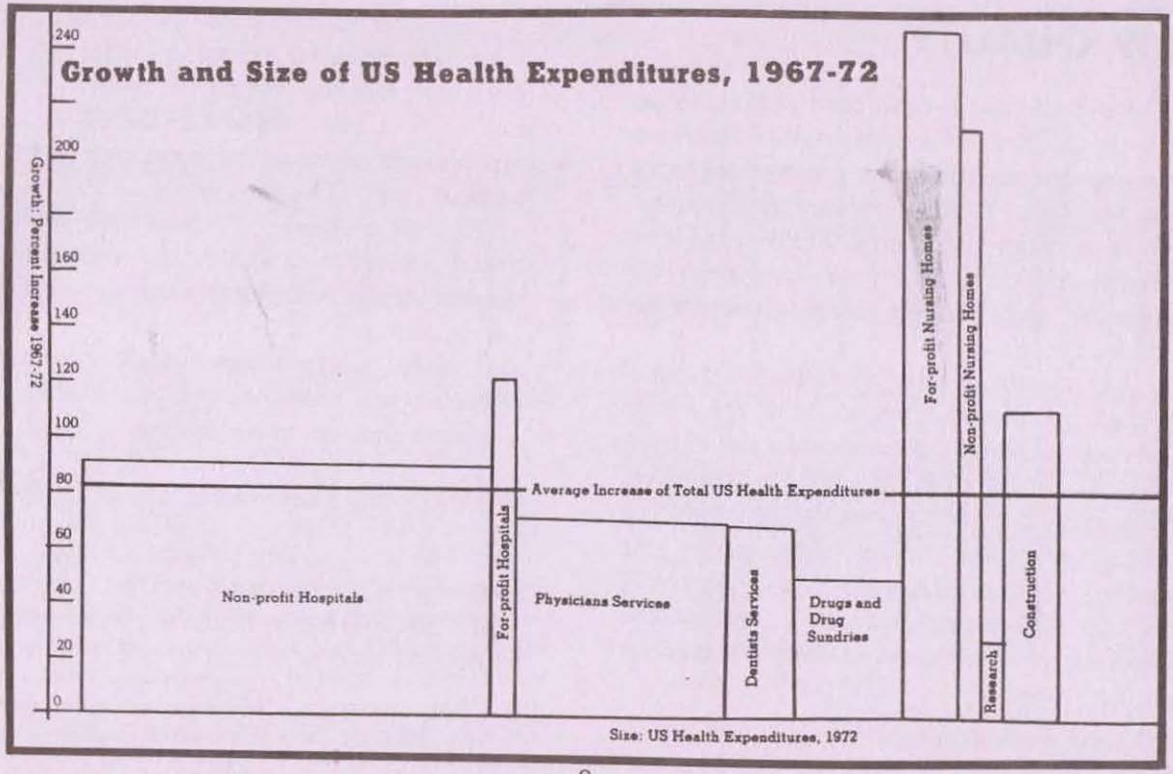
Source: Minnesota Blue Cross

*Ancillary charges are for all of the other things that appear on a hospital bill —such as lab fees, x-rays, operating-room charges, drugs and certain items of special care.

LIMITED ACCESS

In addition to high cost, it is hard for women to find the health care service they need. One reason for this is that there just aren't that many doctors to be found--especially if you are looking for a primary care doctor (one who handles routine health care needs). There is a shortage of primary care doctors and a surplus of surgeons in the United States. Surgeons total twice the number of primary care doctors. Limited access to doctors further limits women's access to health care maintenance.

Also, access is limited by lack of information on available health care services and on health in general. Medical professionals tend to hoard the information they have, keeping it from para-professionals as well as patients. Women don't get sufficient information to help them maintain the health of themselves and their family, and to help in determining when and what kind of medical care is necessary. Furthermore, when a woman seeks medical care, she is faced with lack of information on what's available and for what needs. What kind of doctor would suit her particular needs? A specialist? If so, what kind of specialist? Where can she find a reliable doctor--or one with lower fees? Especially in a crisis situation, she doesn't have the time to "shop around." She has no choice but to seek medical care wherever she can get it--a random doctor, a clinic, a hospital emergency room. So adequate health care is restricted and unplanned. Women are limited not only by the high cost of health care and shortage of doctors, but by lack of necessary information. They are thus unprepared to meet the basic need of good health care for themselves and their children.


Growth and Size of US Health Expenditures, 1967-72
Growth: Percent Increase 1967-72
240
200
160
140
120
100
80
60
40
20
0
Average Increase of Total US Health Expenditures
Non-profit Hospitals
For-profit Hospitals
Physicians Services
Dentists Services
Drugs and Drug Sundries
For-profit Nursing Homes
Non-profit Nursing Homes
Research
Construction
Size: US Health Expenditures, 1972

LOW QUALITY

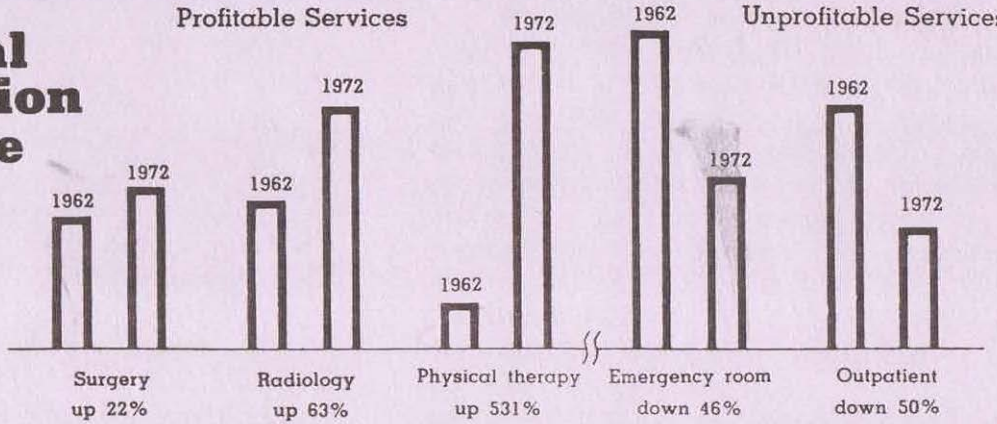
Although there have been technological strides in the field of medical care--women are becoming **less** *satisfied with the medical treatment they get. Despite the new (and expensive) technology, women's health problems continue to go undiagnosed or incorrectly diagnosed, and treated with incorrect or hazardous methods.*

The health care system is disease-oriented, not health-oriented. It is not geared to **prevent** *disease. What women are experiencing is a medical system that is expensive, haphazard, and crisis-oriented -- providing medical treatment which often misses the target of what is wrong with them; when it does hit the target, it aims at making the symptoms go away and repairing the damage that was done.*

Another aspect of low quality health care is its dehumanizing character--reflected overall in the priorities and structure of the health care system, right down to the attitudes of doctors who women face every time they seek medical care. This dehumanization not only affects the delivery of health care, but also affects women's attitudes about themselves. Women are encouraged to discount what they **know** *about their bodies and their health; this makes women less confident in taking responsibility for the family's health care, and more dependent on doctors.*

The root of the medical system's decay is the growing influence of the interests of **profit** *above people, and the inadequate protection of women from the effects of it. An*

Hospital Expansion Balance Sheet



When hospitals need to save money to pay for shiny new unnecessary facilities, they distort the practice of medicine in two ways: they cut back on services which lose money —which are also the ones most heavily relied upon by poor people—and charge illegal pre-admission deposits to exclude those who cannot pay; and they *overtreat* and *overhospitalize* those who *can* pay (or who are covered by some type of insurance), emphasizing acute hospital care to the exclusion of outpatient clinics, preventive medicine, and other services.

This graph illustrates how St. Anthony's Hospital in Oklahoma City increased profitable operations and cut back severely on money-losing ones.

—From an Oklahoma Consumer Protection Agency Fact Sheet

outrageous example of this is the Dalkon Shield scandal. The Dalkon Shield is an IUD which was pushed onto the market by a group of greedy medical professionals and businessmen. The Dalkon Shield was sold by the thousands as the modern ideal method of birth control for women who had not yet had children -- "safe and effective," women were told. But the Dalkon Shield had never been scientifically tested. It wasn't until after six years had passed, along with 17 reported deaths, and untold thousands of cases of irreparable damage to women's internal organs, that the government stepped in, and the Dalkon Shield was removed from the market by the drug corporation (A.H. Robins) which was marketing it. Yet millions of dollars were made from the sales of this device. This is just one of many examples which show: THE INTERESTS OF WOMEN DO NOT COME FIRST IN THE MEDICAL SYSTEM.

Even an individual good doctor has to work within the framework and limits of the medical profit-seekers. Doctors are subject to the supply of medical devices and drugs that exist, and the information that is available. Women have little choice but to depend on what is available and what is recommended. The systems set up to protect women patients are far from adequate.

Although it is at this point questionable whether quality health care is available to any *women--there is no question that many women are more limited in the health care that is available to them. Many women--low to middle income women--lack enough money for private doctors on a regular basis for health maintenance. Some of these women qualify for public assistance and are limited in where they can go for medical care, based on which health services will accept public assistance payments. Other of these women*

don't qualify for public assistance (because they're working, married, or for some other reason don't fall under low enough income levels) but still don't make enough money to allow for decent health care in this system. Some of these women have health insurance which may cover part of hospital care but seldom covers normal medical needs. All of these women are forced by financial limitations to forego necessary health care services. By no choice of their own--they seek medical care only when absolutely necessary, often in time of crisis, and often too-late. This is the target population of Elizabeth Blackwell Women's Health Center--women of low to middle income who are especially burdened by high cost/low quality health care.

The following section is an updated report on Elizabeth Blackwell Women's Health Center's Needs Assessment Survey, which is still in progress--revealing more specifically the experience with these problems of target population women.

SECTION II :
WOMEN'S HEALTH NEEDS ASSESSMENT SURVEY

PURPOSE: *The women's health Needs Assessment Survey was developed and implemented in order to more thoroughly and concretely define the health care needs and concerns of women who are part of our target population. It is on the basis of the findings of our survey that we have begun to redevelop the program of Elizabeth Blackwell Women's Health Center.*

To achieve our aim, the Needs Assessment Survey has been distributed to women where they work, and through community centers; it also has been taken door-to-door in the neighborhood bounded by Hennepin Avenue and Nicollet Avenue on the north and south, and by 24th Street and 32nd Street on the east and west. This area has the highest concentration of the target population.

To date, we have distributed several hundred surveys and have compiled and evaluated the results of over 100. A follow-up survey has been developed and is currently in the process of distribution. This survey further refines our focus on the health care problems, and more thoroughly pinpoints particular concerns which will become the basis of an actively responsible program.

The following is an overview of what we have found in our evaluation of the preliminary Needs Assessment Survey:

1) *The private doctor is used by more women than any other health care source. The second most popular source is the neighborhood clinic, followed by hospital emergency rooms.*

2) *The majority of women we interviewed were avoiding some type of health care due to cost being too high. Half of the women without children made this claim; while 2/3 of the women with children are not getting the medical care that they need--because of high cost.*

When women were asked specifically what they were avoiding because of cost, the most common response was some type of dental care. The next most frequently mentioned area of avoidance because of high cost was gynecology care (such as tubal ligations, pap smears, etc.).

3) *In stating why they think the cost of health care is so high, 1/3 of the women indicated that the reason is doctors getting too much money.*

4) *Of the teen-aged women interviewed, 80% have had sex education in school; and 60% of those who've had it did not get the information they wanted from the classes. This means that 68% of all these young women do not get adequate sex education in school.*

SELECTED RESULTS OF ELIZABETH BLACKWELL WOMEN'S HEALTH CENTER'S PRELIMINARY NEEDS ASSESSMENT SURVEY

	with school-age children	with pre-school children	with no children	total
WHAT QUESTIONS DO YOU HAVE ABOUT HEALTH CARE?				
1) cancer	21.0%	14.0%	20.0%	45.0%
2) vaginal infections	10.0%	8.0%	13.0%	31.0%
3) sexuality	8.0%	5.0%	13.0%	26.0%
4) menopause	17.7%	3.0%	4.3%	25.0%
5) menstrual periods	7.0%	4.0%	4.0%	15.0%
6) use of hysterectomy	9.5%	0%	5.5%	15.0%
7) venereal disease	3.0%	2.0%	10.0%	15.0%
HEALTH CARE SOURCES YOU USE:				
1) private doctor	17.0%	13.0%	13.0%	43.0%
2) neighborhood clinic	6.5%	19.5%	14.0%	40.0%
3) hospital emergency room	6.0%	14.0%	10.0%	30.0%
4) health maintenance organization	4.4%	7.2%	4.4%	16.0%
5) public health clinic	2.9%	4.3%	1.4%	8.6%
6) no medical care	1.4%	0%	4.3%	5.7%

	with school-age children	with pre-school children	with no children	total
ARE YOU SATISFIED WITH THE METHOD OF BIRTH CONTROL YOU ARE USING?				
1) satisfied	4.3%	5.7%	12.4%	21.4%
2) not satisfied	3.3%	8.1%	7.2%	18.6%
SERVICES AVOIDED DUE TO HIGH COST:				
1) are avoiding some service	21.0%	19.0%	24.0%	64.0%
2) are not avoiding service	10.0%	14.0%	12.0%	36.0%
a) avoiding dental care	10.0%	5.7%	7.3%	23.0%
b) avoiding gynecological care	------	------	------	9.0%
c) avoiding eye care	------	------	------	6.0%
d) other health maintenance	------	------	------	26.0%
WHY DO YOU THINK THE COST OF MEDICAL CARE IS SO HIGH?				
1) greedy doctors	10.0%	10.0%	10.0%	30.0%
2) expensive medical education	2.9%	2.9%	11.2%	17.0%
3) the American economy	------	------	------	14.0%
4) medical insurance	------	------	------	8.6%
5) medical equipment	------	------	------	8.6%

SECTION III: WHAT IS THE ROLE OF ELIZABETH BLACKWELL WOMEN'S HEALTH CENTER ?

Based on our evaluation of the problems in the health care system--and within the limitations of what can be done to alleviate these problems--the involvement of Elizabeth Blackwell Women's Health Center is demanded on two levels: **short-range assistance** and **long-range planning.**

By short-range assistance, we mean providing advice and support in health crisis situations (unplanned and immediate health care needs such as abortion, infection, rape, treatment of venereal disease, etc.). Examples of short-range assistance which we already provide are: our comprehensive medical referral system, pregnancy and abortion counseling and referral, rape counseling, V.D. referral, etc. These crises, which are being brought to the Women's Health Center more and more often, are attributed to the inadequacy of the health care system as it exists. Although providing assistance does not speak directly to the root of this problem, we take seriously our responsibility as a women's health center to help to the best of our ability with whatever immediate problems are brought to us. And our responsibility does not end with resolving these crises--which would be like treating the symptoms of the health care problem. In accordance with our responsibility to take steps to **cure** the problem--we are incorporating into our short-range assistance

the development, through follow-up and education, of a basis to prevent potential crises and their recurrence.

Based on our experience in the program and our evaluation of the health care problem, we conclude that long-range planning is most essential in alleviating the problem. This conclusion directs the focus of the program toward **preventative health care and planning.** *Examples of the implementation of this focus are: (1) health care classes and workshops which reinforce health care practices aimed at preventing the need for medical treatment (such as nutrition, hygiene, birth control, V.D. prevention, home remedies, safety and first aid, etc.); (2) classes and workshops geared toward young women in their teens to provide a basis for informed planning and prevention of health problems in their immediate lives and future years; (3) education on the care and health of infants and children (including such areas as nutrition, safety and first aid); (4) through community contact and outreach (such as the speakers' bureau)--developing relations with community centers and organizations and acting in the capacity of health consultants to expand the reach of our services and to provide a framework for ongoing education and follow-up; (5) continuing research to keep abreast of health care trends and innovations and to incorporate these changes in the content of our program (classes, advising, etc.); (6) ongoing collection and evaluation of data from our target population--as a basis of updating the focus of our program and tailoring it to fit the changing health care needs and concerns of women.*

Also in accordance with the **long-range planning** *for the Women's Health Center itself, we will soon be implementing a volunteer support program to ensure the ongoing vitality of Elizabeth Blackwell Women's Health Center's program.*

We are convinced that the long-range plan for curing the ills of today's health care system must include such a women's health care center as the Elizabeth Blackwell Center. Furthermore, this health center must be continuously developing to meet the ever-expanding needs in the area of women's health care. This means that Elizabeth Blackwell Women's Health Center must be constantly in tune with the health care problems of women--working hard to fulfill our responsibilities as a women's health center. It also means that those who share concern about health care must give what support they can to the life of Elizabeth Blackwell Women's Health Center. Together we can build those steps toward improved health care for all.