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Title: DON'T ADD TO HEALTH CARE GAP - VOTING TO END STATE AFFIRMATIVE ACTION PROGRAMS WOULD HURT HEALTH CARE FOR MINORITIES AND INCREASE COSTS FOR ALL
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Page: 15A

Michigan, like the rest of America, is plagued by intolerable health inequalities between whites and minority populations. Extensive research has documented that minorities have generally worse health, higher death rates and higher infant mortality rates, and are less likely to have access to care or to receive appropriate and effective care when they experience serious illness. And when one part of our population has poor access to health care, it tends to increase the cost of health care for all residents. High costs in turn may reduce the availability of important services, even for affluent patients. These problems are likely to get worse if Proposal 06-2 passes and affirmative action programs are eliminated. Existing health inequalities are related in part to differences in social circumstances between whites and minorities, including income, education, nutrition, environmental quality and housing. Minorities also face inequalities when they enter the health care system.!

A recent report by the Institute of Medicine revealed that white patients are more likely to receive higher quality and more effective care than black or Latino patients - even when the diagnosis, insurance coverage and social class of the patients are the same. Minorities also are less likely to receive basic, preventive health care services and more likely to live in communities where there are fewer health care providers.

One remedy for these problems is to increase the number of minority health care professionals. Minority patients tend to fare better when seeing a doctor whose race or ethnicity is the same as theirs, due primarily to more culturally sensitive interactions. Furthermore, doctors from minority groups tend to enhance access to the health care system for minority patients. African-American and Hispanic doctors are more likely than their white counterparts to enter primary care specialties, locate their practices in physician-scarce communities, and care for larger numbers of minority patients, especially those on Medicaid or the uninsured.

History has shown that the only effective way to increase the number of minority doctors and other health professionals is by pursuing race-conscious, affirmative action policies for admission to medical schools and programs such as nursing, dentistry, public health and pharmacy. Ensuring diverse student bodies in these programs also allows us to make certain that all health care professionals are trained in an environment that is sensitive to the specific needs of minority patients.

If Proposal 2 passes, the three public medical schools in Michigan, and most of the state's other health-profession training programs, can expect to see a steep decline in enrollment of minority students. Currently, many more qualified students apply to medical school each year than can be admitted, with the number of white students far surpassing the number of minority students. From all the qualified candidates, medical school admissions committees try to create balanced classes that will include the range of students needed to serve society's needs in the future.

Among the many characteristics they try to balance are race and ethnicity. If such committees could no longer use race or ethnicity in their admissions decisions, based on probability alone the number of minority students would fall. Proposal 06-2 would

also outlaw other means medical schools use to attract more minority students, such as outreach, academic preparation and mentoring programs aimed specifically at talented minority students.

Before 1960, fewer than 4% of U.S. doctors were minorities. Starting in the 1970s, and continuing for more than three decades, Congress and American medical schools established affirmative action policies to increase minority student enrollment. As a result, minority students now comprise 12% of all medical students.

The only significant declines in minority admissions to medical schools since 1990 occurred after the passage of two anti-affirmative action ballot initiatives in California and Washington. These two initiatives, both of which outlawed affirmative action in public universities, dramatically decreased the numbers of minority medical students. Modeled after California's Proposition 209, Proposal 06-2 would have the same effect on Michigan's health professions schools.

The facts are clear. All of us should be deeply concerned about the potential for Proposal 2 to harm the quality of health care for Michigan citizens.

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