

Preface

As a physician, I have been trained to take care of each person's medical issues as I see them, and consider the ethnic, cultural, economic, and demographic issues primarily as they relate to the medical concerns. Even though my career has been focused on the medically underserved. Even though I have a degree in public health, and despite what I teach my students.

What the editing of this book has reminded me is how important it is to consider our patients collectively if we are going to be effective in the long run. We can take care of patients through our days, our years, our entire careers, and still not affect the system that helps to perpetuate the conditions in which our patients find themselves.

As a physician, one learns to compartmentalize, and at times this is a useful strategy in taking care of patients. But it allows us to too easily separate ourselves from our patients and their conditions, to think of them and us.

There are very few of us in the United States who are far away from the possibility of no medical coverage. That we are the only developed country that is in this position, and over 25% of our residents are without any medical coverage insurance, is shameful. It is about us, and we all must do more to correct these inequities. There are sufficient resources in this country to accomplish the goal of health care for everyone. What we lack as a country is sufficient political will.

Some other lessons I have learned or been reminded of in this editing process:

What we have written is a snapshot in time. The past influences the future, but we cannot dwell on it. We have to consider what the most effective means are to provide care to the medically uninsured, and move forward.

Among medically uninsured populations, the diversity is as significant as the commonalities. There is no single fix.

Regardless of a patient's background, the single most important tool we have in taking care of the medically uninsured is the development of a medical "home" which patients can identify as the place they can come to get care. What is a medical home? Nancy said it best. Where you are respected and cared for as the person you are, not the circumstances that have placed you in the position you are in. I am convinced it is from this concept that a viable system can be developed.

As Dr. Cullen's chapter on information technology points out, what is required is not just a new electronic system that follows the patients, but a new language that creates and defines a system that can appropriately care for the patient. What we design for the complexities of caring for the medically underserved can serve as model for caring for everyone in this country.

Many innovative, bold, and wonderful solutions have been developed as local/regional models. As communities and states we can learn from, and support, each other. But the local models are not, by and large, self-sustaining. Ultimately, solutions to the lack of medical insurance in this country will require a national perspective, and federal funding. That is part of the work we all must do, and Dr. Dalen's chapter points out some of the possibilities and pitfalls other countries have experienced.

When I wonder how the system we have hasn't already collapsed from its own weight, I just need to look at the people working within it. Healthcare is a service industry, and we have been blessed with professionals who understand and live the concept of service in their daily lives, who go the extra mile for the patient despite the vagaries, the barriers, and the sometimes mean spiritedness of the organizational infrastructure. At times I look at the ascending generation and wonder if they have the heart, the vision, the courage, the resolve, and the tenacity to even continue to try to weave new thread in this patchwork quilt of a healthcare system. But then I look at the young workers at Nancy's clinic, or my own students, and my heart is filled again with hope.

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