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NATIONAL COUNCIL OF LA RAZA

MEMBERS:	Umbrella organization for 150 affiliated Hispanic Community-based organizations.
REPRESENTS:	Largest constituency-based national Hispanic organization which improves life opportunities for Hispanic Americans through applied research, policy analysis and advocacy, capacity building assistance for community organizations, public information and special projects. Their programs reach over 2 million Hispanics annually.
TODAY'S SPEAKER:	Raul Yzaguirre, President
SCOPE OF INFLUENCE:	Strongest in CA, AZ, TX, IL, respected on data collected
APPROACH TO REFORM:	Favored single payer.
SUMMARY OF POSITION:	Health care reform must address demographic and socioeconomic conditions of Hispanic Americans. Should reduce structural elements and policies that create barriers to access to both the private and public insurance systems for Hispanic Americans. Universal access is key but special outreach efforts are necessary to ensure real access for this population which often shies away from contact with official offices.
POSITION ON PLAN:	Noncommittal
INTERACTION W/ TASK FORCE AND WORKING GROUPS:	Transition
PET ISSUES:	Universal access, culturally-oriented outreach to promote use of services especially primary care, immigrant health, community clinics, health insurance red lining. National Health Service Corps.
HOT BUTTON ISSUES:	One size fits all plan insensitive cultural and socioeconomic differences. Concerned about lack of research into Hispanic health issues.

NCLR
NATIONAL COUNCIL OF LA RAZA

RAUL YZAGUIRRE

Raul Yzaguirre is one of the most widely recognized leaders in the Hispanic community. For over 35 years, he has been among the chief national advocates for Hispanic Americans. Today, as President of the National Council of La Raza, the largest national constituency-based Hispanic organization, he continues his mission to improve opportunities for Hispanic Americans.

A lifelong community activist, Mr. Yzaguirre was born in the Rio Grande Valley of South Texas in 1939. He began his civil rights career at the age of 15, when he organized the American G.I. Forum Juniors, an auxiliary of the American G.I. Forum, an Hispanic veterans organization.

After graduating from high school in 1958, Mr. Yzaguirre served four years in the U.S. Air Force Medical Corps. In 1964, he founded NOMAS, the National Organization for Mexican American Services. A proposal he wrote for NOMAS helped sensitize the Ford Foundation to Hispanic needs and led to the creation of what is now the National Council of La Raza.

In 1966 Mr. Yzaguirre received his B.S. from George Washington University, and became a program analyst at the Migrant Division of the U.S. Office of Economic Opportunity (OEO). In 1969, Mr. Yzaguirre founded Interstate Research Associates (IRA), the first Mexican-American research association, which he built into a multi-million dollar nonprofit consulting firm.

Since joining NCLR in 1974, Mr. Yzaguirre has helped it become the largest and most respected national Hispanic organization. He is a nationally recognized leader and expert in the fields of civil rights, immigration, community development, and the socioeconomic status of Hispanic Americans.

Mr. Yzaguirre is currently serving as the Chairperson of the Independent Sector, a nonprofit coalition of over 850 corporate, foundation, and voluntary organizations. He serves on the Board of Directors of numerous organizations, including the Enterprise Foundation and the Hispanic Association for Corporate Responsibility. In 1991, he was named by President Bush as a member of the President's Advisory Commission on Educational Excellence for Hispanic Americans.

Mr. Yzaguirre has been honored on many occasions for his work. In 1979, he was the first Hispanic to receive a Rockefeller Public Service Award for Outstanding Public Service from the Trustees of Princeton University. He received the Common Cause Award for Public Service in 1986. In 1989-90, he served as one of the first Hispanic Fellows of the Institute of Politics, at the John F. Kennedy School of Government at Harvard University. In 1993, Mr. Yzaguirre received the Order of the Aztec Eagle, the highest honor given by the government of Mexico to non-citizens. He is also the recipient of the Martin Luther King, Jr. Medallion in recognition of his contribution to civil and human rights. He was first listed in *Who's Who in America* in 1980.

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NATIONAL COUNCIL OF LA RAZA

Statement of

The National Council of La Raza

on

ASSURING ACCESS TO QUALITY HEALTH CARE FOR THE UNDERSERVED

Presented to

The President's Health Care Task Force

by

Raúl Yzaguirre
President

National Council of La Raza
810 First Street, N.E.
Suite 300
Washington, D.C. 20002

March 29, 1993

I am Raúl Yzaguirre, President of the National Council of La Raza, the largest constituency-based national Hispanic organization. I am here on behalf of NCLR and its national network, which serves two million Hispanics each year. The question I have been asked to address -- How can we assure that the underserved have access to quality health care, given the need to control costs? -- is at the very core of the health reform debate.

Health care reform has become a national imperative because a majority of Americans now consider themselves to be underserved -- or in danger of joining that category. The challenge is to develop a health care system that satisfies the new underserved while at the same time offering essential and equitable services to the traditionally underserved -- and to control costs at the same time.

Let me focus on the traditionally underserved. They are the uninsured, the working poor and the working class, the unemployed, female-headed households, children, migrant and seasonal farmworkers, the limited-English-proficient, and the homeless. They most often live in inner cities or rural areas. Hispanics are overrepresented in all these groups.

The underserved are typically uninsured or underinsured. By every measure, Hispanics are more likely to be without health insurance, public or private, than any other major population group. This is true regardless of gender, age, or state of residency, and irrespective of family, income, or employment status. In 1991, nearly one in three Hispanics had no health insurance, compared to one in five Blacks and one in eight Whites.

Policy makers often assume that plans devised to address the needs of a particular low-income population, such as inner-city Blacks or rural Whites, will equally serve all poor people. There are many common factors. But different groups are underserved for different reasons. Hispanics are often uninsured because they are the "working poor" -- or family members of the working poor. Because they work, they do not qualify for Medicaid, but their low-wage jobs provide no health benefits.

Critical considerations in assuring equitable and adequate health care for Hispanics -- and for many other underserved populations -- include the following: universal coverage, an adequate benefits package, and elimination of major non-financial barriers.

Universal coverage for all residents of this country -- including the Island of Puerto Rico -- must be the goal of national health care reform, whatever the structure of our health care system. NCLR is particularly concerned with how -- and when -- any proposed plan would cover the working poor, female-headed households, children, and the undocumented. We worry that cost considerations will delay the phase-in of some groups for years -- and that America's commitment to include them at all will disappear in the interim.

Let me say a few words about the undocumented. I do not want to focus inordinate attention on this relatively small group rather than on the many times larger group of underserved U.S. citizens and legal residents. However, there are several compelling reasons why undocumented residents should be included in a "universal" health care system.

It is first and foremost a public health issue. Many families include both documented and undocumented members. If a U.S.-born child tests positive for tuberculosis, are we going to deny testing or treatment to her undocumented mother? Denying immunization to undocumented children or early diagnosis and treatment to their families can create serious public health hazards for all Americans.

Cost factors are usually the major basis for excluding the undocumented. The data, however, suggest that insuring the undocumented would cost somewhat less per family than insuring the general population, since the undocumented are relatively young, with a very high labor force participation rate.

Finally, in order to deny health coverage to the undocumented, we may end by denying it to millions of citizens and legal residents who fit immigrant stereotypes. We simply cannot afford to ask health care providers to serve as immigration agents; they will make too many mistakes. This is one lesson we have learned from employer sanctions.

Benefits packages are a second major concern. There must be a basic but comprehensive package of benefits available for all. NCLR could support taxing supplemental benefits in order to finance an adequate minimum benefits package. If we are to have a two-tiered system, let us be sure that the lower tier provides for adequate health care. The basic package must include primary and preventive services. Long-range cost containment requires great improvements in immunizations, prenatal care, and early diagnosis and treatment of acute and chronic diseases. We will have to pay now but we will reduce costs later.

Non-financial barriers are also critically important. Some barriers to equal access and high quality health care cannot be eliminated through finance reform. A national health program must address the needs of all populations for culturally competent care -- for services delivered in an environment in which they feel comfortable.

Health reform must set in motion a plan for addressing the unequal distribution of health care workers, especially physicians. More health care professionals must be attracted to inner cities and rural areas. For example, in El Paso, Texas, only 30 of 800 physicians -- 4% -- practice in the poorest part of the city, which houses one-third of the city's population. There are only two federally funded community health centers in the entire county. NCLR strongly supports the expansion of public financing or loan forgiveness based on community service by health care workers. The United States should consider a universal period of "payback" community service -- as is a condition for physician licensing in many Latin American countries.

The lack of Hispanic or Spanish-speaking health care professionals is a serious problem. Health reform must expand education and training programs and placement opportunities for Hispanic health care workers at every level. NCLR encourages innovative and appropriate use of foreign medical graduates, particularly from Latin America, to help alleviate the great shortage of Spanish-proficient health professionals in areas where Hispanics are concentrated.

Access also requires a health care system which retains coverage regardless of changes in employment status or state of residence. NCLR strongly recommends national minimum standards and requirements to avoid major state-by-state differences in coverage or benefits packages.

We are aware of the focus on managed competition, and are concerned that it may be difficult to implement in some rural areas and inner cities. To guarantee access to health services for residents of such areas, and to help assure culturally competent services, NCLR urges alternative health delivery systems. We need to use and expand community and migrant health centers. We need innovative outreach to assure that people get the services they need.

Finally, there is the question of **cost containment.** In the long run, a major emphasis on preventive health will save treatment costs; failure to make this investment immediately dooms us to ever-increasing costs for years to come. Similarly, hospital costs for some patients in their last weeks of life could be prevented by including coverage for at-home and hospice care, so people could die in dignity. NCLR supports administrative simplicity, particularly with regard to paperwork. We also believe that tort reform may help. Many different approaches must be used together.

NCLR recognizes the immense challenge of crafting a health care system that can address public needs and expectations within acceptable cost parameters. This can be accomplished only if Americans accept fundamental changes in how this country delivers and receives health care. For NCLR, the bottom line is universal coverage. Every U.S. resident must be able to count on a reasonable minimum level of preventive and primary health care. We look forward to working with you to make this goal a reality.