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In the News

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Will the Health Sector Withstand Tough Economic Conditions?

Kimberly Hodgman

With growing anxiety over unemployment rates, lawmakers and job seekers hunt for industries that promise both growth and job security. The health care sector ranks high as one of the most secure industries.

Seeming resilient to the downturns of the economy, the Bureau of Labor predicts that the health care sector will add 3 million jobs between 2006 and 2016 despite the monumental job cuts in other sectors. For decades, the job pool could not keep up with the demand and hospitals even searched outside the United States to fill positions.

With statistics like these, it is no wonder that President Barack Obama has targeted the health sector for investment in both job training and job creation. On February 19, 2009, President Obama signed the *American Recovery and Reinvestment Act of 2009* (H.R. 1) dedicating \$59 billion for investment in the health care sector. The bill specifically marked \$500 million for the training and education of health care professionals to alleviate shortages.

Still, it is not all sunshine and rainbows for the health care industry. With a rise in unemployment, doctors are treating more uninsured patients. Likewise, the declining stock market has yielded lower dividends for hospital investments. Furthermore, patients are declining to proceed with elective surgeries. These three factors have contributed to lower fiscal performance of some hospitals leading to cutbacks and hiring freezes.

Individuals hoping to grab one of the coveted health care jobs should expect more competition in the future. Federally funded access to training will contribute to a larger applicant pool. With the uncertainty of the economy many current employees are reluctant to leave their positions, resulting in decreased attrition and lower demand for employment.

The Economic Crisis' Effect on Obesity

Kristen Barry

The Federal Centers for Disease Control and Prevention recently reported that while a third of Americans are obese, this number has shown signs of stabilization. The downturn in the economy has lead many researchers to fear that this number will begin to rise as American's put on what has been referred to as "recession pounds."

In the current economic climate individuals have cut back on the amount they spend on food. Cutting back on the cost of groceries often means cutting back on the quality of food. Fresh fish, fruits, vegetables, and whole grains can cost a person up to three times the amount they would spend on the caloric equivalent processed foods, high in fat and sugars.

In addition to a healthy diet, a person needs to exercise to prevent obesity. The cost of joining a health club or athletic group is money that many Americans no longer have or can justify spending when they are unsure of when their next paycheck will come. The emotional and physical stress that economic uncertainty causes may prevent people from exercising, leaving them with no energy to maintain a nutritious diet.

During late 2008, when most stocks were crashing, stocks of fast food companies were outperforming predictions. McDonald's reported increased sales globally in the third quarter of 2008, while the organic grocery store Whole Foods had a substantially lower sales increase than in 2007. Amidst all the dark predictions of obesity during the economic crisis, some experts suggest that this is an opportunity for Americans to revamp their unhealthy eating habits by consuming less and cooking at home.

The Suleman Octuplets: Raises Questions about the Need for Responsible Reproduction

Megan McCarthy

With the power and ability to manipulate reproduction comes responsibility and accountability on the part of patients and doctors. On January 26, 2009, Nadya Suleman gave birth to octuplets, resulting in only the second set of octuplets born in the United States. After the news of this medical wonder was released, several startling facts about Ms. Suleman came to light. When 33-year-old Suleman was implanted with six embryos through in vitro fertilization that resulted in her octuplets, she already had six children ranging in age from two to seven, no clear source of income, no husband, no home of her own, and was receiving government assistance. Suleman lives with her mother in a home that has gone into mortgage default, three of her older six children are receiving disability benefits, and the family receives \$490 each month in food stamps.

Suleman's case raises questions about the lack of regulation covering doctors and clinics that provide fertility services. Giving birth to extreme multiples comes with tremendous risks for both the mother and the babies. Multiple-birth pregnancies place a mother at high risk for premature labor and delivery, and they put the babies at an increased risk for brain injuries, underdeveloped lungs and intestines, cerebral palsy, and several other lifelong medical and developmental disabilities. Medical guidelines provide that women under the age of 35 should not be implanted with more than two embryos "in the absence of extraordinary circumstances." Even though these guidelines state that implanting more than 2-3 embryos is risky and outside the scope of acceptable medical practice, Suleman was implanted with six.

While organizations like the American Society for Assisted Reproductive Medicine and the Society for Assisted Reproductive Technology provide guidelines for fertility doctors to follow, these guidelines are not legally enforceable. Suleman's case raises the question of whether physicians should screen their patients and take into account whether prospective mothers or couples may have any feasible means of supporting their children. A basic consideration of whether the parents can financially support their children is one factor that could be a minimum requirement for fertility treatments, though implementation of this policy is likely to face great opposition.

Recent Statistics on HIV/AIDS in the District of Columbia Show that it is a City-Wide Epidemic

Molly Conway

In February 2009, the District of Columbia ("the District") Department of Health released the 2008 HIV/AIDS epidemiology update report. This report found that three percent (n=13,466) of the District's residents are known to currently live with HIV/AIDS – a figure that is 22% higher than in 2006. Comparatively speaking, the U.S. Centers for Disease Control and Prevention (CDC) define an HIV/AIDS epidemic as severe when it exceeds one percent of the residents in a given geographic area. This figure is higher than in West Africa and is similar to Kenya and Uganda. It is expected that the number of afflicted individuals is between one-third and one-half higher because many individuals are not aware of their status.

The gender and race combination with the highest rate of HIV/AIDS is African American males; the age group with the highest rate of the virus is 40-49 – both groups are around seven percent. About three percent of African American women and Caucasian men, respectively, currently live with HIV/AIDS. The lowest rate of HIV/AIDS is in Caucasian women who are at two-tenths of a percent. The transmission of HIV/AIDS occurred most often in male homosexual relationships, heterosexual relationships, and intravenous drug use.

The District is divided into eight wards. Each ward averages around two percent of their respective population living with the virus (although twenty percent of individuals who tested positive did not record the ward in which they reside), with the exception of Ward 3 – notoriously the wealthiest ward in the District. Of the over 13,000 individuals living with HIV/AIDS, about 1,200 are homeless (n=401) or incarcerated (n=891), as of the time of testing.

A brief glimpse at the correlation between socioeconomic status and HIV/AIDS is seen from the ward statistics. In 2009, the District will perform more targeted studies to determine which subgroups are most afflicted. It is apparent, however, that this is a city-wide epidemic, one that cannot be attributed solely to an individual's socioeconomic or racial background.