“Mama Might be Better off Dead: the Failure of Health Care in Urban America”

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Book Review:

Urban Health Care: Unaffected by Time?
“Mama Might be Better off Dead: the Failure of Healthcare in Urban America,” by Laurie Kaye Abraham was written in 1993, but it is easy to confuse many of the events with urban healthcare today – nearly 20 years later. This book tells the story of urban healthcare by following a family from Chicago’s North Lawndale neighborhood for one year. It began as a series of articles for The Chicago Reporter. Abraham had written about health care for years, but telling the Banes’ story was like seeing health care in urban America for the first time. She wrote about the experience in the introduction.

“As a reporter who has covered public health first for a socioeconomic medical newspaper and then for an investigative publication focused on race and poverty, I had written repeatedly about the big picture: high infant mortality rates, the surging uninsured population, the scourge of AIDS. Only by following a family for an extended period of time, however, was I able to get beyond the one-time tragedies and endless flow of health statistics that make the news and begin to understand the oft-repeated phrase ‘lack of access to care.’” (2)

Abraham’s in-depth look into urban America’s health care system leaves the reader certain of what they may have already questioned - the system is broken. In this book, she not only takes the reader through the system, she gives those affected by the brokenness a face and a name. Throughout the book she used the word ‘patchwork’ to describe the health care urban families were able to receive.

“Because the United States does not provide a basic level of health care to all its citizens, the country is left with a patchwork of state and federal programs among which inconsistencies are inevitable. People are divided into groups and subgroups, and then divided again. Administrative costs consume up to a quarter of America’s health care spending (public and private), whereas they add up to no more than 11 percent in Canada.” (2)
Abraham explained that the discontent of the middle class led to a movement of health care reform in the early 1990’s. In fact, former President Bill Clinton and U.S. Senator Harris Wofford both won campaigns run on the platform of health care reform. (1) According to Abraham, there was no lasting reform. The measles outbreak of 1989 is an example. When discussing the outbreak, Abraham compared the U.S. to the third world. Jackie did not get her youngest daughter, Brianna, vaccinated that year, but she somehow avoided the outbreak that killed nine people and sickened two thousand Chicago residents. Most of them were poor minority children.

There was no real reason for Jackie to miss the appointment, other than the burnout she experienced from keeping her family alive, but people like Jackie were often blamed for their health problems. According to Abraham, the system is the true culprit. “If government child-health programs are to work, they must reach out to poor parents or at the very least ensure that getting care is relatively straightforward…in Chicago, the most visible culprit is the city clinic system.” (168) As of 1993, 90 percent of children in Algeria and 70 percent of children in Uganda were vaccinated by their first birthday. At the same period in Chicago, less than half of poor minority children were immunized by their second birthday. (178) Although Brianna avoided measles that year, the Banes family spent much of their time in the emergency room. The emergency room, as Abraham put it in chapter six, was a symptom of a diseased health care system, while at the same time a makeshift cure for what ails it. (96) The Banes family were regular visitors of Mount Sinai, and like other poor minorities, used the ER for many reasons, but the biggest reason of all was a lack of access to primary care. Families like the Banes did not have insurance, or were on programs like Medicare or Medicaid and often waited until their health got so bad that it was truly an emergency. Many of them did not have access to
transportation and saw the ambulance as a way to physically get to the doctor. For instance, Robert could not get to his tri-weekly dialysis appointments very easily. He had to wait for a car paid for by Medicare. In order to receive this ride, Jackie had to wake up at 6 a.m. to put in a phone call to the agency and then wait for them to call her back, sometimes up to three hours.

However, Cora was in the worst position of any of the Banes family members. By the end of the year Abraham spent with the Banes family, Cora had spent close to 100 days in the ER and lost both legs to complications from diabetes. The doctors would send her home without addressing Jackie’s concerns, such as the gangrene in Cora’s foot that eventually led to amputation. Although she was in the ER for the better part of a year, the doctors continually did not treat her real ailments. For many people in the city, the ER often acted as a homeless shelter. The emergency room doctors did not recognize Cora’s depression, which grew worse after the amputation of her second leg. It was around this time that Jackie started experiencing burnout and stated, “Sometimes it seems like Mama might be better off dead. You want it, but you don’t.” (166)

Abraham wrote “Mama Might be Better off Dead” 20 years ago, but readers can drive down Ogden, through the streets of North Lawndale, and see a similar situation today. In a recent Reader article titled “Deadly Poverty” by Steve Bogira, he laid out how poverty affects the health of Chicagoans today, and it’s not just homicide killing today’s Coras and Roberts.

“When it comes to the leading causes of death in Chicago (cancer, heart disease, diabetes-related illnesses, stroke, and unintentional injury), the mortality rate in the five poorest neighborhoods—Riverdale, Fuller Park, Englewood, West Garfield Park, and East Garfield Park—was far higher than in the five least-poor neighborhoods—Mount Greenwood, Edison Park, Norwood Park, Beverly, and Clearing. For diabetes-related deaths, it was almost double;
for unintentional injury, it was more than double. The infant mortality rate—the rate of death in the first year of life—was two and a half times as high. And the death rate from all causes was 60 percent higher than in the wealthier counterparts, and 43 percent higher than the citywide rate.”

Abraham leaves her readers with the conviction that health care reform is necessary, while at the same time questioning if it is possible. Will the families of North Lawndale have to wait another 20 years to see it?