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Columns

The growing schism between red and blue states and its effect on healthcare for women

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The SchwartzReport tracks emerging trends that will affect the world, particularly the United States. For EXPLORE it focuses on matters of health in the broadest sense of that term, including medical issues, changes in the biospere, technology, and policy considerations, all of which will shape our culture and our lives.

Thirteen years ago, after tracking what I saw as an emerging trend in American culture, I wrote in these pages, "Do you sense the schism occurring in the United States? Not just the red and blue of politics, although that comes into it. Something deeper, a shift that is producing two very different reactions. Can you feel the ground moving? The zeitgeist of one population is grounded in fear, resentment, anger and a sense of loss. It is theologically conservative, politically rigid, and exclusionist. The other population holds a sober realization that great change is coming, but also the sense that it offers at least the putative opportunity to create a more stable life-affirming culture. It is theologically and politically accommodating, and inclusionist.

"We all have a vested interest in this schism and the struggle it has produced, not only because through our choices we are its source, but because we will live with the consequences of the decisions made over the next few years. What is particularly concerning is the obsession amongst the population driven by fear with willful ignorance. Yet it cannot be denied that this is an essential attribute of its worldview. Only by denying a fact-based world can this perspective be maintained. Most of human history can be seen as a striving for deeper understanding. Science is the highest manifestation of this impulse, perhaps because it is the most objective manifestation. Yet now in the 21st century we see its antipode emerge — a deep denial of science and the fact-based view of the world. Science, from this perspective, is just another political position, competing in the marketplace of ideas as a political theory."[1]

Since I wrote those words in 2010, the rise of the MAGA world has made all aspects of what I think of as The Great Schism Trend far worse. It is literally creating two quite different countries. I could make this same argument on a dozen state vs. state trends.

First I want to place this entire discussion in its proper context. We don't have a healthcare system whose priority is health and wellbeing. We have an illness profit system, the most expensive system in the world. Check any aspect of American healthcare you like: infant mortality, maternal mortality, life span. Anything you like. Compared with other developed democracies America ranks as the worst healthcare by all factual measures but one, profit. I have written about this for years in these pages.[2,3] Now I think the Covid pandemic and the Dobbs Supreme Court decision have brought the failings of American healthcare into full focus. And within the totality of American healthcare another defining trend has emerged: the differences between states under Republican governance and those under Democrat governance. The effects are most notably seen in the healthcare of women and even girls. That is what I am going to focus on here.

Start with the professional personnel who provide healthcare in the U.S. illness profit system. According to an AMA study published in April 2022, "The U.S. faces a projected shortage of between 37,800 and 124,000 physicians within 12 years, according to The Complexities of Physician Supply and Demand: Projections (From 2019 to 2034)", stated a report released by the Association of American Medical Colleges (AAMC).[4] This shortage particularly affects people in rural areas in Red states, a first illustration of the Great Schism Trend of Red and Blue.

Professor Eric Reinhart, a physician and anthropologist at Northwestern University, looking from within the system, described what he sees in an Op-ed in *The New York Times*. I am in full concurrence with what he is says about the "burnout" medical personnel are experiencing. A multi-institution team led by Tait D. Shanafelt of the Mayo Clinic undertook the first nationwide study of the effect such a system has on the physicians who work within it. They reported:

> "Of 27,276 physicians who received an invitation to participate, 7288 (26.7%) completed surveys. When assessed using the Maslach Burnout Inventory, 45.8% of physicians reported at least one symptom of burnout. Substantial differences in burnout were observed by specialty, with the highest rates among physicians at the front line of care access (family medicine, general internal medicine, and emergency medicine). Compared with a probability-based sample of 3442 working US adults, physicians were more likely to have symptoms of burnout (37.9% vs 27.8%) and to be dissatisfied with work-life balance (40.2% vs 23.2%) ($P < .001$ for both)." [5] And since that time, the Burnout Effect has only grown worse.

What stood out for me was that Reinhart recognizes the role of physicians in this system and calls on his colleagues to join together in the restructuring of healthcare focused on promoting wellbeing as a top priority.

"It's revealing to look at the crisis among healthcare workers as at least in part a crisis of ideology—that is, a belief system made up of

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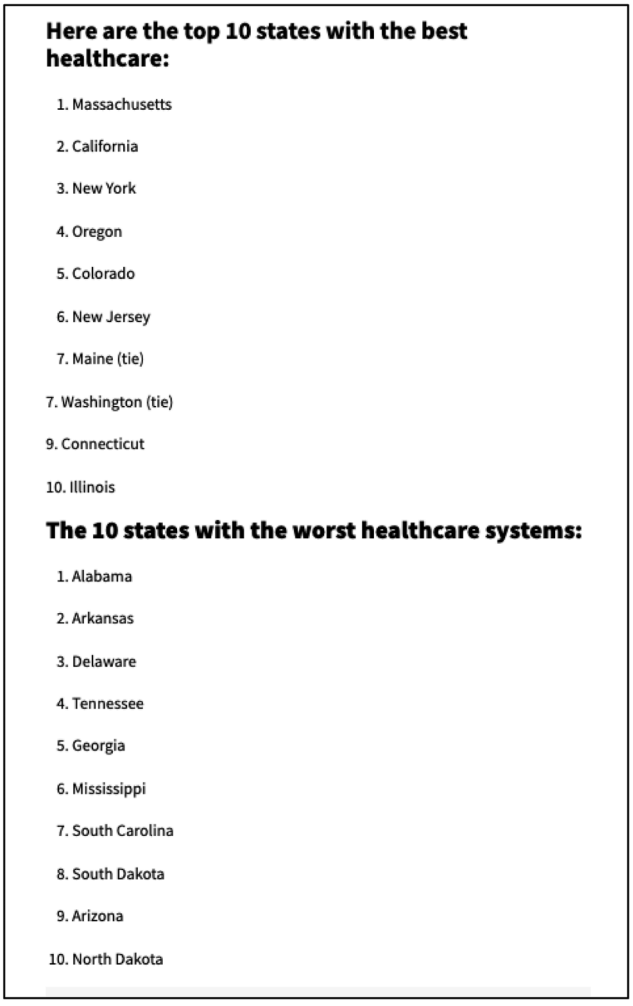

Fig. 1. Credit: Governing.

interlinking political, moral, and cultural narratives upon which we depend to make sense of our social world. Faith in the traditional stories American medicine has told about itself, stories that have long sustained what should have been an unsustainable system, is now dissolving.

"During the pandemic, physicians have witnessed our hospitals nearly fall apart as a result of underinvestment in public health systems and uneven distribution of medical infrastructure. Long-ignored inequalities in the standard of care available to rich and poor Americans became front-page news as bodies were stacked in empty hospital rooms and makeshift morgues. Many healthcare workers have been traumatized by the futility of their attempts to stem recurrent waves of death, with nearly one-fifth of physicians reporting they knew a colleague who had considered, attempted, or died by suicide during the first year of the pandemic alone.

"Although deaths from Covid have slowed, the disillusionment among health workers has only increased. Recent exposés have further laid bare the structural perversity of our institutions. For instance, according to an investigation in *The New York Times*, ostensibly nonprofit charity hospitals have illegally saddled poor patients with debt for receiving care to which they were entitled without cost and have exploited tax incentives meant to promote care for poor communities in order to turn large profits. Hospitals are deliberately understaffing themselves and undercutting patient care while sitting on billions of dollars in cash reserves."[6]

Why do doctors and others in the American illness profit system feel as Reinhart describes them? In January 2020, another Mayo Clinic study answered that question, again with data which cuts through the political arguments. They reported this:

"There were 52.3% of the hospitalists and 54.5% of the outpatient internists affected by burnout (P = 0.86). High scores on the emotional exhaustion subscale (43.8% vs 48.1%, P = 0.71) and on the depersonalization subscale (42.3% vs 32.7%, P = 0.17) were common but similar in frequency in the 2 groups. Hospitalists were more likely to score low on the personal accomplishment subscale (20.3% vs 9.6%, P = 0.04). There were no differences in symptoms of depression (40.3% for hospitalists vs 40.0% for outpatient internists, P = 0.73) or recent suicidality (9.2% vs 5.8%, P = 0.15). Rates of reported recent work-home conflict were similar (48.4% vs 41.3%, P = 0.64), but hospitalists were more likely to agree that their work schedule leaves enough time for their personal life and family (50.0% vs 42.0%, P = 0.007)."[7]

It can all be boiled down to one simple point: loss of control. The sense of being trapped in a system and not being allowed to do what one thinks best for one's patients. So what effect has this specifically had in the OB/GYN community? As it stands now a 2021 Kaiser Family Foundation Survey reported that 75 percent of OB/GYNs already do not provide services to terminate a pregnancy. Their research discovered, "…just 18% of OBGYNs offered their patients all methods of non-permanent contraception that must be either prescribed or provided by a clinician."[8]

So, this is the structure of healthcare shared by both the Red and Blue states. This is the context. Both categories of states operate within the illness profit system; it is how they react to the illness profit system that is the difference I find most notable. And I think the data is telling us something very important: the schism is certainly about politics, but that is just the mechanism. I want to suggest to you that the fundamental dynamic defining healthcare in America with the illness profit system is culture, and the defining cultural schism is: does the political leadership in each instance seek to foster wellbeing for their constituents? I focus on this because in the United States healthcare is created by politicians not healthcare professionals.

Let's just start with the broadest calculation: how the Red and Blue states are ranked in terms of overall healthcare. (See Fig. 1) What do you notice about the rankings? With the exception of Delaware which is Blue all the rest of the worst are Red, and everyone of the best are Blue. The difference between the Red and Blue states is glaring and obvious. But to really comprehend what's going on, one needs to go further into the data.

When one does that it becomes immediately clear that the Supreme Court Dobbs decision, which is entirely political, has severely damaged healthcare and made the differential between the Red and Blue states and the political nature of the difference even more strongly defined.

As an example consider the political choices about funding between a Blue state (New York) and a Red one (Alabama).

The state of New York spent "… $885 billion on health care in 2018, the latest year for which state and local data is available. Due to different budget priorities and needs, local government health care spending varies considerably by state. Per-capita health care spending ranges from less than $1,100 to more than $3,600.[9] New York spent $3,698 per capita on its residents' health in 2018, the last year data is available. This is the highest amount of money of all states.

In contrast, Red Alabama spent $1,859 per capita on its residents' health in 2018, the 19th lowest amount of money of all states."[10]

These budgets result from political decisions but, more fundamentally, they are expressions of a culture in which men use the political process to maintain control over women.

What I am watching for in the social outcome data is how many women leave Red states and move to Blue states, because that is going to be yet another heathcare aspect of the difference between Republican and Democratic controlled states. I suspect the Red states are going to experience a brain drain. There is already data showing that colleges and universities in Red states are seeing fewer young women apply to colleges, and medical schools in those states, particularly med-students who wish to become OB/GYN specialists.[11] Practicing doctors and

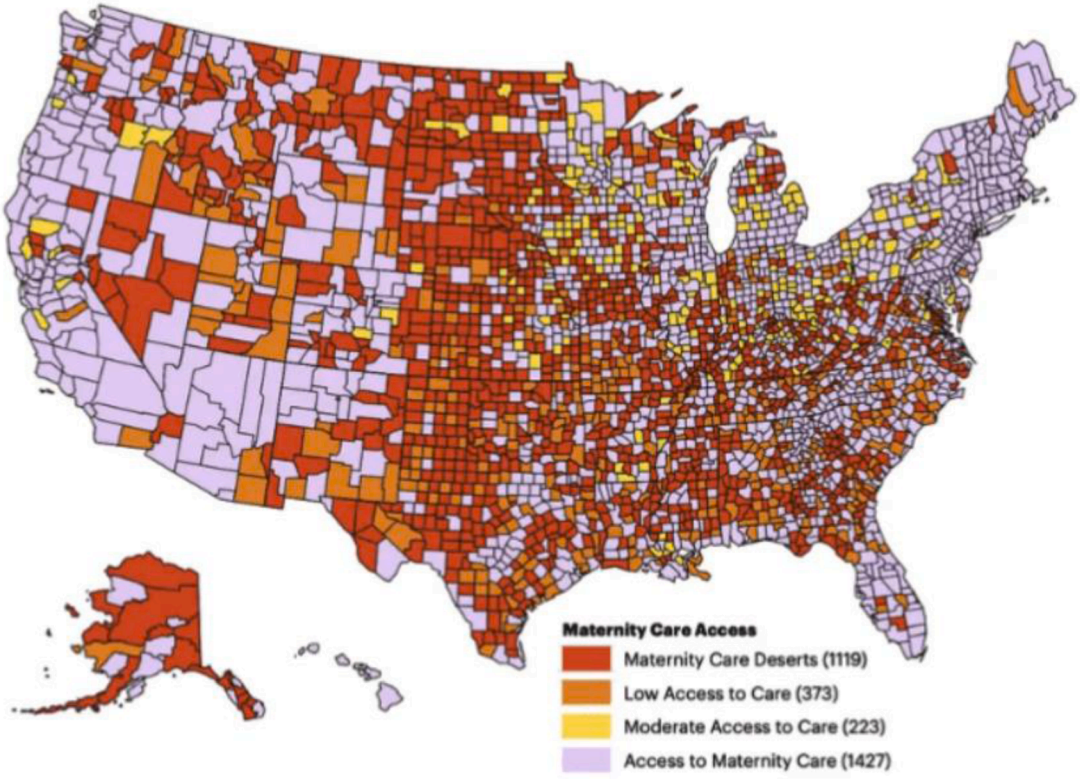

Fig. 2. Maternity Care Deserts, 2020.

nurses are also leaving.[12] This has a very specific political affect on a community because the more educated a person is the more likely they will vote Democratic, and want to live in communities that have social policies fostering wellbeing.[13] The effect, I believe, will be that Red states will become significantly Redder, at least for the short term.

This is an ongoing process, a trend. Pew Research Center reports, "Lawmakers in many of those (Blue) states already have experienced an influx of pregnant people from outside their borders over the past five years as a record number of GOP-led states enacted ever stricter abortion bans. Many blue states are considering new measures that would accommodate even greater demand for abortion in a post-Dobbs environment."[14] Blue states like California and Maryland anticipating where the trend was headed had already begun making themselves safe havens for women coming from out of state to obtain an abortion, before the Dobbs decision was made.[15]

The struggle over whether women have the right to control their own bodies has taken another very interesting turn, one that is significantly altering the effect of the negative Supreme Court Dobbs decision: the development of pharmaceuticals that can cause a safe abortion. Mifepristone has been in use long enough to have an unimpeachable safety record. The anti-choice movement recognizes this, which is why they are trying to pass legislation to eliminate the ability in Republican-controlled states for women to get access to such drugs. It is already clear that isn't going to work. New York, for instance, according to Democrat Mayor Eric Adams, as he laid out an agenda to repair health care inequities for women in the city announced New York city will offer abortion medication free-of-charge at four city-run health clinics.[16]

But even more importantly for Red states, they are becoming what are known as Medical Deserts, and that effects everyone, men, women, and children. Here is an example of what that looks like just in terms of women's healthcare. (see Fig. 2) It means a woman might have to drive a hundred miles to see and OB/GYN specialist. And if something went so wrong that ending the pregnancy was the only option for the mother in a Red state, it could also, and has, meant that your doctors could do nothing for you and you would have to travel to a Blue state to get vitally needed medical care or die.

When I published on these issues in 2020, I concluded by saying:

> "We need to get our priorities straight. As the damage we have done to the environment becomes worse and worse, as is happening, and the environment changes, viruses and bacteria are going to mutate to accommodate to their new circumstances. The novel coronavirus is not the last pandemic.
>
> "How many people have to die? How much social damage needs to happen before we realize that fostering wellbeing is, and must be, the first and main priority. And that is best handled by a universal birthright, single-payer system, with resources distributed not on the basis of profit, but equitably across the country with the purpose of fostering individual and social wellbeing. Universal birthright health care is not only best for the individual, it is best for society. And it is also the cheapest option by orders of magnitude. When you hear someone advocate for an illness profit system, in whatever form, telling you "we can't afford single payer," you should suspect their income is in some way linked to the present system, or they are willfully ignorant. Ten minutes on Google can teach you all you need to know." [17]

So what needs to be done? Since cultural and political improvement takes time and occurs at the state and local level, and at the moment is unlikely to occur, I think it has to go to the national level. The only solution that will provide equitable wellbeing oriented healthcare is federal universal single payer healthcare with the fostering of wellbeing as its function and purpose, and with women assured control over their body. It is time we joined the rest of the developed world.

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