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The New York Chapter of the Association of Haitian Physicians Abroad includes nearly 500 physicians spread throughout the five boroughs of the City as well as Westchester County. At least half of these physicians are engaged in primary care and practice in Brooklyn. We find the second most important group of these physicians in South and Western Queens. Although Haitian patients represent a large proportion of their clientele, these physicians who are for the most part bilingual and very often tri-lingual care for the Hispanic as well as the Anglo-Caribbean and the African-American population, particularly the under insured and the underserved segments of these populations. By their race, the geography of their country of origin, their upbringing and their education, often acquired in Spanish speaking countries, these physicians find themselves culturally competent within diverse communities and frankly represent a perfect fit and mesh well with them. In the current climate where the admission of minority students to medical schools has been decreasing after peaking in the 1990s, these physicians play an important role in making health care accessible to these populations. This distribution of Haitian physicians corroborates the findings of the Pfizer taskforce on Economics and Manpower, i-e that one is more likely to find minority physicians, as opposed to Caucasian physicians, practicing in neighborhoods with large minority populations as well as poorer neighborhoods. This alone should call the attention of the government and the health policy makers on the role that these physicians and others with similar backgrounds can play in the resolution of the problem of health care disparity. It should also call the attention of the appropriate authorities on the difficulties that foreign graduates and even American graduates from under represented ethnic groups face in securing residency positions and opportunities to complete their training, particularly in certain specialties from which minorities have been excluded for a long time. I am referring to specialties such as dermatology, ophthalmology, orthopedics, plastic surgery, etc.

These physicians have been nevertheless performing under extremely difficult conditions. With the economic debacle of the past years, these conditions have become harder and harder. First, the high unemployment rate is reflected by the fact that more and more physicians are reporting that medical visits have decreased often because the patients cannot afford the co-pays of 10, 20 or 30 dollars. Patients who had benefits providing jobs lose them and find themselves having to work two or three part time jobs that do not provide benefits. Patients are buckling under the heavy burden of expensive medications, particularly when they fall in the dough nut hole of their PART D Medicare drug reimbursement program. Medications are discontinued: diabetes, high blood pressure, glaucoma become uncontrolled and complications develop. Patients on adjuvant hormonal therapy for their breast cancer stop taking their aromatase inhibitor, which all of a sudden costs $600.00 per month.

As if this was not enough, our physicians to one man, are complaining about the cruel and relentless attacks of Managed Care and the Insurance Industry. Patients, employers and Unions looking to save money continuously seek out cheaper plans. For example, one of our primary care physicians reported that the 1181 Union used to provide Magnacare to their members. An initial consultation was reimbursed at the rate of $180.00. However, recently, 1181 switched to Blue Cross/Blue Shield and the reimbursement for a new patient's visit is now down to $80.00, resulting in a sharp and unanticipated decline in income for the same amount of work. A pediatrician stated that for a patient with Blue Cross and Blue Shield, she used to get $100.00 for an initial visit. Now the same patient has Health First and she gets $ 19.00 for a comprehensive examination. In addition to this loss of revenue, the bureaucratic hassle has doubled or tripled. Medications are part of this formulary but excluded from this other one. Therefore, you get calls from pharmacies or angry patients asking for substitutions. You have to get pre-authorization for CT scans, MRIs, surgeries, etc. So much so that a full time employee has to be hired just to deal with this matter, increasing the cost of practicing without any increase in reimbursement. Otherwise, services are denied and our patients who often have language limitations are unable to negotiate the difficult steps to appeal an insurance company's decision. Or else, they end up having to pay out of their meager savings the bills that the insurance companies refuse to honor.

The physicians feel that practicing in these conditions is extremely onerous. Physicians practicing in Manhattan receive added payment because of the known higher cost of maintaining an office in that borough. However, practicing in an underprivileged neighborhood not only implies higher cost as well but also personal risks. Therefore, these factors should be reflected also in the reimbursement codes.

Finally as advocates for their communities, when asked what they would like to see happen, the Haitian physicians would like to see a greater emphasis placed on prevention of childhood obesity, that most often leads to adult obesity and all the associated degenerative and metabolic illnesses. They would also like to see the same services extended to other ethnic groups be offered to their community. That is only part of keeping the community healthy. For example, providing the children in the underprivileged neighborhoods with afterschool and extracurricular activities certainly can help them stay in school and stay out of trouble. Providing day care for the elderly alleviates the burden of caring for the elderly parent with dementia or Alzheimer's disease. Beyond that, addressing the low level of health literacy in our community, medicine must be empowered to go to the patients and not wait for them to come to the health centers. The concept of chronicity of an illness is not well accepted in our community and medical care in the community could be enhanced with a program where Creole speaking physicians, nurses and social workers could visit the patients in their homes, ensure that they are taking their medications, that they are receiving all the services that they are entitled to and help them negotiate the difficulties of obtaining proper health care in this economy.

More than ever, one ounce of prevention is worth a pound of cure.

Thank you!