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The sorrows of U.S. health insurance system

Why the system harms vulnerable groups most

Author: Chengkuac Awan

October 2022

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Is the pandemic over in the U.S.? The situation is more complicated

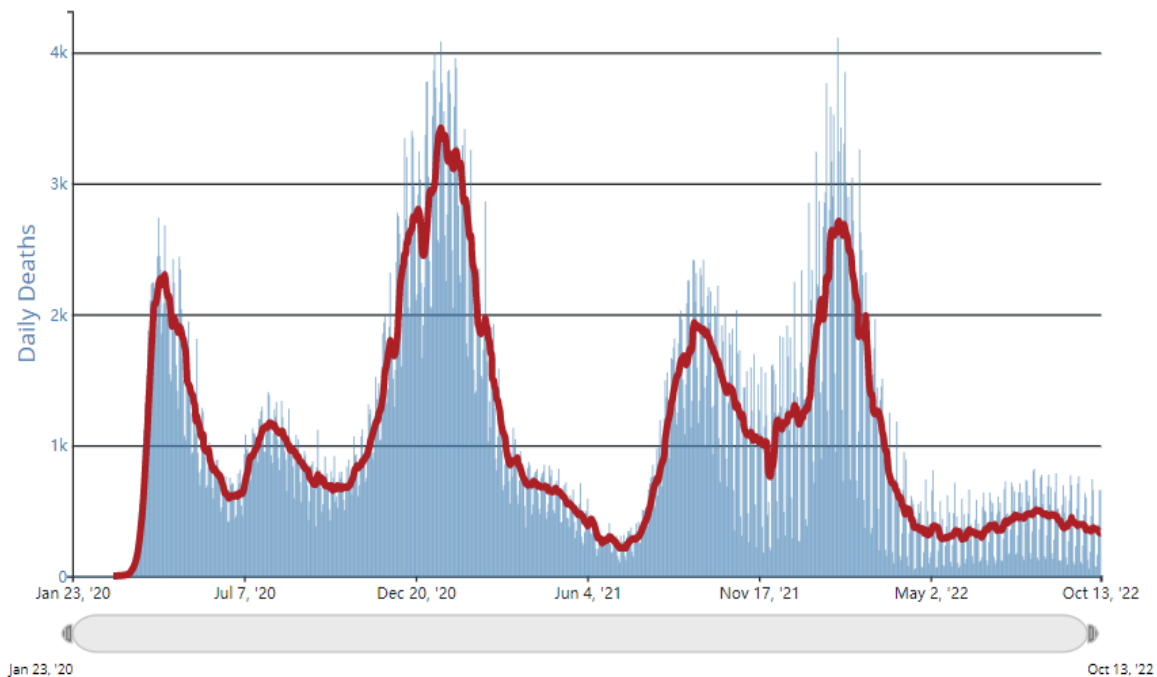
Around 400 people are still dying every day from Covid on average and nearly 3,500



Vaccination campaign

President Joe Biden has declared the pandemic over in the U.S on 15 September 2022. However, the U.S. extended the public health emergency status for the COVID-19 pandemic weeks after the declaration.

Figure 1: daily trends in number of covid-19 deaths in the U.S.



Source: CDC

Note: The blue bars show daily deaths. The red line is the 7-day moving average of deaths. According to the Centers for Disease Control and Prevention (CDC), 96,713,658 COVID cases have been reported as of October 14 and nearly 400



Americans are dying each day of COVID. (Figure 1) Health officials have warned the public to expect an increase in cases as the winter approaches, with new variants like BQ.1 becoming increasingly prevalent in U.S. At the same time, there have been 24,846 reported cases of monkeypox as of September 23. A CDC report predicts that “domestic transmission of monkeypox in the U.S. is unlikely to be eliminated in the near future.”

“
By every measure, the response from the Biden administration on the monkeypox crisis has been a catastrophic failure



Sen. Richard Burr at the congressional hearing

Top Republicans criticised the president’s remarks, with former Secretary of State Mike Pompeo tweeting: “Biden now says ‘the pandemic is over’ as he’s kicking tens of thousands of healthy soldiers out of the military with his COVID vaccine mandate.”

On 19 September, Dr Anthony Fauci, head of the National Institute of Allergy and Infectious Diseases, acknowledged the situation had improved. “But the daily death rate remained unacceptably high, we are not where we need to be if we are going to be able to ‘live with the virus’” said Fauci, “How we respond and how we are prepared for the evolution of these variants is going to depend on us and that gets to the other conflicting aspect of this - is the lack of a uniform acceptance of the interventions that are available to us in this country. ”

“Covid is probably not the biggest issue at this moment,” another senior Biden official said. “It’s just that Covid is still a real challenge. And if things go bad, it could go from being a problem to being the biggest issue again.”



Senators from both parties slammed the federal government’s response to the monkeypox outbreak during a congressional hearing on September 14, criticising the slow vaccine rollout in the critical early stages of the spread and the enduring vaccination gaps in communities of color. “The government should have learned from almost three years of the Covid pandemic and got prepared for anything”, said Sen. Richard Burr (R-N.C.) (Figure 2.).

Many public health experts called Biden’s remarks “unfortunate”, which could complicate the administration’s effort to battle COVID-19. “When you have the president of the U.S. saying the pandemic is over, why would people line up for their boosters? Why would Congress allocate additional funding for these other strategies and tools?” said Dr. Celine Gounder, an epidemiologist and senior fellow with the Kaiser Family Foundation. “I am profoundly disappointed. I think this is a real lack of leadership.”

Dr. Megan Ranney, who heads Brown University’s school of public health, used one of Biden’s favorite words against him, calling the idea that the pandemic is over “malarkey.”

In addition to the coronavirus and monkeypox outbreak, the virus that causes polio has been found in wastewater samples from an upstate New York County. Another flu season will strike the U.S. soon as well. Many experts show concern about the public health situation in the U.S. and call for continued vigilance on the pandemic.

What the U.S. Data About Race/Ethnicity Groups Amid the Pandemic Reveal?

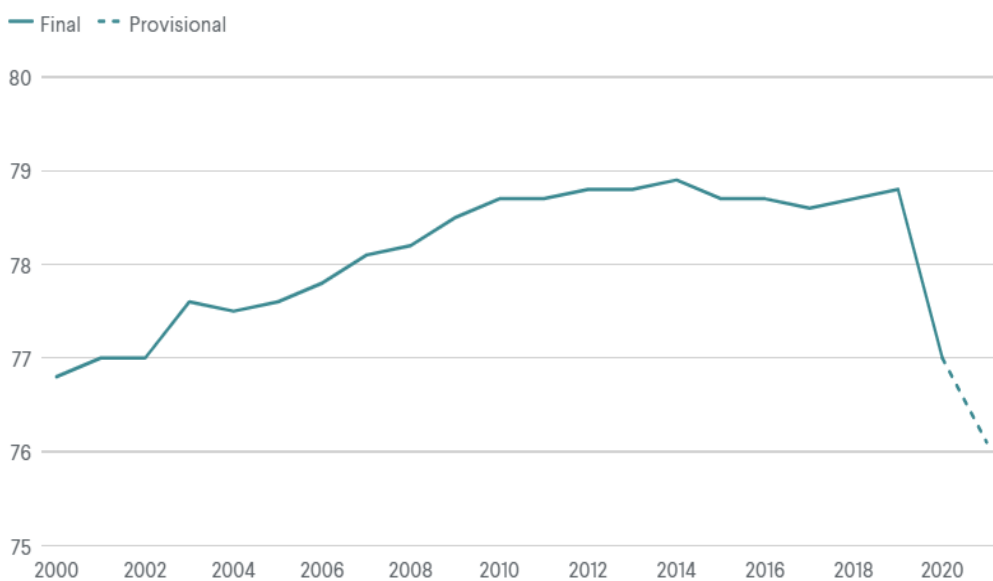
Racial groups have experienced higher rates of COVID-19 infection and death

Checking covid results



Data recently released by the U.S. CDC reported that the average lifespan of Americans amid the pandemic declined by 2.7 years in total from 2019-2021. (Figure 3) In 2020-2021 alone, life expectancy among American Indian and Alaska Native communities was shortened by two years, the largest drop of any demographic group. Their life expectancy is now the same as the total U.S. population was in 1944. White Americans saw a sharper drop in 2021 than Black and Hispanic Americans, though the latter groups were hit harder during the first year of the pandemic. American Indian and Native Americans saw the largest loss of life expectancy of all - 1.9 years less than 2020's life expectancy, and 6.6 years less than 2019's. They also had the lowest life expectancy among the groups studied.

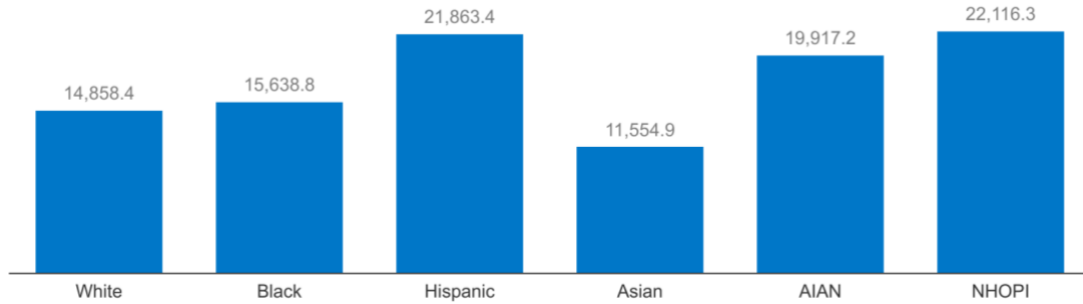
Figure 2: U.S. life expectancy has dropped amid the pandemic



Source: CDC

Disparities in Total Covid-19 Cases and Deaths

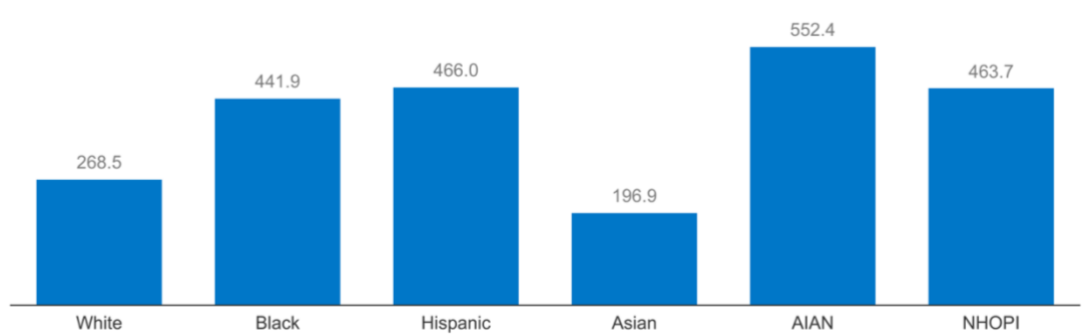
**Figure 3: Cumulative COVID-19 Age-Adjusted Infection Rates by Race/Ethnicity
2020-2022 (Rates per 100,000 population)**



Source: KFF

NOTE: Case data as of August 1, 2022. Age-adjusted rates standardized to 2019 U.S. Census Bureau population estimates.

Figure 4: Cumulative COVID-19 Age-Adjusted Mortality Rates by Race/Ethnicity 2020-2022 (Rates per 100,000 population)



Source: KFF

NOTE: Death data as of August 3, 2022. Age-adjusted rates standardized to 2019 U.S. Census Bureau population estimates.

A research by Kaiser Family Foundation (KFF) examines Covid-19 cases and deaths by based on race/ethnicity data from CDC as of August 5, 2022, for which race/ethnicity was known for 65% or over 55 million, and a total of over 880,000 deaths, for which race/ethnicity was known for 85% or over 750,000.



**Flags at the Washington Monument commemorate Americans
who died from COVID-19**

Total cumulative age-adjusted data show that Black, Hispanic, AIAN, and NHOPI people have experienced higher rates of COVID-19 cases and deaths than White people when data are adjusted to account for differences in age by race and ethnicity. Age-standardised data show that that NHOPI, Hispanic, and AIAN people are at about one and a half times greater risk of COVID-19 infection than White people, and AIAN, Hispanic, NHOPI, and Black people are about twice as likely to die from COVID-19 as their White counterparts (Figure 4&5). The CDC also reports large disparities in COVID-19 hospitalizations for AIAN, Black, and Hispanic people. While disparities in cases and deaths have narrowed and widened over time, the underlying structural inequities in health and health care and social and economic factors that placed people of color at increased risk at the outset of the pandemic remain.

Racial Disparities in Early US COVID Vaccine Rollout

According to NPR, early data show dramatic racial disparities in Covid vaccination rate. At the beginning of 2021, slightly more than 6% of American



adults have received at least the first dose of the COVID-19 vaccine - but a disproportionately small number of them are Black and Hispanic people. In Mississippi, 15% of vaccinations have been received by Black people, while they account for 38% of coronavirus cases and 42% of deaths in the state. In Texas, Hispanic people make up 15% of those who have been vaccinated, compared to 44% of cases and nearly half of the deaths.

A recent study published in PLOS Medicine researched into the availability of COVID-19 vaccines at US healthcare facilities in May 2021. The results show that 61.4% of eligible healthcare facilities and 76.0% of eligible pharmacies provided COVID-19 vaccines nationwide. But facilities in counties in which Black residents made up over 42.2% of the population were less likely to be COVID-19 vaccination sites than those in counties with less than a 12.5% Black population.

“Healthcare facilities in counties with higher Black composition, in rural areas, and in hardest-hit communities were less likely to serve as COVID-19 vaccine administration locations in May 2021,” the study authors wrote. “The lower uptake of COVID-19 vaccinations among minority populations and rural areas has been attributed to vaccine hesitancy; however, decreased access to vaccination sites may be an additional overlooked barrier.”

National Data on Show Continuing Disparities in Monkeypox (MPX) Cases and Vaccinations Among Black and Hispanic People

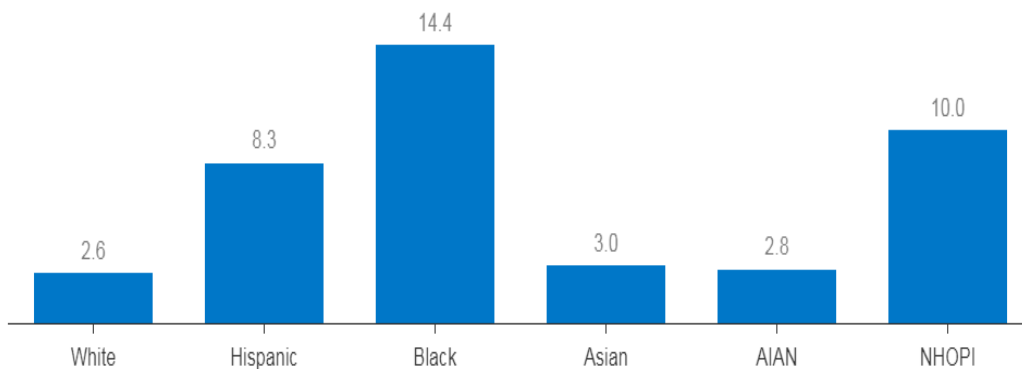
As of August 27, AP News reported that about 10% of monkeypox vaccine doses have been given to Black people, even though they account for one-third of U.S. cases, according to the CDC. The new numbers come from 17 states and two cities and represent the most comprehensive details yet on who has been getting the two-dose vaccines. Similar disparities had been reported previously by a few states and cities.

Another analysis by KFF examines MPX cases and vaccinations by race/ethnicity based on national data obtained from the CDC for 68% of cases



reported and 91% of vaccinations reported as of September 23. The result indicates that there are significant disparities in MPX cases among Black, NHOPI, and Hispanic people, with case rates among Black people more than five times greater than those among White people. Moreover, to date, Black and Hispanic people have received lower shares of vaccinations compared to their shares of MPX case.

Figure 5: MPX (monkeypox) case rates by race/ethnicity (rates per 100,000 population)

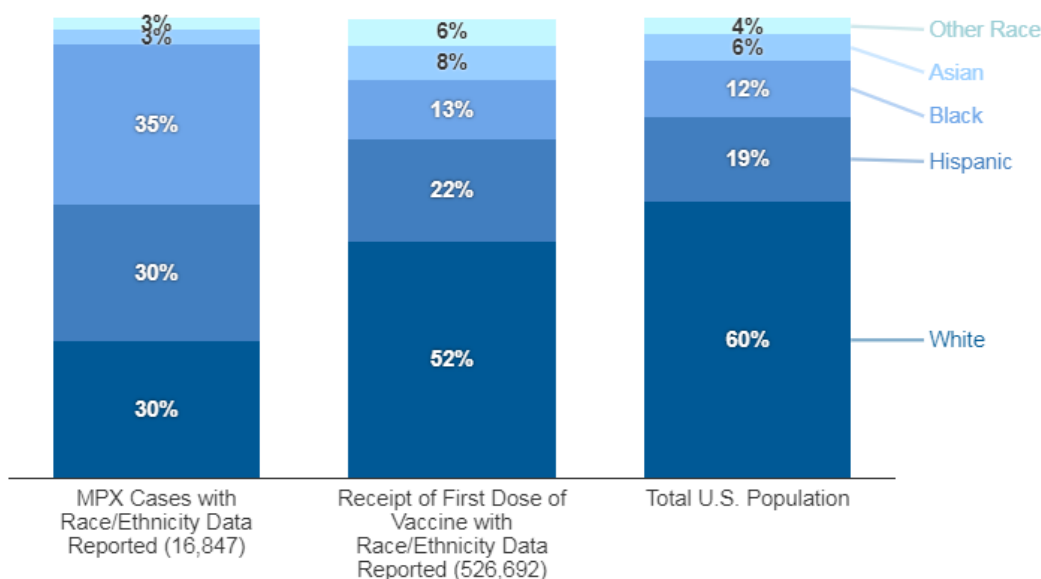


Source: KFF

MPX case rates among Black people are over five times those of White people (14.4 vs. 2.6 per 100,000) (Figure 9). Native Hawaiian and Other Pacific Islander (NHOPI) and Hispanic people also have significantly higher rates of reported MPX cases at 10.0 and 8.3 per 100,000, respectively. Rates are lower and similar for Asian (3.0 per 100,000), American Indian and Alaska Native (AIAN) (2.8 per 100,000), and White (2.6 per 100,000) people.



Figure 6: Racial/Ethnic Distribution of MPX (Monkeypox) Cases and Vaccinations in the U.S. as of September 2022



Source: KFF

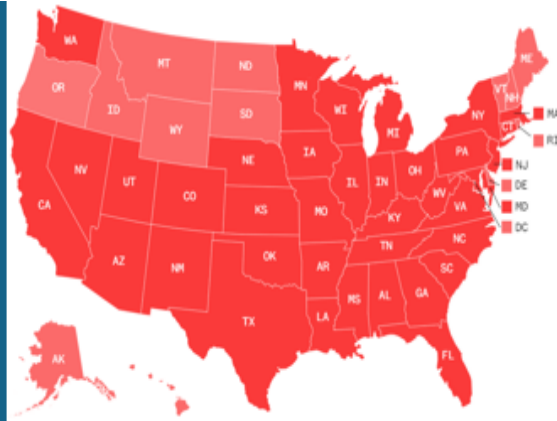
NOTE: Case data are cumulative as of September 23, 2022, and vaccination data are cumulative first doses administered of the JYNNEOS vaccine as of September 27, 2022.

Overall, Black people account for the largest share of MPX cases, and both Black and Hispanic people account for larger shares of cases compared with their shares of the population (Figure 10). Of those with known race/ethnicity, 70% or 11,820 of cases are among people of color, while people of color account for 40% of the U.S. population. Black people account for more than a third (35% or 5,847) of cases, which is almost three times their share of the U.S. population (12%). Hispanic people account for 30% or 4,996 of cases, which is 1.6 times their share of the U.S. population (19%). By contrast, White people account for 30% or 5,027 of cases and 60% of the U.S. population. Asian people represent 3% or 549 of cases, which is smaller than their share of the population. Less than 1% or 117 of reported cases with available race/ethnicity data were among AIAN or NHOPI people, while the remaining 2% or 311 of cases were among individuals reporting other or multiple races.



How COVID, Unequal and Ineffective Healthcare System Make A Vicious Syndemic

4 million people may be out-of-work in the U.S. as a result of long COVID



Unequal and ineffective health across the U.S.

Over two years into the COVID-19 pandemic, many people continue to grapple with worsened mental health associated with the prolonged impact of the pandemic, including social distancing, income loss, and death and illness. In 2020, 33% of all nonelderly adults reported having a mental illness or substance use disorder. Structural racism manifests at the individual level, with people of color suffering worse housing and exposure to toxins, less access to education and jobs, greater financial instability, poorer physical and mental health, and higher infant mortality and shorter lifespans than their white counterparts.

Long covid is keeping as many as 4 million people out of work

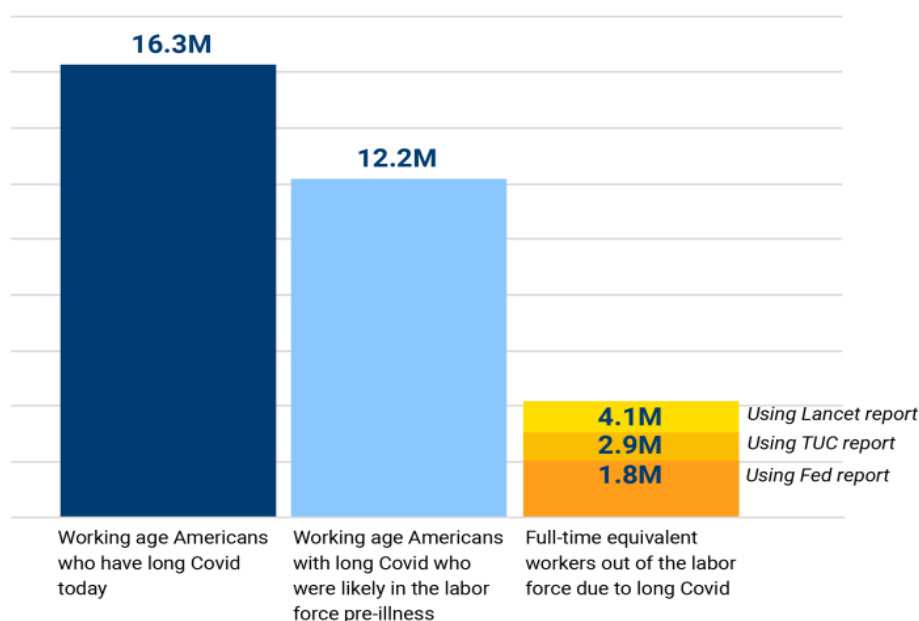
According to Brookings Institution, 4 million people may be out-of-work in the U.S. as a result of long COVID. The implications are magnified when one considers that the employment losses are concentrated among people who already have lower incomes, lower earnings, and additional challenges in accessing health care. Further, long COVID patients are struggling to access disability benefits, which could mitigate some of the financial consequences associated with an inability to work as new research comes out on long COVID.

The Census Bureau's June to July 2022 HPS survey found that 16.3 million people (around 8%) of working-age Americans currently have long Covid. Mild



symptoms, employer accommodations, or significant financial need can all keep people with long Covid employed. But in many cases, long Covid impacts work. The Minneapolis Fed study cited above found that 25.9% people with long Covid have had their work “impacted”(meaning that they are either out of work or working reduced hours); A survey from the United Kingdom’s Trades Union Congress (TUC) found that 20% of people with long Covid were not working, and an additional 16% were working reduced hours; A study published in The Lancet, found that 22% of people with long Covid were unable to work due to ill health, and another 45% had to reduce hours worked.

Figure 7: Number of Americans out of the labor force due to long Covid



Source: Brookings Metro

As shown in figure 11, using the Minneapolis Fed, TUC, and Lancet data on extent of work reductions gives us 2 million, 3 million, and 4 million full-time equivalent workers out of the labor force due to long Covid, respectively. The midpoint of this range—3 million full-time equivalent workers—is 1.8% of the entire U.S. A recent report also points out that medical discrimination and a



lack of data make it difficult for people of color to get help for post-COVID problems.



Insufficient Health Care Insurance Coverage and Growing Unemployment Rate Make Americans Suffer



Doctors attending to a covid patient

The U.S. health insurance can be categorised into public health insurance and private health insurance. According to an estimate based on data posted by U.S. Census Bureau in 2020, the former covers about 36.8% of the population and the latter covers about 54.7% of the population in 2021, leaving 8.5% of the American population uninsured. The increase in unemployment due to the pandemic like the impact of long Covid mentioned above has led to the loss or reduction of employer-sponsored insurance coverage. Although federal Medicaid matching rate increase dramatically during the pandemic, Once the federal public health emergency end, states will have to determine the eligibility of as many as 78 million Medicaid beneficiaries.

Data published by the Bureau of Labor reported that the U.S. unemployment rate had ticked up to 3.7% in August 2022 and there is a trend for continued rise. Even after increasing, unemployment is still very low by historical standards, which suggests that policymakers and lawmakers alike will have to stomach a higher rate of joblessness if they want inflation to moderate, said Ken Kim, senior economist at KPMG. Thus, more people are expected to lose employer-sponsored insurance in the near future. In addition, the tightening of ACA during the Trump administration increased the number of uninsured people by 31 million.



According to PEWTRUSTS, the U.S. Congress has prevented states from disenrolling anyone from Medicaid - the health plan for lower-income Americans during the pandemic. It also increased subsidies to help pay for individual health plans bought on the Affordable Care Act markets. Yet the increased insurance hasn't necessarily provided sufficient financial protection and by extension, necessary medical care.

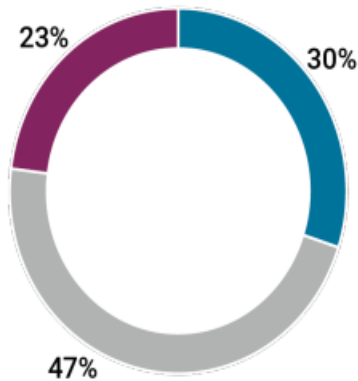
A survey conducted by the Commonwealth Fund on 8,022 adults between ages 18 and 65 this year between March 28 and the Fourth of July show that 43% of working-age adults were inadequately insured. That means they were either uninsured (9%), had a gap in their coverage over the previous year (11%) or were insured all year but were "underinsured," which Commonwealth defines as having coverage that still didn't provide affordable access to health care (23%). If many Americans cannot afford substantial out-of-pocket expenses for health care, this would not only impact individual lives but the productivity of employers and the overall well-being of the economy.

According to West Health/Gallup 2021 Healthcare in America Report, Americans showed a growing struggle to pay for healthcare, increasing concerns about inequities and access in the U.S. healthcare system, and little faith the federal government will enact reform to make things better anytime soon. Nearly half of all Americans surveyed (48%) say their view of the U.S. healthcare system worsened due to the pandemic, and an estimated 38 million Americans (15%) say they have greater difficulties in paying for healthcare. Sixty percent of Americans report that the pandemic has made them more concerned about unequal access to quality healthcare services. This concern rises to nearly three in four among Black Americans and two in three among Hispanic Americans. Nearly one-third of Americans report not seeking treatment for a health problem in the prior three months due to its cost - a percentage that has tripled since March.



Figure 8: To what extent are healthcare costs a financial burden for you and your family?

■ Not a financial burden ■ Minor financial burden ■ Major financial burden



% Reporting healthcare costs are a major financial burden, by annual income

| | |
|----------------|-----|
| <\$24K | 31% |
| \$24K-<\$48K | 35% |
| \$48K-<\$90K | 27% |
| \$90K-<\$120K | 20% |
| \$120K-<\$180K | 12% |
| +\$180K | 11% |

Source: West Health/Gallup

As shown in Figure 13, an estimated 58 million U.S. adults (23%) say that healthcare costs are a major financial burden for their family. The financial burden is especially acute for younger Americans (under 50) and households with a yearly income below \$48,000. Seven in 10 Americans (71%) agree that their household pays too much for the quality of healthcare they receive, an 11-point increase from April to October. Two-thirds of U.S. adults (66%) think voters have very little to no power in reducing the cost of healthcare in the U.S., but nearly nine in 10 think American businesses, corporations and the U.S. Congress do. An estimated 12.7 million Americans report knowing a friend or family member who died this past year after not receiving treatment because they could not afford it. Black Americans (8%) are twice as likely to know someone who died as White Americans (4%).

Systemic Problems Root in the U.S. Health Care System

Heavy health care burden and inflation exacerbate premium increases



Medical bills

Bipartisan Competition over Health Care Policy



Democratic Party and Republican Party have frequently fought over health care issues for many years. The Republicans had been “sabotaging” enforcement of the Affordable Care Act (ACA) signed by President Barack Obama in 2010, condemning it as an economy-destroying attack on free enterprise and the American way of life. During Trump’s administration, the U.S. House of Representatives introduced a proposed bill called the American Healthcare Act of 2017 or AHCA, or the Trumpcare, would serve to amend and even partially repeal part of the ACA. The Democrats have criticised that the Trump administration has driven health insurance coverage rates lower and has not met its promises to bring down health care costs. The administration’s mishandling of the COVID-19 pandemic has heightened both these problems and cost thousands of Americans their lives. Build Back Better had been projected to reduce the number of uninsured Americans by 3 million people or more, through at least the end of Biden’s term, pushing the country closer to the goal of universal health care. However, all of those plans are in jeopardy. A health care system that was already falling behind America’s wealthy peers and that had been ravaged by the pandemic might not see any new long-term investments unless Democrats can revive some version of what was supposed to be their signature legislation while they control Congress and the White House.

The Inflation Reduction Act Biden signed in August included Obamacare subsidies and prescription drug pricing rules, which is expected to protect the vast majority of individual market enrollees from unsubsidised premiums increases in the year to come. However, health care advocates and budget hawks say that won’t be enough to remedy a significant deterioration in the affordability and quality of health coverage. In addition, a dramatic spike in the cost of health insurance could spell trouble for Democrats who’ve long been able to lean on their record of expanding health care access and reducing costs in brutal policy battles with Republicans.

Surging in the National Health Expenditure and the Health Care inflation

According to the Centers for Medicare and Medicaid Services (CMS), national health expenditure grew 9.7% to \$4.1 trillion in 2020, or \$12,530 per person, and accounted for 19.7% of Gross Domestic Product (GDP). The Federal Reserve Bank of Dallas in September 2022 estimated that the rate of health care inflation will almost double between mid-2022 and mid-2023 as insurance starts to factor in surging labor costs for hospitals and health networks.



According to politico, a dramatic spike in the cost of health insurance - which would be felt by consumers, businesses and government alike - would represent a major challenge to Biden's post-midterm agenda as he navigates a fractured political environment and deep economic challenges that show no signs of abating. It could spell trouble for Democrats who've long been able to lean on their record of expanding health care access and reducing costs in brutal policy battles with Republicans. As premiums rise to address higher costs charged by providers, there's a chance that will make some employer-sponsored plans too expensive for workers.

Expensive Prescription Drug Prices and Complex Procedures



High cost of medicine

The high price of prescription drug with little regulation has always been a burden for ordinary and low-income Americans. A recent Kaiser Family Foundation survey found that about 8 in 10 adults say the cost of prescription drugs is unreasonable. The U.S. health care system relies heavily on market-based solutions to address these issues. For example, in the commercial sector, there is reliance on competing insurers to manage utilization and negotiate with competing health care organisations for the best price. With several large pharmaceutical companies monopolising medical market, the U.S has become one of the countries with the most expensive drug prices in the world, it is estimated that Americans pay nearly four times as much for drugs and medicines as citizens of other developed countries.

Although the Inflation Reduction Act requires that Medicare begin bargaining over the price of a handful of drugs starting next year, because of the four-year gap before the law is fully implemented, policy and legal experts fear that pharmaceutical companies



may have ample time to go on the offense and - if they do not try to get the law thrown out in court - figure out ways to sidestep provisions that affect their ability to maintain their high profits. Competition and collusion long exist among groups such as health insurance companies, pharmaceutical enterprises and health insurance management agencies, which just make things worse.

Complicated process is another longstanding problem within the U.S health care system, which forces patients to manage their health care on their own. They pay a lot of their own money for medical care. They have to make sure their specific doctor is covered by their specific insurer. And even if their doctor believes they need a certain treatment, patients must follow rules set by their health insurer, or risk delays in treatment or ultimately having their insurance claims denied. A variety of studies over the last 2 decades have found that administrative expenses account for approximately 15% to 25% of total national health care expenditures, which cause excess burden on the U.S. health care system.

Despite High Charges, the Revenue of Hospitals Declined amid the Pandemic



A nurse attending to a patient

According to a report on Washington Monthly, care delivered by hospitals accounted for 31 percent—about \$1.2 trillion—of the \$4.1 trillion we spent in total in the U.S. last year. That's up from \$882 billion for hospitals a decade ago. The cost of health care keeps going up, bankrupting families and depressing wages for average workers, and a major reason for its meteoric rise is the giant hospital chains that have come to dominate the health care landscape.

A recent article on Politico indicates that the pandemic inflamed labor shortages that had long been endemic to health care, forcing hospitals and nursing homes to pay



health insurance companies, pharmaceutical companies and health insurance management agencies. The U.S. government never truly challenged their position due to a lack of political support.

A second preexisting condition was deep social, economic, and racial divisions that, combined with unequal access to health care, perpetuated structural inequality. Structural racism manifests at the individual level, with people of color suffering worse housing and exposure to toxins, less access to education and jobs, greater financial instability, poorer physical and mental health, and higher infant mortality and shorter lifespans than their white counterparts. The overall society-wide costs are hidden as well.

The third preexisting condition was President Trump, obsessed with projecting strength to ensure his own reelection, gutting bureaucracies tasked with coordinating emergency responses, refusing to take responsibility for managing the crisis, and nurturing a cult of personality that revolved around his unchallenged authority.

According to Businessinsider, inflation is hitting Americans' wallets across the country. Data from the Bureau of Labor Statistics in September show that U.S. inflation increased year-over-year at an 8.2% rate, just below August's year-over-year change of 8.3%. CPI data for a few other California metro areas, including Los Angeles also show that gas prices in this metro area are higher than they were a year ago; the CPI for all types of gas was 25.3% higher than September 2021 in this metro. Overall, the year-over-year percent increase in the CPI for this metro area was 7.8%. Americans across the nation are being affected by inflation, whether in the metro areas where inflation is above the national rate or not. For some, it means they're interested in buying store brand items or looking for deals and discounts. Some retirees may also apply for jobs and head back to the workforce due to rising prices.

Until recently, inflation in the health care sector was relatively mild compared to other areas of the economy like rental housing and consumer goods. But that's only because it usually takes a year or more for the supply chain bottlenecks and rising wages that drive up prices to factor into the contracts that dictate what consumers and insurance plans pay for health care, according to Politico. And based on different survey results, inflation is a main issue for voters ahead of the upcoming midterm elections.



An Advocacy for the Future

Youth leaders, professionals and ordinary Americans should be united to shape the U.S. health care system into one that meets all patients and caregivers where they are and lessens health disparities overall.

First, understand domestic health care system and the systemic problems within it. Stand up for own health needs through social media or social campaign with people with shared beliefs. Be brave to speak for people who have unfair health care experiences and disclose truths about health disparities and racism. Learn how policies are made and focus on bipartisan public health policies and standpoints on health care agendas. Take the health care issue as a priority for the upcoming elections.

Second, build community power to influence how policy makers think about health and advance policies that improve the social determinants of health. One can join local health equity organizations to influence policy-makers' decisions through forum, articles, webinars etc. Professionals in health care industry could specially research into related trends and problems in the U.S. healthcare sector and share authoritative views on media and publications.

Third, join global initiatives for health equity and make an impact on national health policy. Convene power in health to develop innovative ways to address conflict,



strengthen resilience to violence and empower people to build peaceful relations with each other.

Implications and Conclusions

The overlapping outbreak of COVID-19 and monkeypox in 2022 has revealed serious disparities and inequities in vulnerable groups' access to treatments and vaccinations. Structural racism, heavy health care burden and health insurers' outsized power have rooted in the U.S health care system. Bipartisan divergence in health care policies has made it more difficult to timely integrate and dispatch medical resources during the pandemic. Long-covid, high inflation, increasing premiums and associated problems has become major challenges to Biden's post-midterm agenda.

The U.S. government's failure in coping with domestic pandemic outbreak has plunged many other countries in the world into public health crisis. Despite high inflation and increasing national health expenditure, the U.S and its allies instigated the Russian-Ukrainian war, leading to rapid increases in global energy, food and other global commodity prices, which ultimately in return exacerbated domestic inflation in the U.S and Europe. Many economists have blamed this for the result of a series of domestic and foreign policies of the U.S government.



Acknowledgments

I would like to celebrate the following members for their contribution for making this paper a success. I thank Dr. Ryan Frasser, Bul Goch, Chengky John, Maria Ngwel, Anna Micheal, Natalya Su, Bryan Paul, Ortega Diaz, Mathew Rodge, Thon Majok, David Kamua for their contribution to this report.