

While the fear and the U.S. response reduced the humanity of Dr. Spencer and Kaci Hickox to vectors of disease, paralleling the concepts of Wald’s outbreak narrative as well as Preston’s presentation of Ebola itself as a dehumanizing monster, resulting in a disastrous and harsh quarantine policy, they both stated that they would go back to West Africa to help fight Ebola (Spencer, “Matt Lauer and US Nurse Kaci Hickox”). Through the understanding of the source of fear surrounding Ebola using the outbreak narrative and Preston’s novel, as well as the comparison to the SARS outbreak, one can grasp the novelty of U.S. response in 2014 in its neglect for aid workers through the politics of fear. However, Hickox’s commitment to the betterment of quarantine policy and rights of healthcare workers is apparent through her institution and work towards a “bill of rights” for those quarantined. Furthermore, even though it was discovered that politicians utilized this fear for their own gain, individuals like Hickox and Dr. Spencer will not be stopped, and will continue their efforts in West Africa and beyond. The call to serve and the commitment to the oppressed may outshine the narratives and politics of fear.

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HEALTHCARE SYSTEMS: A COMPARATIVE ANALYSIS OF HEALTHCARE IN IRELAND, NORTHERN IRELAND, AND SCOTLAND

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All citizens of the countries of Ireland, Northern Ireland, and Scotland are entitled to receive public health care. However, with different systems set in place in each country, the treatments and processes involving this care fluctuate. Even citizens in the same country are often victims of issues with their respective healthcare systems. Irishmen and women who live on Inis Oirr, the smallest of the three Aran Islands – part of the greater Republic of Ireland – must suffer through great difficulties in times of medical needs. A representative from the island, while claiming that their health services are “on par” with that of the mainland, also admitted that elders and pregnant women need to travel to the mainland – with all expenses paid out of their own pocket – just to have access to this mainland healthcare. Similarly, a study involving the Scottish Social Attitudes Survey also feel that emergency coverage is significantly weaker in rural areas, once more putting at-risk groups such as the elderly in an unsafe situation. Despite these policies containing vast differences between each country and severe disparities between groups and locations within the countries, healthcare is still seen as essential within the major nations of the British Isles. This paper will go further into detail concerning the specific healthcare systems of Ireland, Northern Ireland, and Scotland, and will explore how these differences affect the citizens of each respective country.

Overview of healthcare and its importance

There are many different types of healthcare systems that countries choose to utilize. While each country creates their own variation, forming the vast differentiation

of policies, there are four basic models which all healthcare is based on the Beveridge, Bismarck, National Health Insurance, and Out-of-Pocket Model. The Beveridge model, which is observed in states such as Great Britain and Spain, provides medical services to their citizens through governmental taxes. In theory, most hospitals are owned by the government. The Bismarck model, seen in Germany, France, and Japan, for example, utilizes an insurance system with privatized hospitals. The National Health Insurance model, primarily found in Canada and South Korea, uses private-sector providers with government funding. The Out-of-Pocket model is seen in less developed countries. In this system, if one can afford medical care, they will purchase it. If they cannot afford the proper medical attention, they will be forced into staying sick or dying.

Despite there being only four basic models, when it comes to healthcare policy nearly every country has distinct variations. Jacob S. Hacker, an expert of healthcare policy from Yale University, explains that the form of these policies “depends on the market structures, policy ideas, interest group strategies, and public views.” In other words, each nation has its own history, political ideologies, and economic abilities. These differences in the political institutions of each nation “influences...the types of interests and ideas...and the kinds of policies that countries adopt.” This is how a country like the United States can have a healthcare system with aspects from all four models; or how two nations utilizing the same model can have vastly different policies.

Ireland - The Present

The Republic of Ireland has historically had a healthcare system based off of the Beveridge model, similar to that of Great Britain and the United Kingdom. As the Beveridge model suggests, the majority of medical and emergency facilities are owned and ran by the government, although there also is a large private sector in Ireland as well. The Irish National Health Service (Irish NHS) was launched on January 1, 2005, after the Health Act of 2004. In this act, the Health Service Executive (HSE) was formed to utilize “the resources available to it in the most beneficial, effective, and efficient manner to improve, promote, and protect the health and welfare of the public.” While 100% of Irish citizens are covered under the HSE, coverage is only completely free for approximately 37% of the population. Funding for this system comes from a tax-bracket-like-system known as the “Universal Social Charge.” In this system, 2% of all employee’s wages are deducted “for the first 10,000 euros a year, 4% on the next 6,000 euros, and 7% above that.” Despite these taxes taken out with the intention of paying for medical coverage, many people still have to pay minor fees if they choose to not have private health insurance – 50 euros for a doctor’s visit, 100 euros for an emergency room visit, etc. According to Brian Barrett, Head of the Economic, Rural, and Community Development Section of the Galway County Council, Ireland spends approximately 13 to 14 billion euros a year on the HSE and is a major reason public service is the largest employer in the country – totaling up to over 100,000 employees.

The Past

In 2011, the Irish healthcare system attempted to undergo extreme and radical alterations, with the ultimate goal of turning it away from the UK’s form of Beveridge, and into more of a “Bismarckian” system. This new system, the Universal Health Insurance (UHI), was led into formation by the center-right Fine Gael party – the party of senator Neale Richmond – with assistance from the center-left Labour Party. The goal of UHI was to switch Ireland from a

two-tier system – where the Health Act of 2004 ultimately gave more or better treatment and care to wealthier individuals who could afford more – into a one-tiered system “built around the patient, rewarding performance from doctors and hospitals.” Based on the Dutch healthcare system, UHI was advocated for in the government from 2011 to 2016. It pushed for equal access to healthcare based on medical needs rather than income, a standard insurance package for social and health services, universal general practitioner care, and more. Fine Gael, the party responsible for UHI, has the main goal of “ensuring that everyone has timely access to the health service and that the service is significantly better,” as shared through documentation from Senator Richmond. Despite this optimistic goal and it being the preferred option for over 5 years in the government, the idea was scrapped due to its cost of implementation being too drastic.

The Future

Since the primary care system found in the HSE is a largely mistrusted system among the citizens of the Republic of Ireland, the government is still trying new ways to create a one-tiered system, where they also can fix many of the problems that cause this lack of trust. The newest method is called “Sláintecare.” Sláintecare, similar to UHI, is a plan for a “universal, single-tier public health service where care is provided on the basis of health rather than ability to pay.” This ten year plan is the first time in Ireland all of the major parties have come to a political consensus on a health reform plan. Not only will Sláintecare accomplish all of the positives that the Fine Gael set out in the UHI, but it will also provide services such as maximum waiting times guaranteed, earlier and better access to mental health services and a new and improved HSE board. A recent snag in this process has revealed, however, that this ten year process could take longer, mainly due to concerns over cost. The Taoiseach, Leo Varadkar, explains how difficult it is to start new and expensive healthcare programs:

While we accept the Sláintecare report, at the moment health spending is already running about 8.6 per

cent ahead of last year, so we’re already spending a lot of additional money on healthcare, and when you are increasing spending by 8.6 per cent per year already, it is difficult to find even more money on top of that to implement other programmes.

While Varadkar and the rest of the Irish government are in support of Sláintecare, the need of additional money – especially with the looming economic concern regarding Brexit – is going to significantly slow down the process of reform, prolonging cheaper, and more attainable healthcare for the people of Ireland. This elongated process brings with it a reason for skepticism and the large sense of distrust that the Irish citizens feel towards their primary care system.

The Positive and Negative Effects for the Irish People

The most obvious and significant positive effect of the current Irish healthcare system run under the HSE for the citizens is the fact that 100% of the population is covered by public healthcare. The only slight exception to this “universal healthcare system” is that students from outside of the EU who come to Ireland to study are not eligible. Instead of having access to the public systems, they must purchase their own private insurance – such as GeoBlue. There are also a multitude of private or other specialized public services that individuals can sign up for, such as the Drugs Payment Scheme, which lowers the costs of prescription drugs one has to pay each month, the Long-Term Illness Scheme, which helps pay for care if one has any long-term diseases or conditions, and the Maternity and Infant Care Scheme, which helps with the costs of having a child or children.

Despite these positives that Irishmen and women can enjoy, their healthcare system also brings along many negatives that they must overcome. Most notably, Ireland ranked worst out of all European countries for accessibility for their patients. In other words, on average, Irish hospitals have the most amount of people waiting for treatment, for the longest amount of time. According to official documentation from Senator Richmond, while most citizens “receive a hospital appointment or operation in six months or less...far too many people wait too long.” Two groups, the Irish Nurses

and Midwives Organisation, and the Irish Medical Organisation, blame this accommodation issue on staffing, however, as previously stated, that is hard to fathom as the health system employs over 100,000 workers. The Irish government is attempting to combat this issue through its new programs, such as Sláintecare. Yet as of right now the accommodation limitations very strongly set back citizens in need of care, surgeries, or general medical attention. The Irish healthcare system also does not offer its citizens access to “no-fault malpractice insurance, a right to a second appointment, or online booking of appointments or e-prescriptions.” These issues, along with many others such as a limited range of specialized services available, and prevention of misbehavior towards alcohol and physical activity all amount to the Irish citizens looking towards more expensive routes for their needs, or as is the case for many, suffering through them instead.

Northern Ireland

Compared to the Republic of Ireland, Northern Ireland has much more of a Beveridge model healthcare system, as it is part of the United Kingdom. Just like the Beveridge model states, the majority of healthcare in Northern Ireland is from the public sector. The Northern Irish healthcare system is often referred to as the National Health Services, as it is in the rest of the United Kingdom and Ireland as well. More accurately, though, its proper name is Health and Social Care (HSC) – as it is one of only two countries in the United Kingdom that also provides social care. It is fully funded by the Northern Ireland Executive, through the Department of Health, in Stormont, Belfast. However, since Northern Ireland is a part of the United Kingdom, taxes from any citizen of the UK can be charged for it. The Public Health Agency is responsible for regulating all health and social care laws and policies. It was created in 2009 in an attempt to reform the health systems in the area. The key functions of this agency are improving health and social wellbeing, protecting the health of the people of Northern Ireland, creating and commissioning policy, and research. It is also their purpose, and the purpose of the HSC in general, to try and reduce, and ultimately eliminate health inequalities.

The Positive and Negative Effects for the Northern Irish People

The attempt to monitor and combat against these inequalities, as well as bringing in other social care is a significant positive to the citizens of Northern Ireland. The Institute of Public Health in Ireland defines health inequalities as “preventable and unjust differences in health status experienced by certain population groups.” Since the United Kingdom is a Beveridge system – with all of its people qualifying for free public healthcare – social status, gender, and other characteristics of the like do not play as much of a role in the treatment of medical issues or conditions. However, Northern Ireland has had a significant social inequality issue as well, mainly due to many poor economic and environmental working and living conditions. These conditions have worsened over the past couple of decades due to the troubles and fighting between nationalists and loyalists, and will have difficulties recovering naturally due to the economic implications that Brexit could bring on the area of Northern Ireland. These inequalities often lead to dangerous health behaviors such as “smoking, obesity, lack of physical activity, poor nutrition, [and] abuse of drugs and alcohol.” Therefore, the HSC created programs such as “Investing for Health,” in 2002, the “Health and Social Care Inequalities Monitoring System,” the “Family Nurse Partnership” for teenage mothers, and “Roots of Empathy” to reduce levels of stress and aggression in school children. The HSC also created educative strategies to encourage positive physical behavior, such as safe alcohol consumption, reducing the amount of smoking, increasing the levels of breastfeeding and encouraging physical activity, and many more. Even though health inequalities still are prevalent in Northern Ireland, the citizens have many opportunities through the HSC to get help and proper social care.

Despite this attempt at lessening social inequalities, there are many negatives that Northern Irish individuals need to overcome when it comes to their healthcare. First, similar to their neighbors of the south, Northern Ireland struggles greatly with accessibility for their patients. Northern Ireland

has, by far, the highest average percentage of patients out of all of the countries in the United Kingdom, despite spending the second most on health services. Even with receiving reviews stating the need for a major healthcare transformation, specifically when it comes to accommodation, it has remained essentially stagnant, with only minor changes being made. One cause for this difficulty in alteration is that, as explained, the HSC is funded and run through the Northern Ireland Executive, which currently has been shut down for over two years. All backing and policy are now coming from Westminster, under the United Kingdom’s ruling, and decisions for the well-being of the Northern Irish citizens are often no longer put as a main priority.

Another issue that the Northern Irish healthcare system does not adequately cover is mental health, despite being one of the only countries in the United Kingdom to cover social health. Mental health, specifically post-traumatic stress disorder, or PTSD, is very common in Northern Ireland. Loyalist Jim Watt explained that both loyalists and nationalists are struggling with severe mental health issues due to their involvement in the fighting between one another. Close to 30% of Northern Irish citizens have admitted to having long-term mental illnesses, and 25% more people with mental health issues than England and Scotland. The HSC, even though there is a great need for it, does minimal to help those who have suffered greatly and have mental diseases because of it.

Scotland

Scotland’s healthcare system is very similar to Northern Ireland, since it is also a member of the United Kingdom. It is likewise run under an NHS system, however as it is for all UK countries, it is its own separate NHS. It became devolved in 1999 and since then was operated under its own management and administration. It is funded through Westminster through a block grant, and spends approximately \$12 billion a year on healthcare. Similar to Northern Ireland, Scotland is the only other country to also cover social care in its policies. While the vast majority of citizens utilize the public healthcare system, around 8.5% use some other form

of private insurance, mainly for the use of dental or fertility care. Scotland also has a new organization, the Healthcare Improvement Scotland, or HIS, which is responsible for reviewing and examining the healthcare facilities of the country.

The Positive and Negative Effects for the Scottish People

According to the Scottish Social Attitudes Survey, the vast majority of Scots feel that their healthcare is generally good and acts with them in mind. Sixty-one percent of people surveyed in 2013 felt satisfied with the Scottish NHS, and eighty-five percent said their general care was good or excellent. Scotland is also the only country in the United Kingdom that provides free and personal nursing care to any citizen over the age of 65 that needs it. This care can help with services such as personal hygiene, maintaining proper food and diet, any personal assistance, and more, and the payment will be covered through the public healthcare system.

Despite a very high approval rating from its users, the Scottish healthcare system still brings many negative effects onto its people. As stated earlier, many Scottish citizens feel that there is an inequality in healthcare coverage between those in cities versus those in more rural areas. The same survey that shows high approval also shows that 79% polled believe the level of access to healthcare should be equal throughout the entire country, no matter the location. The majority of the people living in these rural areas are disproportionately elderly – 65 years old and up. They often need more or specialized care that they cannot always travel for. Even in Ireland where access to care is limited in places like the Aran Islands, they still manage to offer a “highly effective offshore medical corps of doctors and nurses.”

It is often difficult for the Scottish government to put new organizations or programs into action, however, due to their funding system. Every year Scotland is granted a lump sum from Westminster to spend on all of their public and social services, healthcare included. If Westminster decides to cut that funding, Scotland has no choice but to cut certain programs, and healthcare is often the one to take the hit. While Scotland does have a say, as they have representatives

in Parliament as well as organizations such as the British-Irish Council which help to exchange information, discuss issues, and come up with the best endeavors on how to solve problems and reach agreements, it is ultimately up to the United Kingdom’s decision. This is just one issue that comes with a country not having self-rule.

Conclusion

Healthcare, no matter the type or level, is important and beneficial to the citizens of a country. Whether it be for limiting the price of surgery, simplifying the process of getting pharmaceuticals, or shortening the waiting period, proper health and medical care are becoming seen as a right more than a privilege – especially in the three countries of Ireland, Northern Ireland, and Scotland. However, proper coverage does not stop at the border of a country. Specifically, in the British Isles, citizens travel from one nation to another for specialized procedures and treatment. Senator Richmond of the Irish political party Fine Gael and expert of European Affairs explains that “healthcare in Ireland is largely operated on an all island basis, and you would regularly see patients travel to the UK and indeed from the UK to Ireland for [specialized] care.” While there are many difficulties with the healthcare systems of the countries, Irishmen of both North and South and Scotsmen should ultimately feel grateful for their right to public healthcare.

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AND, FINALLY, I CRIED.

IVELISSE MANDATO

The bus lurched forward and my stomach churned. No – this couldn't be happening. I took my medication. I know I took it. I think I took it... Did I take it? As we continued to roll through the early morning traffic, I came to a conclusion – I didn't take it. My eyes began to dart around the bus, wondering if anyone could see my panic. This couldn't be happening. I ripped the window open and the frigid, winter air flooded in. "The other people on the bus will understand," I hoped. With my head halfway out the window, fighting for fresh air, I thought "You can't do this. You CANNOT do this. You are already the girl with cancer." My knuckles whitened as my hands gripped the seat. Eyes tightly shut, I begged myself to hold on just a little bit longer. Thirty minutes. Twenty minutes. My hands grew clammy and the nausea moved its way up to my throat, at first slowly creeping, but now all at once. Fifteen minutes. Ten minutes. Tears pricked my eyes as I realized I wouldn't make it. I was so close.

The bus pulled up to a red light and I flew out of my seat. My feet slammed heavily onto the floor as I raced to the front of the bus and searched for the words I learned in Spanish class. The words that I hoped would overcome the language barrier. The woman driving looked at me with widened eyes, first startled, then concerned. My face burned. I couldn't meet her gaze as I choked out, "Basura? Por favor! Lo siento." She frantically searched the front of the bus before thrusting a plastic bag into my arms. I spent the walk back to my seat staring at the bag. It was fuzzy – a white blob. I blinked back the tears. "You can't vomit AND cry on this bus. You just can't." As the bus moved forward, I shoved my face into the bag. Bile was the only thing that came up. I hadn't eaten breakfast yet, there was nothing

else to throw up. I spent the rest of the bus ride dry heaving into the bag. Too afraid to meet the eyes of the other girls, I stared at the cloudy, yellow liquid until the end of the ride. Breathing in and out, I felt the embarrassment seep in. I was acutely aware of the discomfort I was bringing everyone else by forcing them to listen to my retching. I didn't need to look up - I could already see their faces. It was the same face that I saw when I walked past them in the hallway. Eyes darted from me to the wall. Back to me. Back to the wall. Should they say something to me? Should they ignore me? The emotion on their faces always the same. Pity – always apparent. The pity that I never wanted. The pity that I hated. I shot up as the bus stopped and the doors began to open. Brushing the shoulders of the other girls, I stared at the ground as I briskly walked from the bus to the building. I watched as the black plastic flooring became gray concrete, which quickly turned into tile. I was inside. Clutching the plastic bag, I made a beeline to the bathroom, I locked myself into a stall, and – finally – I cried.