Government Support for Health Care

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Government support for health care

Last month we examined the health of a nation through statistics and saw that as a first-world nation we are relatively unhealthy. This month’s column examines ways to locate public budget data and examine funding priorities.

An ounce of prevention is worth a pound of cure, but what if the potential threat is funded at the expense of a known killer? New Scientist, in their March 5, 2005 article entitled, “The hidden cost of fighting bioterror,” (185, 2489) noted that funding for potential bioweapons research has soared since 9/11 at the expense of traditional microbial, viral, and bacterial pathogen research. They supported their findings by analyzing the NIAID budget data:

The average number of cases of tuberculosis since 2001 is 17,642 while anthrax in all the years combined from 2001 to the present totals three. In contrast to that however, the funding for research of pathogenic microorganisms such as tuberculosis has declined, while funding for priority viral agents noted as bioweapons has soared about 100-fold to $200 million dollars. The NIAID website can be quite confusing and left me questioning some details. Though considerable effort went into explaining numeric contract classes and regulations, I was left wondering what was meant, for example, by the term, animalization.

While attempting to locate monies allocated for projects, one might be steered toward obvious links entitled paylines, budget or grants. None of these will give you expenditures however. This emphasizes an important point when researching financial matters. Keep in mind that a budget is actually proposed spending for a fiscal period, whereas, expenditures are generally a more realistic analysis of where the money actually went. Another thing to consider is the difference between contracts and grants. A contract is money awarded for a specified good or service, whereas a grant is financial assistance for an intended outcome, and gives the researcher much more flexibility in determining their methodology.


The NIAID page epitomizes the bureaucratic quagmire that seems to define government and dissuade citizens from actually using services. Links can lead the user down an endless loop, much akin to being trapped in voicemail hell. Sometimes the numbers are more easily seen in NIAID’s news clips, like this quote taken from the June 1, 2005 NIH News, on the NIAID site:
“The National Institute of Allergy and Infectious Diseases … today announced four-year grants totaling approximately $80 million for two new Regional Centers of Excellence for Biodefense and Emerging Infectious Diseases Research (RCE).”

To find news items relevant to your topic, you can go to News and Events from the top of their page, but you are probably better off starting with your topic by clicking on Research, http://www3.niaid.nih.gov/research/ finding your topic, such as biodefence, in this case, and then looking at news released on that subject. Consider specific terminology. In the case of researching bioweapons funding, look for specific viruses, such as ebola or tularemia.

To NIAID’s credit a pop-up questionnaire asked me how helpful this site was. I considered filling it out, but apropos to my general experience, it was so long, I bypassed it.

The United States Budget

When viewing the Budget of the United States, I suggest going to the advanced search and then browsing the budget for a fiscal year. 
http://www.gpoaccess.gov/usbudget/advanced.html
The search engine is actually quite poor as is the case with many U.S. government sites, though the Search Tips link is definitely worth a visit. The best way to understand the change in budget is to compare fiscal years one at time to the extent that this is possible. The Department of Homeland Security did not exist during the Clinton years, but expenditures for Homeland Security did.

Viewing the budget can be an exercise in tedium. First one has to locate the correct administrative branch, wade through the rather long narratives within each category, and only then will you find the numbers at the very end. Searching, even when using command language will often retrieve redundant or confusing titles, so browse first and search only when desperate.

American Medical Student Association

This is a refreshing perspective on health care funding. Bypass the membership information (unless you are actually a medical student) and go directly to the The Issues located on the top banner.
http://www.amsa.org/about/priorities.cfm
Here you can educate yourself on the myths and realities of what a single payer system would cost. The answer? No more than what we are already paying.
http://www.amsa.org/uhc/myths.cfm
The information tends to be narrative and secondary, summarizing GAO reports, the Congressional Budget Office, and private studies, which is good because going to GAO to look for numbers is daunting. Since neither of these sights overtly offers the user data upfront, try searching Google on a topic and limiting to a specific site. For example “high cost medicare www.cbo.gov.” Expect to retrieve reports with imbedded charts and graphs.