



"When an Apple  
A Day  
Isn't Enough"

*Students in  
CALIFORNIA  
Speak Out  
About Health Care*

Campaign for Children's Health Care  
April 2007

Excerpted from  
**“When an Apple a Day Isn’t Enough”**  
**Students Speak Out about Health Care Coverage**

Campaign for Children’s Health Care

Publication No. CCHC-0701

© 2007 Campaign for Children’s Health Care

To obtain the complete book of essays, e-mail your request to  
[info@familiesusa.org](mailto:info@familiesusa.org)

**Campaign for Children’s Health Care**  
**Essay Contest Coordinators:**

Maryellen Barreca

Beth McCarthy

Ann Vogel

**Families USA**

Dave Lemmon, Director of Communications

Peggy Denker, Director of Publications

Ingrid VanTuinen, Writer-Editor

Jenelle Partelow, Editorial Associate

Richard Gonzales, Health Policy Analyst

Shae Lynn Zastrow, Publications Intern

Nancy Magill, Book Design/Layout

Campaign for Children’s Health Care  
P.O. Box 34143 • Washington, DC 20043 • Phone: 202-879-0299  
Fax: 202-347-2417 • E-mail: [info@childrenshealthcampaign.org](mailto:info@childrenshealthcampaign.org)  
[www.childrenshealthcampaign.org](http://www.childrenshealthcampaign.org)

*Published for the Campaign for Children’s Health Care by Families USA*  
*April 2007*

## Introduction

The Campaign for Children's Health Care is dedicated to making high-quality, affordable health coverage for all of America's children a top national priority. We are a diverse group of organizations who represent health care providers, educators, parents, advocates, and others, all of whom share a commitment to our nation's children. The campaign coordinates public education efforts across the country to demonstrate the importance of health insurance for children and families and to show why national action is needed to expand coverage for children.

More than 9 million children lack health insurance in the United States, the wealthiest nation in the world, and millions more are underinsured. Investing in children's health returns innumerable benefits, including improved development and health, improved school performance, and long-term savings in health care costs. We believe it is time for our leaders to take action.

More information about the campaign's activities and partner organizations is available online at [www.childrenshealthcampaign.org](http://www.childrenshealthcampaign.org). In addition to the essay contest, the campaign is sponsoring a petition to make children's health coverage a national priority. By signing the petition, people are calling on the President and Congress to begin work immediately on legislation that will provide comprehensive, affordable, high-quality health coverage for all children. To join the campaign, sign the petition, and learn more about the importance of children's health coverage, go to our Web site at [www.childrenshealthcampaign.org](http://www.childrenshealthcampaign.org).



## Who Are America's Uninsured Children?

- About one in every eight American children has no health insurance—that's 9,157,000 children.
- If all of America's uninsured children held hands, they would stretch 6,936 miles—two-and-a-half times the distance from San Francisco to Washington, D.C.
- The majority of uninsured children—78 percent—live in working families.
- Children in low-income families are significantly more likely to be uninsured than those in higher-income families.
- Although more white children are uninsured, minority children are at greater risk of being uninsured.

## Six Good Reasons Why All Children Should Have Health Insurance

### **1 Children with insurance are more likely to have a usual source of care.**

- Children with insurance are eight times more likely to have a usual source of care.
- In 2003, uninsured children were 2.7 times more likely than insured children not to have seen a health care provider in the previous 12 months.

### **2 Children with insurance are more likely to have access to preventive care.**

- Children in public programs are one-and-one-half times more likely to obtain well-child care than uninsured children.
- In 2003, uninsured children were more than twice as likely to have gone without a preventive care visit in the past year as insured children.

### **3 Children with insurance get the health care services they need.**

- Uninsured children are 10 times more likely to have an unmet health care need than insured children.

### **4 Insuring children will help close the racial disparities gap.**

- Among African American children, those who are uninsured are 20 times more likely to forgo needed medical care.
- Among Hispanic children, those who are uninsured are 10 times more likely to forgo needed medical care.

## 5 Health insurance helps improve social and emotional development.

- Uninsured children are nearly one-and-a-half times more likely to have missed a hearing screening than children who are insured.
- Uninsured children are also almost one-and-a-half times more likely to have missed a vision screening than children who are insured.

## 6 Insured children are better equipped to do well in school.

- Uninsured children with poorly controlled chronic diseases like asthma can suffer poor academic performance if their health condition causes them to miss many days of school. For example, children miss more than 14 million days of school each year because of asthma.
- Insurance improves children's access to the medications and treatment they need to control chronic diseases, allowing them to miss fewer days of school.

### Expanding Children's Health Coverage

Two public programs—the State Children's Health Insurance Program (SCHIP) and Medicaid—have significantly expanded health coverage for children and improved the care they receive. These programs provide a strong foundation we can build on to expand coverage to uninsured children.

SCHIP covers more than 4 million children, the majority of whom would otherwise be uninsured. (The SCHIP program is known by different names in different states. In California, it is called *Healthy Families*.) It bridges the gap between Medicaid and private insurance, offering uninsured children in near-poor and moderate-income families affordable health coverage. SCHIP also plays an important role in reducing disparities in minority children's access to health care.

The SCHIP program will expire in 2007 unless it is renewed by Congress and the President. In order to strengthen and build on the success of this important program, Congress must provide sufficient funding to make sure that the children who are currently enrolled in SCHIP do not lose their coverage. Just as importantly, Congress should provide funds to reach out and expand coverage to children who are eligible for the program but not enrolled.

## About the Essay Contest

The Campaign for Children’s Health Care sponsored this national essay contest, “When an Apple a Day Isn’t Enough,” to generate awareness among America’s youth about the importance of providing health coverage to all young people. We asked students aged nine to 18 to answer the following questions:

- For students aged 9-13: Many children and young people get sick or hurt and need to go to the hospital or see the doctor. Write one paragraph about a time when you or a friend were helped by a doctor. Then, write a second paragraph about why it is important for all children to be able to see a doctor.
- For students aged 14-18: In the United States, more than 9 million people under the age of 19 do not have health insurance. You or someone in your community may not have health insurance. Describe in the first person a teenager or child with no health insurance and explain how the lack of health insurance affects that person’s life. If you do not know someone without health insurance, imagine how not having health insurance can be a struggle.

The campaign recognizes that the voices of children should be represented in the national debate on the future of children’s health coverage in the United States. We were thrilled when more than 4,500 students from across the nation took the time to be part of this debate. By submitting their essays, these students provided the campaign with a unique and profound perspective on how health coverage makes a difference in people’s lives. The thousands of essays we received were passionate, well-articulated, and well-researched. And, as a group, they represent the views of families from all locations, socioeconomic levels, races and ethnicities, and political parties.

Again and again, these essays emphasized that our nation’s families, especially children, need help finding affordable, quality health insurance. As you will see in the essays presented in this book, our nation’s children, both the uninsured and the underinsured, are paying the price in our broken health care system.

The original publication is a compilation of essays from the grand prize winners, as well as the state winners from each age category. To preserve the integrity of the essays, we made minimal spelling and grammatical changes. The overall message and content of the essays are presented in their original form.

It is our hope that these essays will inform state and federal lawmakers about the urgent need to provide coverage to our nation’s youth. The young people in America have contributed their voice and their views to this dialogue. Now, it is time for us to listen.

## California Winners

**Ages 9 to 13:**

**Brendan Nguyen**

**Age 12, Grade 7  
Cerritos, California**

**Ages 14 to 18:**

**Patrick Vandenberg**

**Age 17, Grade 12  
Thousand Oaks, California**



# Brendan Nguyen

Age 12, Grade 7  
Cerritos, California

**A** *doctor a day keeps your troubles away.* The phrase is most accurate, except maybe the part of needing a doctor each day. In June of my first grade, my vision started to blur. I couldn't make out words from a short distance away. Large objects looked like colored blobs. Having an innocent mind of a first grader, only one thought played in my mind like a broken record: I was becoming blind. I told my parents about this, but they laughed and told me that I wasn't blind. My vision, like everyone else's, would one day become impaired, and my time had come. That summer, I went to an optometrist for my vision needs. My vision was tested by looking at some letters, so that lenses that would fit me could be made. Days later, a pair of glasses were waiting for me. My life changed dramatically since



then. I could now see as well as I could when I was younger, and I went on to achieve many academic successes. Without my eyeglasses and my optometrist to help me see better, I'd be almost as blind as a bat.

I've had a very fortunate life because I've always had healthcare insurance. Everyone agrees that it's important to visit a doctor once in a while, but I know for a fact why. There are approximately 9,069,000 uninsured children in the United States. Think about it. That's 9,069,000 children suffering as you read this; 9,069,000 children who can die any minute. In my home state of California, 1,369,000 children are uninsured. What happens when children are uninsured? A likely answer is they could die earlier than they expect to. Uninsured children may die

when they are still little kids or in their teens. No one wants that fate. Why is it important to be able to visit a doctor? It's so that children are less prone to common afflictions and to prevent their illness from getting more serious. It's essential for my generation to have health coverage to *meet* our medical needs. It's not right for children to die young.

# Patrick Vandenberg

Age 17, Grade 12

Thousand Oaks, California

**M**y brother Jeremy was adopted by my Mom and Dad when he was born. The son of two teenagers, he landed into the newborn ward of Intercommunity Medical Center of Covina. Both his parents were already struggling to stay in school, support their other 2 year old child, and neither one had access to health coverage. So they asked the nurses and doctor to find a good home for their young son.

My parents were hoping and praying for a child to raise and love. After many years of infertility, they drove determinedly to the hospital to meet their new baby boy. He was somewhat premature, underweight, and had respiratory ailments as well as questionable neurological problems lurking. But he was warm and soft and needed them as much as they needed him, and they brought him home to meet me, his older brother.

When I think of the intellectual, political debate over healthcare access for children, I wonder about my little brother Jeremy. I wonder about his two lives, the one he could have lived without adequate healthcare with his parents in Covina, and the one he now lives with his family in Ventura County. Until he was 2 years old, he required daily respiratory treatments for asthma, and was critically ill twice with pneumonia. He rarely was able to

leave the house because of allergies related to food and environmental hazards. My Mom and Dad took diligent care of him so that he could play, learn, eat, and do all the things a normal, healthy, happy kid should.

His life with healthcare; hmmmmmm, let's see. When the pediatric doctor suspected neurological impairment when Jeremy was 1 month old, healthcare was available to rule out serious damage. When Jeremy got a hold of the top of the toilet bowl cleanser at 10



months old, the doctor was able to care for him because we had healthcare coverage. When his fever spiked and he began to convulse at 15 months old, the ambulance and emergency room workers all nurtured him back to complete health. When he learned to ride a bike at 5, and broke his arm, the system was in place to care for his fracture, which completely healed. Most importantly, whenever my parents had a concern about his physical or emotional health, they knew that they could access the treatment they required to care for my brother.

His life without healthcare, now let's consider that. I wonder if my brother would have survived to his current ripe old age of almost 12. After all, pneumonia kills people, right? Then again, I wonder if the fever convulsions, if gone untreated, would have caused permanent brain damage, leaving Jeremy with far less of the incredible intelligence than he now possesses. What if we couldn't find out from the doctors about the appropriate treatment for all my brother's allergies and he continued to be exposed to deadly allergens that weakened his immune system? What if Jeremy's fractured arm, the one he writes with, wasn't set correctly because we could not get a doctor to care for him? What about my parent's ability to

properly parent my brother, since the doctors were as much partners in raising him as any parent could be?

My brother Jeremy's teenage parents may have been able to plan their pregnancy if they had had better access to healthcare. They may have been able to get prenatal care for Jeremy, so that he may not have been born prematurely. Ultimately they may have chosen a family like us to adopt and care for Jeremy because we were able to give him as much healthcare as he would require.

In my father's homeland of Holland, every person has access to healthcare. Not everyone has a car or an ipod or meat every night for dinner, but they all have a doctor and a hospital visit if they need one. In my Aunt Sylvie's homeland of Canada, it's the same thing! Why are our citizens denied something so basic for survival as adequate healthcare; I don't understand this at all.

I look at my brother Jeremy, almost 12 years old. I really really like him! He's funny and great to tell jokes with. He is very athletic, builds giant sand castles at the beach, and plays Frisbee and volleyball with me. He has tons of friends and gets great grades in school. He is my best friend.

# Our Partners

## Campaign for Children's Health Care

AIDS Alliance for Children, Youth and Families  
Alliance for Children and Families  
American Academy of Pediatrics  
American Academy of Physician Assistants  
American Association on Mental Retardation  
American Federation of State, County, and  
Municipal Employees  
American Federation of Teachers  
American Medical Student Association  
American Occupational Therapy Association  
American Public Health Association  
Appleseed  
Asian and Pacific Islander American Health Forum  
Association of Women's Health, Obstetric and  
Neonatal Nurses  
Asthma and Allergy Foundation of America  
Catholic Charities USA  
Catholic Health Association of the United States  
Catholic Health Initiatives  
Child Welfare League of America  
Children's Defense Fund  
The Children's Health Fund  
Children's Partnership  
Coalition on Human Needs  
Consumers Union  
Council for Health and Human Service Ministries  
of the United Church of Christ  
Docs for Tots  
Evangelical Lutheran Church in America  
Every Child Matters Education Fund  
Families USA  
Generations United  
Jewish Council for Public Affairs  
Lutheran Services in America  
MomsRising.org  
National Advocacy Center of the Sisters of  
the Good Shepherd  
National Association for Children's  
Behavioral Health  
National Association of Community  
Health Centers  
National Association of Mental Health  
Planning Advisory Councils  
National Association of School Nurses  
National Association of State Head  
Injury Administrators  
National Association of State Mental  
Health Program Directors  
National Center for Law and  
Economic Justice  
National Coalition of Mental Health  
Professionals and Consumers, Inc.  
National Head Start Association  
National Health Law Program  
National Immigration Law Center  
National Indian Health Board  
National Partnership for Women and  
Families  
National Physicians Alliance  
National Respite Coalition  
NETWORK, a National Catholic Social  
Justice Lobby  
Parents Action for Children  
Presbyterian Church (USA)  
RESULTS  
Society for Adolescent Medicine  
Summit Health Institute for  
Research and Education, Inc.  
Union for Reform Judaism  
Universal Health Care Action Network  
USAction