

First Unitarian Universalist Society of Albany  
“Health Care is a Human Right”  
Rev. Samuel A. Trumbore December 9, 2007

Sermon

I mostly don't cry at movies. Every once in a while, watching a scene of a baby being born gets me choked up. It reminds me of watching our son, Andy, come into this world. Otherwise, I'm a pretty even tempered guy.

So, I wasn't prepared for how deeply affected I was by watching *Sicko*, Michael Moore's documentary on health care that came out last summer. I walked out of the theater with tears in my eyes vowing, like Raymond Blanchard earlier, that something must be done about health care in America NOW.

The first half of the movie exposes some of the many health care problems by showing horror stories of failures of our health care system. But interestingly, the movie didn't focus on the uninsured as I expected it would, but rather on how the system is failing the insured, people like almost all of us here today.

Even Scrooge would be moved watching Dawnelle Keys, tell us about her 18-month-old daughter, Mychelle. Her daughter became ill one evening with vomiting, diarrhea and a high fever. Happens to everyone's kids doesn't it? She took her daughter to the nearest emergency room. The physician suspected Mychelle had a life threatening bacterial infection and called the insurance company to get the okay to treat her. The hospital was not in the mother's health care network so they would not authorize payment for treatment. Her mother protested that her condition was life threatening and pleaded with them to treat her. The hospital denied her care because they were out of her network. The mother took her to another emergency room that was in her network and the child died 30 minutes later, her little body wracked with seizures.

That is just one of the tens of thousands of outrageous cases Moore had emailed to him the moment he put out the call for stories of the injustices and failures of our health care system to be included in his movie. He picked some doozies! The horror steadily grows from the beginning of the movie when we hear about an uninsured man after a table saw accident who was forced to make the Solomonic decision about whether to reattach his ring finger for \$12,000 or his middle finger for \$60,000. Or the story of a woman denied payment for an “unauthorized” ambulance ride to the hospital with a concussion after a serious car accident. My blood started to boil as the movie showed us how hard insurance companies work to deny coverage once people get sick. They employ people to look for an unreported preexisting condition “a prudent person would have sought medical care for” that would allow them to cancel the policy retroactively.

From the start, Moore wants to reach his target audience, the great silent majority who are lulled into the illusion their health care is secure. The rate of people who receive health coverage via their employers is decreasing, driven by the big jumps in premiums businesses can't absorb. For those who retain coverage, they may not realize how financially vulnerable they are until they get sick. *Sicko* opens with the story of a couple bankrupted by their medical costs and forced to sell their house and move in with their kids. One report on bankruptcies stated, "Unless you're Bill Gates, you're just one serious illness away from bankruptcy. Most of the medically bankrupt were average Americans who happened to get sick."

The numbers become real through witnessing the personal suffering. In a poignant moment during a recent Democratic presidential debate, Steve Svarka, a sixty-year-old former steel worker who now walks with crutches, tearfully pressed the candidates, "Every day of my life, I sit at the kitchen table across from the woman who devoted thirty-six years of her life to my family, and I can't afford to pay for her health care. What's wrong with America?"

What is wrong indeed. Does it *have* to be this way? Moore suggests not, by giving us a tour of the Canadian, British and French health care systems. My revulsion and horror from the stories of our system's failures turned into an urge to pull out my high school French book and set up a missionary Unitarian Universalist congregation in Provence.

Our health insecurity has a huge dampening effect on innovation and entrepreneurship in our economy. Many people stay in unsatisfying and less economically stimulating jobs because of their health insurance. Even with high taxes to support the welfare state, Scandinavia is able to support good economic growth, in part, according to the experts, because a secure workforce is more willing to embrace a dynamic, ever-changing economy.

Dynamic and ever-changing is the last attribute we'd apply to our health care system. After *Sicko* was released, Terri Gross on her NPR show, *Fresh Air*, interviewed Dr. Jonathan Overlander, professor of public health from the University of North Carolina. He said he has been studying the same problems with our health care system for twenty years and they haven't budged an inch.

How we got into this mess has to do with incremental decisions without a larger vision. Medical insurance was first offered by employers as a way to get around wage and price controls during World War II. Businesses competed for scarce labor by offering better health insurance.

Work has always been a high value for Americans, thus, encouraging businesses to offer insurance became the anti-socialist way to make sure everyone was covered. The social contract we've settled on is: work and you'll be taken care of. Only if you can't work, or are laid off, do you deserve a safety net. Thus, the justification for the passage of Medicare and Medicaid. Cobra protects people between jobs, too. The work ethic has ruled our health care policy. Today that social contract is breaking

down as employers drop expensive insurance or call, as Walmart has done, for universal health care.

Where Moore's movie breaks down is the analysis of the source of the problem. He wants to blame greedy insurance companies. The problems go much deeper. There are key systemic problems at work that transcend the insurance companies, health care providers and the drug companies.

Our health is unlike other things we insure. If my auto insurance gets too expensive, I could sell my car, and use public transportation or even ride my bike. If I get sick, my life is on the line. I delay care or avoid treatment at my peril. If I develop a life threatening condition like diabetes, heart disease or cancer, I'll need lots of non-optional care. Health care has, what is called, inelastic demand.

Still, health care would be affordable if the care was simple and easy. Broken legs are easy to set. Cuts can be sown up. Infections treated with antibiotics. Many life-threatening conditions, however, are far more expensive to treat. Technology has given us many wonderful life extending and improving treatments but each has a cost. And for a constellation of reasons, the costs don't drop for medical care the way they drop for computers. That's why MRI's cost \$1000 each rather than \$100. The same is true for innovations in medications. We welcome them but may not want to acknowledge the costs of testing them for safety and regulating the quality. Again, demand for these kinds of tests and medications aren't elastic. If a procedure or medication will improve or save my life, I must have it. Match unlimited demand for ever more exotic treatments at the frontier of medical science and sooner or later you've got runaway health care costs.

Without a national policy on health care, each part of the delivery system has tried to work out its problems on its own. The insurance companies control their costs by dumping expensive subscribers out of their pools and limiting what they will pay for. Doctors and hospitals transfer their costs for treating the uninsured by raising prices. The pharmaceutical companies hire legions of lobbyists to get legislation passed that favors them. Each segment fights for their interests. Who gets lost in the economic battle are the interests of the patients.

Any movement toward a system that would put patients needs first is met with the claim this will mean rationing health care. In reality, health care is already being rationed by ability to pay. If you don't have the money or good enough insurance, you don't get services. Even those with great insurance still must wait for services.

If you find a suspicious-looking mole and want to see a dermatologist, you can expect an average wait of 38 days in the U.S., and up to 73 days if you live in Boston, according to researchers at the University of California at San Francisco who studied the matter. Got a knee injury? A 2004 survey by medical recruitment firm Merritt, Hawkins & Associates found the average time needed to see an orthopedic surgeon ranges from 8 days in Atlanta to 43 days in Los Angeles. Nationwide, the average is 17 days. "Waiting is definitely a problem in the U.S., especially for basic care," says Karen Davis,

president of the nonprofit Commonwealth Fund, which studies health-care policy.

With insurance companies, doctors, hospitals and pharmaceutical companies fighting for their interests, who is fighting for our interests? What is wrong with America became crystal clear to me watching *Sicko's* portrayal of the French.

Moore gathered together a group of Americans living and working in France to talk about their experience of French social services. I started salivating as I heard about all the social benefits the French government offer their people besides excellent, free health care. High quality day care, free college tuition, five weeks vacation, 35 hour weeks, 5 days for honeymoons and free help for new mothers, even paying someone to do their laundry! How did they get these fantastic social benefits? An African American woman nailed it. She said,

One of the things that keeps things running here is that the Government is afraid of the people; they are afraid of protests; they are afraid of reactions from the people. Where as in the United States, people are afraid of their government. They are afraid of acting up, afraid of protesting...in France, that's what people do.

Fighting words to my social activist ears. Moore also added fuel to my fire by interviewing the well-known, and now retired, controversial British Labour MP (member of parliament), Tony Menn. I felt myself lapping up his words as he said:

I think Democracy is the most revolutionary thing in the world; far more revolutionary than socialist ideas or anybody else's ideas.

If you have power, you use it, to meet the needs of you and your community. ... I think if the poor in Britain or the United States, turned out and voted for people who represented their interests it would be a real democratic revolution. ...[Why doesn't that happen?]

See I think there are two ways people are controlled, first of all frighten people and then demoralize them. An educated and healthy nation is harder to govern. There is an element in the thinking of some people, we don't want people to be educated, healthy and confident because they would get out of control.

The top 1% own 80% of the world's wealth. It's incredible that people put up with it. But they're poor, they're demoralized and they're frightened so they think the safest thing to do is take orders and hope for the best.

I say, taking orders and hoping for the best is the worst way to deal with our health care crisis. We need to stand up and create a moral framework for defining what a solution must contain. Moore's DVD contains an extra segment interviewing a priest from Cameron Park, Texas where 58% of the people live below the poverty line. I know I was tough on the Bible last week but I still love Jesus and still feel challenged by Jesus' call to serve the poor. The priest said,

In church language it is a sin, an unforgivable sin. One, that we can take care of people and we won't. And secondly, that we can take care of people and we don't want to. And if you open your scripture anywhere you want, you'll find that the poor are the blessed of God, the poor are the preferred by the Lord. The Lord blesses the nation that takes care of its poor.

So what might that moral framework look like? I think it is almost obvious.

Whether the solution is public or private, we must have universal coverage independent of one's ability to pay. We must have the freedom to choose our provider of services. We must have a guarantee of basic health services and equal access to scarce services. There are excellent proposals out there to do this, one of which was introduced by Representative John Conyers called HR 676. Not having carefully studied the language of the bill, I don't know if this is the right way to go or not. I think our congregation needs to be careful about supporting solutions and focus primarily on advocating for the fundamentally American principles of universal coverage, freedom of choice, guaranteed basic services and equal access to the scarce ones.

The part of *Sicko* towards the end that gets my tears flowing is watching the scene with the sick volunteer 9/11 responders Moore took to Cuba for treatment being honored by the Cuban firefighters. Here are our heroes, heroes who worked on the stack out of the goodness of their own heart, who were being denied treatment in this country being treated and honored by our supposed enemies. Their sense of solidarity in the work of saving lives transcends borders and ideology. That spirit of oneness, the spirit of our first principle of the inherent worth and dignity of every person is the spirit we must bring to health care reform.

Now is the time.

## Benediction

I close with Moore's words that he used to close *Sicko*:

In the end, we truly all are in the same boat, and that, despite our differences, we sink or swim together. That's how it seems to be everywhere else. They take care of each other, no matter what their disagreements. When we see a good idea from another country, we grab it. If they build a better car, we drive it. If they make a better wine, we drink it. So if they have come up with a better way to treat the sick, to teach their kids, to take care of their babies, to simply be good to each other, then what is our problem? Why can't we do that. They live in a world of we, not me. We'll never fix anything until we get that one basic thing right.

And powerful forces hope we never do, and that we remain the only country in the Western World without free, universal health care.

**You know, if we ever did remove the chokehold of medical bills, college loans, daycare, and everything else that makes us afraid to step out of line, well, watch out because it will be a new day in America.**

**In the meantime, I'm going to get the government to do my laundry.**

**Go in Peace. Make Peace. Be at Peace.**

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Some references I used:

<http://www.sickocure.org/> Michael Moore's site

[http://www.house.gov/conyers/news\\_hr676.htm](http://www.house.gov/conyers/news_hr676.htm) Information on HR 676

<http://www.pnhp.org/> Physicians for a National Health Plan

Me, Not We. By: Marino, Gordon, *Commonweal*, 9/14/2007, Vol. 134, Issue 15

The Doctor Will See You--In Three Months. By: Arnst, Catherine, *Business Week*, 7/9/2007, Issue 4042

Free Health Coverage for All. By: Grose, Thomas K., *U.S. News & World Report*, 3/26/2007, Vol. 142, Issue 11

Unhealthy. By: Forbes, Steve, *Forbes*, 2/12/2007, Vol. 179, Issue 3

*Health Security for All: Dreams of Universal Health Care in America*. By: Berkowitz, Edward D.. *Journal of Social History*, Summer2006, Vol. 39 Issue 4, p1218-1219, 2p;

How ready are we for Reform? By: Thrall, Terese Hudson, *H&HN: Hospitals & Health Networks*, Apr2004, Vol. 78, Issue 4

Putting a Value on Health. By: Peck, Don, *Atlantic Monthly* Vol. 293, Issue 1

THE MORAL-HAZARD MYTH. By: Gladwell, Malcolm, *New Yorker*, Vol. 81, Issue 25

Free Health Coverage for All. By: Grose, Thomas K., *U.S. News & World Report*, 3/26/2007, Vol. 142, Issue 11

"Illness and Injury as Contributors to Bankruptcy," Himmelstein et al, *Health Affairs Web Exclusive*, February 2, 2005. Copies of the paper are available on-line at [www.pnhp.org/bankruptcy](http://www.pnhp.org/bankruptcy), with the password "uninsured."