

The State of Health Care: Who Are We?

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Reading: from an August, 2007 New York Times editorial, “World’s Best Medical Care?”

Many Americans are under the delusion that we have “the best health care system in the world,” as President Bush sees it, or provide the “best medical care in the world,” as Rudolph Giuliani declared [recently]. That may be true at many top medical centers. But the disturbing truth is that this country lags well behind other advanced nations in delivering timely and effective care. . . [T]here is a growing body of evidence that, by an array of pertinent yardsticks, the United States is a laggard not a leader in providing good medical care.

Seven years ago, the World Health Organization made the first major effort to rank the health systems of 191 nations. France and Italy took the top two spots; the United States was a dismal 37th. More recently, the highly regarded Commonwealth Fund has pioneered in comparing the United States with other advanced nations through surveys of patients and doctors and analysis of other data. Its latest report, issued in May, ranked the United States last or next-to-last compared with five other nations – Australia, Canada, Germany, New Zealand and the United Kingdom – on most measures of performance, including quality of care and access to it. .

Insurance coverage. All other major industrialized nations provide universal health coverage, and most of them have comprehensive benefit packages with no cost-sharing by the patients. The United States, to its shame, has some 45 million people without health insurance and many more millions who have poor coverage. . .

Fairness. The United States ranks dead last on almost all measures of equity because we have the greatest disparity in the quality of care given to richer and poorer citizens. Americans with below-average incomes are much less likely than their counterparts in other industrialized nations to see a doctor when sick, to fill prescriptions or to get needed tests and follow-up care. .

Patient satisfaction. Despite the declarations of their political leaders, many Americans hold surprisingly negative views of their health care system. Polls in Europe and North America seven to nine years ago found that only 40 percent of Americans were satisfied with the nation’s health care system, placing us 14th out of 17 countries. . .

With health care emerging as a major issue in the presidential campaign and in Congress, it will be important to get beyond empty boasts that this country has “the best health care system in the world” and turn instead to fixing its very real defects. The main goal should be to reduce the huge number of uninsured, who are a major reason for our poor standing globally. But there is also plenty of room to improve our coordination of care, our use of computerized records, communications between doctors and patients, and dozens of other factors that impair the quality of care. The world’s most powerful economy should be able to provide a health care system that really is the best.

Sermon

One of my respected Unitarian Universalist ministerial colleagues recently stated that, in his opinion, every minister should preach on the issue of health care at least annually. It’s that important. Well, my last sermon on the topic was about two-and-a-half years ago, and so I guess

I'm overdue. I'm not sure I agree that I need to address the issue every year, but the way that it keeps emerging into our consciousness and into our legislative decision-making, it is certainly difficult to ignore.

One of the reasons I hesitate and am reluctant to address the state of health care in this country is that it's just so darn depressing. Our reading this morning made painfully clear the seeming paradox of the failure of the most powerful economy in the world to adequately care for the health of its citizens. And even when there seem to be some clear steps that could improve the situation, there does not appear to be the political will necessary to implement them.

That is the case, not only with respect to the kind of major overhaul of the health care system which I and many others feel is the only real solution, but even with minor tweaks to the system as it currently exists. One example is the recent attempts to expand the SCHIP program. The State Children's Health Insurance Program is designed to provide health insurance for families who earn too much money to qualify for Medicaid, yet cannot afford to buy private insurance. The program was created to address the growing number of children in the United States without health insurance. Although nearly two-thirds of the House of Representatives supports the proposed expansion of the program, that wasn't quite enough to override President Bush's veto. And so his stubborn opposition to this much-needed assistance trumps the clear support of our elected representatives.

So – here we are to talk about the state of health care in the United States in 2007, and to consider what it suggests about who we are as a people. And make no mistake, how we treat one another – not only as individuals, but as a society – is one of the most important indicators of who we are as a people. In the words of George W. Bush's favorite political philosopher, [Jesus Christ, as per a 1999 presidential debate response]: “Truly, I say to you, as you did it to one of the least of these my brethren, you did it to me.”

Perhaps the simplest, one-word summation of the current state of American health care is “deplorable.” I've already touched on some aspects of why that is so. But before I expand on the well-deserved critique of the current system, let me provide a bit of balance by acknowledging that there are some areas in which we do fairly well. For instance, on the prevention side, we've done a better job than other industrialized nations in reducing smoking. Widespread use of Pap smears and mammograms to detect early-stage cancers, and blood tests and cholesterol checks for hypertensive patients have contributed to the length and quality of life for many. On the treatment side, the United States has the best survival rate for breast cancer, second best for cervical cancer and childhood leukemia.

In fact, we have the knowledge, the expertise, and the technology that are required for excellent health care. And for those who can afford it, we may indeed have some of the best health care available on the planet. Where we fall down is in the equitable distribution of health care resources. There are millions who do not have adequate access to those resources. It's a basic issue of fairness.

One of this nation's most disgraceful statistics in recent decades has been the number of people without health insurance. The number continues to grow. According to a US Census Bureau report issued in August of this year, it has reached 48 million, nearly nine million of them children. My friend and colleague Jennifer Brooks, in a recent sermon, posed the question “Why does this matter?” And her response to that question was “It matters because we live in a nation where access to health care *depends* on having health insurance. This is not the case in most of the developed world. Canada, England, Germany, France all regard basic health care as

a fundamental human right [now there's a novel concept!], and it is provided through a 'single payer' program much like Medicare, but expanded to everyone."

It matters because of statistics like these [from "It's Really Quite Obvious," a sermon by Rev. Anna Clock Saxon, 9/17/06]:

- Uninsured Americans are 3.6 times more likely to die in the hospital than those with insurance.
- Uninsured children and adults are 30% less likely to receive preventative care, increasing the likelihood that they will be diagnosed with advanced conditions and earlier death.
- Uninsured women with breast cancer are 30-50% more likely to die than women who have insurance.

And interestingly enough, eight out of ten of the uninsured are workers or members of working families.

To bring this point out of the realm of statistics into the realm of real-life experience, let me share the following story from Rev. Anna Clock Saxon who once served as an oncology counselor at a hospital in Texas. She writes:

I remember distinctly a hot, humid Texas afternoon when the primary doctor, who had been seeing a woman patient for the first time, came out and told me he wanted me to come in to the room. That didn't happen very often, and so I was quite curious about his reasoning.

As we walked into the room there sat a middle aged woman who looked older than her age, very timid, her head down. She answered the doctor's questions in almost a whisper; her grammar was quite poor, bespeaking a life of little education.

The doctor said, "Please show me your breast again so that I can have Anna look at it. As she slowly moved aside her gown, both the sight and the smell were ghastly. Her breast had an open, ulcerated tumor growing out of it. The doctor asked her why she hadn't sought treatment earlier. Her reply, "I don't have any insurance. I thought it might just be an infection so I treated it with Witch Hazel and peroxide."

The doctor explained, once we were outside of the room, that the pain must be excruciating and that he had never seen breast cancer that advanced outside of the body. Unfortunately, he added, it was highly likely, given the advanced stage, that the cancer had spread to other parts of her body and she would not survive. He was correct on both counts.

And so it is quite clear that one major step in the direction of a more humane and equitable health care system would be universal health insurance coverage that would assure access for everyone to at least a basic level of care. But of course that means money – lots of money. Money that some would prefer to spend on military adventures and the spread of the American empire. On the other hand, there are American politicians continually coming up with plans and proposals for getting everyone insured. And I think consensus is moving in that direction. But I don't think that's enough. And let me tell you why. Even having health insurance does not guarantee excellent, or even adequate, medical care.

Michael Moore's biting critique of the American health care system in his movie *Sicko*, dealt primarily not with the uninsured, but with those who had health insurance and experienced horror stories nevertheless. Whether you love or hate Michael Moore, and even if you think he sometimes goes too far, I think he did expose a very real problem *within* the health insurance industry. That is, that in a system that we would hope is designed to deliver medical care, the insurance companies spend far too much time and energy figuring out how to withhold medical care in order to keep their costs down, and their profits up.

Although not too many of us have experienced the kind of horror stories presented by Michael Moore, they do ring true for many of us who have, over the years, engaged in repeated battles with our insurance carriers to get the coverage and the services that we had assumed we were entitled to.

These stories, and these experiences point to what I see as one of the major flaws in the health care system in this country. It has to do with what factors, what interests, what values play into decisions about medical care, and who gets it and who doesn't. There are certainly countless examples of ethical and compassionate treatment and behavior within the health care system. Alongside all the horror stories, there are also the stories of compassionate individuals going beyond the call of duty to treat and ease the suffering of those most in need. But the system itself is designed in such a way that profit will often trump compassion, and even ethics, in decision-making about the allocation of health care resources. Money talks at every level, and it's built into the system.

As I mentioned before, a reasonable expectation of a health care system is a system that delivers at least basic care to all Americans in as equitable way as possible. I think we, the American people, do have a strong sense of compassion, of caring for our fellow humans. We hunger for ways to ease the suffering of others. Why would we ever imagine that the best way to do that would be to put right at the center of our health care system an insurance industry that profits more from withholding care than from delivering it? It boggles the mind.

The basic concept of insurance is sound: spreading risk and expense across a population so as to prevent impoverishment due to misfortune. Those of us who are fortunate enough to enjoy good health with little need for expensive medical care are, or at least should be, willing to pay our fair share, not only to provide for our own possible future need, but also to provide for family, friends, and fellow citizens in their times of need.

Here's the problem: in an ideal world (at least in *my* ideal world), decisions about who gets insurance, and how insurance is administered, should be guided by moral considerations and values, such as fairness, dignity, justice, and the common good, rather than simply economics and ideology. Martin Luther King, Jr. once wrote that "Of all the forms of inequalities, injustice in health care is the most shocking and inhumane." And so we need a system that doesn't have injustice and inequality built right in.

One of the major criticisms of Michael Moore's *Sicko* is that he paints too glowing a picture of government-run health care systems in countries like France, England, Canada, and Cuba. And I think the claims of exaggeration are almost certainly valid. But it's clear from the stories and statistics and comparisons among nations that our current system is broken. No system is, or will be perfect in the equitable delivery of health care. But we should be willing to learn from the positive experiences of others, without automatically reacting in knee-jerk fashion to fears of "socialized medicine" and slippery slopes.

When I address a topic like this in a way that paints a bleak picture about a difficult situation in our society, I always feel obligated to be able to answer the question: "So what do we

do about it?” As I hinted when I began this morning, my inability to offer a satisfactory response to that question is one reason I’m reluctant even to take on an issue like health care. In this case, about the only concrete actions I can suggest are to support political candidates with progressive ideas, and to continue to speak out – through letters to the editor, or letters to your elected officials, or through whatever means are available – in support of a more humane and equitable system. And for me that means a system that does not have non-humane or even anti-humane elements built into its very core.

If I leave you with nothing else this morning, I hope you will take with you an appreciation for the importance of framing the debate in terms of human values. We’re dealing with people’s health, and their very lives. How much more human an issue can there be? In closing, I simply encourage you to ask yourself often: “Who are we as a people, and what does that tell us about how we should take care of one another?”

So may it be.