

“A Crisis of Comparison”

Sermon by the Rev. Jim Eller

**Al Souls
Unitarian Universalist Church
Kansas City, Missouri
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September 4, 2005

Readings

“Perversity Infects U.S. Health Care,” by Paul Krugman

The United States spends far more on health care than other advanced countries. Yet we don't appear to receive more medical service. And we have lower life-expectancy and higher infant-mortality rates than countries that spend less than half as much per person. How do we do it?

An important part of the answer is that much of our health care spending is devoted to passing the buck: trying to get someone else to pay the bills.

“Critical Condition: How Health Care in America Became Big Business and Bad Medicine,” by Don Barlett

The U. S. health-care system, according to “Uninsured in America,” has created a group of people who increasingly look different from others and suffer in ways that others do not. The leading cause of personal bankruptcy in the United States is unpaid medical bills. Half of the uninsured owe money to hospitals, and a third are being pursued by collection agencies. Children without health insurance are less likely to receive medical attention for serious injuries, for recurrent ear infections, or for asthma. Lung-cancer patients without insurance are less likely to receive surgery, chemotherapy, or radiation treatment. Heart-attack victims without health insurance are less likely to receive angioplasty. People

with pneumonia who don't have health insurance are less likely to receive X rays or consultations. The death rate in any given year for someone without health insurance is twenty-five per cent higher than for someone with insurance. Because the uninsured are sicker than the rest of us, they can't get better jobs, and because they can't get better jobs they can't afford health insurance, and because they can't afford health insurance they get even sicker.

Sermon

We are seriously in need of a wide-ranging debate on the state of our country's health care system. Some say we are in a crisis. For those for whom the system has not yet failed, the sense of crisis is not acute or imminent, but, as one commentator said, we are each one serious health event away from financial ruin.

We have been a compassionate and caring people. We tend to respond to loss and tragedy with support and an outpouring of concern. For many years in this country, the Golden Rule ruled, whether a person was religious or not. We did for others, as we would have them do for us. Whether the concern is a national disaster, a tsunami, or a family in a horrible situation, we still act out the Golden Rule precept. But, the culture of our country has been changing. We seem to be ruled

more by those with the Gold, than by the golden rule. Lower taxes, smaller government, and incentives for business and for large corporations is the currency of our day.

Yes, as our readings suggest, we are a good and caring people. We are the ones who will offer rooms in our homes to hurricane and flood victims so that they might start their lives over. We are people who will contribute generously, when a family has their home burned to the ground or a child's body is found headless. Our Kansas City community responds.

Earlier this year one of the local television stations told the story of a family in trouble. The father of the family needed a liver transplant, but could not afford it. The medical expenses would probably run over one hundred thousand dollars, and they did not have medical insurance. So, friends were doing fundraisers to raise as much of the needed money as possible. Viewers were encouraged to contribute. At least this is how I remember it, and it is not a lone event, as similar stories have become a somewhat regular occurrence on the evening news.

Knowing how much can be raised by a bake sale, an evening concert, or even a large garage sale; I doubt that the large amount of money needed for some medical requirements can actually be raised by volunteer efforts. It sometimes feels as if all of this goodwill and hard

volunteer work and generosity go from the hands of the working poor into the hands of the wealthy insurance industry and its executives. People sacrificing in order to make the wealthy wealthier and save one person or save one family, when the real problem is a broken health care system.

An article in the August 29th *New Yorker* says, "The United States has opted for a makeshift system of increasing complexity and dysfunction. Americans spend \$5,267 per capita on health care every year, almost two and half times the industrialized world's median of \$2,193; the extra spending comes to hundreds of billions of dollars a year. What does that extra spending buy us? Americans have fewer doctors per capita than most Western countries. We go to the doctor less than people in other Western countries. We get admitted to the hospital less frequently than people in other Western countries. We are less satisfied with our health care than our counterparts in other countries. American life expectancy is lower than the Western average. Childhood immunization rates in the United States are lower than average. Infant mortality rates are in the nineteenth percentile of industrialized nations. Doctors here perform more high-end medical procedures, such as coronary angioplasties, than in other countries, but most of the wealthier Western countries have more CT scanners than the United States does, and Switzerland, Japan, Austria, and Finland all have more MRI machines per capita. Nor is our system more efficient. The United States spends

more than a thousand dollars per capita per year—or close to four hundred billion dollars—on health-care-related paperwork and administration, whereas Canada, for example, spends only about three hundred dollars per capita. And, of course, every other country in the industrialized world insures all its citizens; despite those extra hundreds of billions of dollars we spend each year, we leave forty-five million people without any insurance.”

I am pleased to say that I have health insurance and am well satisfied with the coverage we receive from Humana, and before that our church provided its employees with Blue Cross Blue Shield, which was also a good provider. That said; I pay a co-pay of \$30 of thirty dollars for any prescription for my family.

When I was getting ready to travel to Eastern Europe last summer, I wanted to make sure that I had enough of my medications, so I stopped by the local pharmacy. I was told that I could not get the extra I needed because the insurance company indicated I was not yet due for the medication. I explained that I knew I had half a bottle of my cholesterol reducing medication, and that I would not run out for two weeks, but I was going to be out of town for three and getting my medications ahead would help. It became such a hassle; I decided I would stretch my various medications.

But, as the days went by, I did begin to run low on another medication. Here I was in Romania. What could

I possibly do? I told our host and translator my problem. "This is no problem," she said. "Our pharmacists can prescribe." We went to the pharmacy. I showed my nearly empty bottle. The pharmacist's only question was, "Do you want the German pills at ten dollars or the Romanian for two dollars?" This is the same medication that I pay \$30 for just my co-pay. Our translator wanted to know if I wanted a year's supply, and was surprised when I only purchased the next month's supply.

I am not alone in my struggles with prescription medication. My wife's parents travel to Mexico each year to purchase much of their next year's medications for a fraction of the cost they pay in the states. Some whole governmental agencies have contracted with Canadian suppliers to make cost savings.

Our system seems broken to me and to many others. The Clintons tried to reform it--the sixth attempt at finding a better system than our curtain failing system. The insurance and medical industries promised to be better and for a few years they were, but minor changes did not fix a broken system.

We spend more money on administration and on risk management than any other industrialized country in the world. We spend three times as much on managing our medical paper work as Canada.

In Oklahoma, my Doctor was a member of my church. He is a UU, open minded, caring, and compassionate and a good doctor. He confessed to me that he was considering taking early retirement and doing something other than being a doctor. He is my age. I was surprised. "Dr. Dave, why would you do that?" "Because, I just want to be a doctor and treat my patients. Now, I spend far too much of my time and staff fighting the insurance industry. They refuse some patients the medications I prescribe; they contest payment for procedures on another. When I began, I had one assistant, who was my nurse, my scheduler, and my administrator. Now, I have a nurse and four clerical staff members just to manage the paper work, and I often find that a health insurance administrator will be second-guessing my work, when they have never met or seen my patient. It gets to be just too much of a headache." This is not how he would like to practice medicine.

Then there is the story in Friday's San Francisco Chronicle of a man who was seeking health insurance only to find that his premium was being increased by twenty-five percent. His insurer deemed him to be high-risk. He was in his twenties with no health problems other than seasonal allergy and hay fever. He couldn't believe it. So, he fought and fought the increase, until the insurer relented and gave him a good rating, but not all stories end so well.

Most people who have difficult health histories have a very difficult time even getting insurance. If you come with a difficult health history, you will have a difficult time getting insured. Between fifteen and twenty percent of our country has no health insurance coverage. Those without insurance are at much greater risk.

Those without insurance tend not to go to doctors, or wait so long to see one that they have more serious medical problems. They are slower to recover, tend not to take all of the medication they need, and die younger. One of the places the uninsured cut corners is with dental care.

“Several years ago, two Harvard researchers, Susan Starr and Rushika Fernandopulle, set out to interview people without health-care coverage for a book they were writing, *Uninsured in America*. They talked to as many kinds of people as they could find, collecting stories of untreated depression and struggling single mothers and chronically injured laborers—and the most common complaint they heard was about teeth. Gina, a hairdresser in Idaho, whose husband worked as a freight manager at a chain store, had “a peculiar mannerism of keeping her mouth closed even when speaking.” It turned out that she hadn’t been able to afford dental care for three years, and one of her front teeth was rotting. Daniel, a construction worker, pulled out his bad teeth with pliers. Then, there was Loretta, who worked nights

at a university research center in Mississippi, and was missing most of her teeth.”

People without health insurance have bad teeth because, if you're paying for everything out of your own pocket, going to the dentist for a checkup seems like a luxury. It isn't, of course.

Do we have a good health care system in the United States? Well, yes, if you are in the top five to ten percent in terms of wealth. Yes, the wealthiest people in the world come to the United States for high tech specialty medicine, but the poor get second-class medical care, if they can even get that care. A twentieth century poet put it this way, “What comes around goes around.” As the poor suffer, so may the middle class soon, as we witness an ever-increasing erosion of the American middle class.

We are a country committed to economic competition, based upon a supply-and-demand system. This works well in some instances, but health care may not be best served with this model.

Here locally, we have moved from having twelve of our local hospitals owned by non-profit corporations to for-profit ownership. There were problems with management of some of these organizations, but the for-profit solution has very serious consequences. Nursing care has been cut, because some of the nurturing and patient assistance is non-billable. So, it is being cut out.

Hospital units that are not profitable are being closed. So, psychiatric, geriatric, and skilled nursing units are going and some are already gone. Moneymaking units like pediatric intensive care and cardiac specialty units are being expanded.

Hospitals that are less profitable are also being closed altogether. Of course those are the ones in low-income areas, leaving the poor and communities of color underserved.

Erica, the daughter of two of our members, is working for the AFL-CIO, trying to unionize the nurses affected by HCA, the large for-profit corporation that has purchased our local hospitals. They are fighting for quality care, patients before profits, and care for the workers and nurses. They are trying to keep the patient-nurse ratio low enough that the nurses can still offer quality care.

In Milwaukee, HCA is trying to cut pension funds as an employee benefit for nurses. When the CEO of HCA was asked what these health-care professionals were supposed to do without a pension, he said, "They should marry well," as if all nurses had the option. The Union response was to ask the nurses to show up at a demonstration wearing wedding dresses. They publicly asked the CEO to marry them. He declined.

“In both Europe and the United States... the push for health insurance has been led by organized labor. But in Europe the unions worked through the political system, fighting for coverage for all citizens. From the start, health insurance in Europe was public and universal, and that created powerful political support for any attempt to expand benefits. In the United States, by contrast, the unions worked through the collective bargaining system and, as a result, could win health benefits only for their own members. Health insurance here has always been private and selective, and every attempt to expand benefits has resulted in a paralyzing political battle over who would be added to insurance rolls and who ought to pay for those additions.”

As I look at the contrast between the medical systems in the United States and in other Western or modern industrialized countries, our system does not compare well. We are the only country without universal health insurance. I wish our Unions success, and not just in obtaining benefits for unionized nurses. I wish them success in following the leadership of their past successes. Their gains in child labor law and reasonable work hours affected not just union workers, but almost all people in our country. As the unions seek to organize the nurses in for-profit hospitals, I wish them success, not only in this, but also in winning universal health care coverage for all Americans. This would be a start toward fixing a health care system that is broken.