

“DON’T GET SICK!”
A sermon by Rev. Elizabeth L. Greene
Boise Unitarian Universalist Fellowship
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Contemplation—from *Health Care Meltdown*, by Bob LeBow

A 15th-century proverb, often incorrectly attributed to the *Bible*:
God helps those who help themselves.

Quotation by an Idaho person who considers himself religious:
It seems fair to me that in America those hoi can afford health crer can get it, and those who can’t afford it don’t.

Quotation by Ronald J. Sider, writer on issues of poverty and justice:
How can any Christian read what the Bible says about the poor and what Jesus says about the sick without hearing a divine call to demand that every person in this nation, starting with the poor, have access to health insurance?”

Reading—from *Living History*, by Hillary Rodham Clinton

Hillary Rodham Clinton, writing about Bill Clinton’s and her first presidential campaign, 1991-1992:

To Bill and me, no issue was more distressing than the health care crisis in America. Everywhere we went, we heard story after story about the inequities of the health care system. Growing numbers of citizens were being deprived of necessary health care because they were uninsured and didn’t have the means to pay their own medical bills.

In New Hampshire, Bill and I met Ronnie and Rhonda Machos, whose son, Ronnie Jr., had been born with a serious heart condition. When Ronnie lost his job and his health insurance, he faced crushing medical bills to provide the care his son needed. The Gores [vice-presidential candidate Al and his wife Tipper] told us about the Philpott family from Georgia, whose seven-year-old son, Brett, had shared a hospital room with young Albert Gore after his devastating car accident. Al and Tipper spoke often about the tremendous financial burden the Philpott family had faced because of Brett’s illness.

As moving as each story was, we knew that for every tragic case we heard about or witnessed, thousands more went untold....

I don’t think Bill expected that health care reform would become a cornerstone of his campaign....But the more Bill studied the problem, the clearer it became that reforming health care insurance and reining in skyrocketing costs were integral to fixing the economy, as well as taking care of people’s urgent medical needs....

We knew that trying to fix the health care system would be a huge political challenge. But we believed that if voters chose Bill Clinton on November 3, it meant that change was what they wanted.

Sermon

Health care causes distress at the highest and most exalted levels.

There was a very old woman, who had toiled her whole life in the cause of medical care reform. She died in her late 90s and went to heaven, where she met God at the Pearly Gates. “I am so glad to see you,” she declared. “You are the only one who can answer my life’s burning question: will there ever be universal health care in the United States?” God pondered a moment and said, “Well, it’s a good news-bad news answer. The good news is, yes there will be. The bad news is, it won’t happen in my lifetime.”

Hillary Rodham Clinton may have made up that joke, after heading optimistically into the 100-day project to create a workable health-care-for-all proposal, at the beginning of husband Bill’s first term as president. It was a fiasco, overwhelming even the collective brilliance of the Clintons and their team. (H. Clinton, *Living History*)

The issue doesn’t go away, though.

I and our church have personal experience with it. BUUF is an ethical and responsible employer, embodying the religious value of caring for those over whom they have authority. BUUF offers health insurance as a benefit of employment. For various reasons, it is cheaper for me to have an individual health policy than for the church to have a group policy. In 2003-2004, the Fellowship paid \$490-something a month for my coverage, which had a \$2000 deductible (drugs counted toward the deductible), after which everything was covered. That was the year I had two surgeries, so I of course paid the full deductible. (The Unitarian Universalist Association’s Department of Church Staff Finances in Boston has a fund to help ministers, and they contributed generously toward the deductible.) Then health insurance renewal month rolled around. Imagine our wonderment to see the 2004-2005 premium: about \$750 a month, only about 4% of which increase was a result of my surgeries.

A 65% hike wasn’t exactly in the congregational budget, so we decided to go to the next-best option, which was the next lower level of coverage. The premiums went way down, to the low 400s each month. My coverage now has a \$3000 deductible, plus I pay 20% of costs after that, up to 2000 additional dollars. What it means is that if I have something seriously expensive happen to my health, I will pay \$5000 before costs are fully covered. The BUUF Board made the generous decision to reimburse me for the first \$1000 of the deductible—once more acting as a compassionate religious institution, caring for more than the “bottom line.”

My insurance coverage is not exactly excellent, as it requires me to pay pretty much all preventive and curative costs I might incur in the course of an average year.

But I’m not complaining. I belong to the middle class. I live in a home with two middle-class incomes. We have no children at home or in college, no aged or disabled relatives for whom we are financially responsible. My employer cares about my welfare, as does the larger religious association to which we belong. At this point, I have no chronic serious conditions (nor history of them) that would cause me to lose my job, thus losing my health coverage.

Thousands of others in our country are not so lucky. A group of Harvard researchers recently published a study they conducted, of individuals who declared bankruptcy in 2001. (www.pnhp.org/bankruptcy) Here is the abstract of the study:

In 2001, 1.458 million American families filed for bankruptcy. To investigate medical contributors to bankruptcy, we surveyed 1,771 personal bankruptcy filers in five federal courts and subsequently completed in-depth interviews with 931 of them. About half cited medical causes, which indicates that 1.9–2.2 million Americans (filers plus dependents) experienced medical bankruptcy. Among those whose illnesses led to bankruptcy, out-of-pocket costs averaged \$11,854 since the start of illness; 75.7 percent had insurance at the onset of illness....

In the two years prior to declaring bankruptcy, about 40% of the 931 interviewees lost phone service. Over half went without needed medical care or failed to fill a needed prescription. Twenty per cent actually went without food at times. Human beings like you and me. Grownups and children.

It is a problem of terrible proportions.

Dr. Bob LeBow was a family practitioner in community clinics in Idaho for 30 years. A man of compassion, wit, brilliance and principle, he published the book *Health Care Meltdown* in 2002, about a year before his untimely death at the age of 63. He points out that we are “the only developed nation that fails to guarantee access to needed care for all its citizens and the only advanced country that permits someone to go bankrupt because of poor health.” (2) He also notes frequently in his book that we Americans are pretty much “clueless” about the nature and magnitude of the problem.

The Commonwealth Fund is a non-partisan health care reform group with an excellent website (www.cnwf.org) It says,

Despite recent efforts to expand coverage incrementally, the number of uninsured Americans has continued to grow, reaching 45 million in 2003, up 3.8 million from 2001. Millions more face erosion in their coverage, higher deductibles, and periods without insurance.

It will come as no surprise to learn that certain categories of people receive less adequate health care than others: ethnic minorities, women, children.

We are constantly being told, “America has the best health care system in the world.”(Bob LeBow compares that declaration to the statement, “The moon is made of green cheese,” which he attributes to “Anonymous, 16th-century, likely a dairyman.” (13)) In 2000 the World Health Organization (WHO) report on the world’s health care systems ranked the U.S. 37th “overall.” In the category of “fairness,” we ranked 54th, tying with Fiji. We came in first—by far—in the category of “spending.”

It is a problem of terrible proportions, in terms of humanity, and government, and money, and ethics, and religion, and all of those human dignity “-isms” like classism and racism and agism and sexism.

Furthermore, solving this problem is seriously encumbered by the American SuperEthic of individualism. A poet wrote that no one is an island, apart from the main, that the bell that tolls for one tolls for all. (John Donne, *Devotions Upon Emergent Occasions*, Meditation XVII) We basically do not believe him. We honor the worth and dignity of each person, by golly, and woe betide whoever proposes programs which appear to take away our precious uniqueness and right to choose. “Personal responsibility” is a term we can fall prey to, used to mean “you’re-on-your-own-no-matter-what.” We are one of the most church-attending nations on earth, and yet we have a deep moral flaw that lets us ignore the admonition to love our neighbor as ourself—

ignore the universal religious maxim to treat others as we would be treated—ignore the deep and beautiful truth that we are bound together in a vast, mysterious web: each to each, each to all, all to all.

It is a terrible problem, all right. What in God's name can be done about it?
I like Bob LeBow's suggestion of the time-honored American practice of bake sales:

Selling only 1000 three-layer chocolate cakes at \$8.99 each could finance a gallbladder operation, if the beneficiary only stayed in the hospital one day. For those who might be interested in extending this model on a nationwide scale: if each person in America sold just one nine-inch German chocolate cake a day at \$9.99 apiece, the proceeds (one trillion dollars) would be enough to cover 100 percent of America's health care costs, assuming administrative savings from eliminating insurance. (186)

If that doesn't feel quite right (!), there are a number of other practical things we can do. The first thing is to figure out ways to stop being so clueless. As a card-carrying member of the Clueless Brigade when I began reading for this sermon, I did a little studying. I re-read Bob LeBow's book, more carefully this time. I found the 1998 Unitarian Universalist General Assembly Resolution of Immediate Witness, on Health Insurance (copies attached to the sermon copies), and reflected on how I, specifically, might help implement that document's general recommendations. I joined the organization Physicians for a National Health Program—they only charge \$40 a year to non-physicians, and they have a lot of information. I signed up for Commonwealth Fund's regular e-mail updates.

You can begin exiting the Clueless Brigade, should you be a member, by picking up material in the north vestibule. By talking with Besse LaBudde, our social action maven, plus others who are here this morning. You can call United Vision For Idaho (Roger Sherman from our congregation works for them) and get on their e-mail list, since they are probably the single most reliable source of what's happening in Idaho government—on almost any topic, certainly health care.

Do we, as a congregation, want to propose a resolution, a project, at our May annual meeting? Something we can carry through next year? Do you want to urge your UUA Board Trustee to carry any particular recommendations?

All this and more can be done, as we wend our way out of cluelessness, toward a stand on the issue, toward an informed position about how equitable health care can be achieved in the United States.

All this can and should be done.

And, it is not the most important part of the issue. The American failure to create and maintain a sane health care system is a particularly outrageous religious failure. A spiritual failure, a failure of love's great ethic. What kind of a system contains a "religious" person who says, "It seems fair to me that in America those who can afford health care can get it, and those who can't afford it don't"?

I can only conclude—in my more compassionate moments—that that Idahoan simply was not thinking. Was not thinking about the huge costs of health care that can lurch into a family's life, through no doing or neglect of its own. Was not thinking of the dreadful misfortunes that can befall any member of the human family. Was forgetting

the children, whose lives are at stake here. Was not remembering that some classes of human beings have no voice in the halls of power.

We UU's do have voices, by and large. In those halls and in all parts of our lives, we can embody our deep, universal religious values: compassion and love and connection. Whatever our culture tells us to the contrary, we *are* our brothers' and sisters' keepers, woven together in ways we glimpse but dimly.

Let me share with you some of those moments when I know—really know—that I am part of an infinitely-complex web, shimmering around and within and among us, dancing just beyond my daytime thoughts and pictures. These moments are the ones that best inform my attitudes and behavior toward health care in our country. Let your heart find your own shining web strands, as you hear some of mine.

- ❖ When I see a child do or say something spontaneous, unself-conscious, original—the 3-year-old's singing "Go Now In Peace" as he goes to the bathroom—reminding me of how precious are the hearts and minds and bodies and souls of all children, reminding me that they are our future and deserve our care.
- ❖ When I sit with a family hit by death, tragedy, the unspeakable—when the common bonds of human suffering glow through my usual fog of distractedness, and my heart is moved by the courage it takes just to keep on keeping on.
- ❖ When I connect with someone I have known and cared about for decades, poignantly underscoring how short are our days on earth, and how very few and dear are those with whom we shared our youth.
- ❖ Every time I re-commit to a loving connection whose course is not running smoothly—congregation, friend, acquaintance, lover—every time I am able to feel and see that relationship transcends my selfish concerns.
- ❖ When I stand on the Capitol steps, or wait outside a Senate hearing room, comforted and inspired by those who also care enough about justice to go to the considerable nuisance of showing up to speak truth to power.
- ❖ When I am overcome by beauty—music, color, shape, pattern, the Boise Front, a gorgeous person,—and feel its universal human call.

In all these times, and so many more, I feel what it is to be genuinely "religious," to be bound together in the root meaning of that word. When I feel that profound oneness and connection, I know that the poet was right and that we are not islands, apart from the main of all life and creation—my faith is renewed.

I am led then, by my faith, to take practical steps. I learn and I preach and I act. I read and I worry and I do what I can. It would be meaningless—even hypocritical—to feel a part of all that is, and remain actionless in my own privileged world.

At the same time, my actions are simply threads in the tapestry of my spiritual values. Health care in the United States is a very, very big mess, and millions of fellow human beings are suffering as a result. That fact is not irrelevant to me, because I am one of those "fellow" human beings. I care, and I act, because of the embracing faith I share with so many others. The bell of suffering from inadequate health care does not toll for others alone. It tolls for me, and for you, and for us.

