

Health Care for One and All

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*Courage my friends, 'tis not too late
to build a better world.*

— Tommy Douglas

Call to Worship Ellen Buller

With the exception of a dollar or two, or a free ticket here & there, I've only ever won one lottery – and it was a big one. In 1990 my name was picked in an immigration lottery, allowing my immediate family to start the process of emigrating to the US from Canada. This was something that my husband & I had wanted for years, and we were ecstatic.

We couldn't wait to share the good news with friends and family. Without exception, everyone we spoke to had one big question: "What will you do about healthcare?"

I cannot talk on this subject without my personal opinion that quality medical care is such a basic human right that it should be provided universally and evenly by some form of government program.

The Canadian system is not without flaws, but it does effectively provide the security of cradle to grave medical coverage for

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every resident. It is a single payer system, which means equal availability and quality of care for everyone. This also streamlines the billing procedure, freeing up a lot of time and manpower that is more effectively spent on direct patient care.

I was very surprised to find that the majority of Americans are suspicious of a government system. Especially when you consider that this is the only industrialized nation without a form of universal healthcare.

People sometimes ask me if there is any real difference between living in Canada & the US. I think the basic difference was well expressed by Canadian Tommy Douglas, known as the Father of Medicare. When asked by his grandson what defined Canadians, his answer was twofold:

Canadian winters and Medicare.

The cold and brutal winters toughened the national character and Medicare made all Canadians equal in the ability to care for themselves.

Tommy Douglas: The Little Fellow with an Idea Ellen Buller

Instead of the usual readings this morning, I'm going to talk about my favorite politician...because, as I told Duane, I could not take part in a service on the topic of healthcare without expressing my admiration for Tommy Douglas, the father of the Canadian Medicare System.

As the five-term premier of Saskatchewan, he implemented a system of universal healthcare at the provincial level, proving that despite opposition, mainly from the medical profession...it could be done. His system formed the basis for the system that was adopted across the country,

I am not alone in my appreciation. In 2004 the Canadian Broadcasting Corporation held a contest and Tommy Douglas was named The Greatest Canadian of all time. The other top 10 contenders were:

- Terry Fox, the very beloved young man who ran across most of Canada on his artificial leg in the early 1980's to raise

money and awareness for Cancer research before his cancer returned, forcing him to cut short his run, and taking his life.

- Three former Prime Ministers: Pierre Trudeau; Lester Pearson; Sir John A, MacDonald
- Three scientists or inventors: Frederick Banting; David Suzuki; Alexander Graham Bell
- and two from the world of hockey: Don Cherry and Wayne Gretsky

I recall Tommy Douglas as an unlikely politician, usually referred to as Uncle Tommy. He was a little elf of a man, standing 5'5" tall, with a high-pitched voice.

When he first stood to address the Saskatchewan Parliament, an opponent shouted out "Stand up". With his usual quick wit, Tommy Douglas replied:

"It has been requested that I stand up. I am now at my full height, which is not very imposing. Fortunately there are houses of debate where measurement is from the shoulders up, rather than from the shoulders down."

Tommy was born in Scotland in 1904. A sickly child, he suffered from pneumonia and injured his right knee in a fall bringing on osteomyelitis and requiring several surgeries. He credited the universal healthcare system in place throughout Great Britain with sending him the best hospitals and saving his leg from amputation.

He left school early to work in a whiskey distillery at age 13. After the family immigrated to Canada, Tommy began a printer's apprenticeship and became the youngest linotype operator in the country at age 16.

At 19 he became the Lightweight Boxing Champion of the Province of Manitoba. He never lost his boxing skills and at the age of 68 he punched a hold-up man while vacationing in Jamaica.

He was a devout Christian, and eventually finished high school and studied theology at Brandon College in Manitoba, to become a Baptist Minister. He studied the social gospel, the belief that Christianity has a social purpose to improve this world and the next.

He is quoted as saying:

“How do you talk to a man about saving his soul if he’s got a toothache?”

His involvement in social issues, which included preaching against the living conditions of mine workers, resulted in complaints to the church deacons. He eventually was forced out of the pulpit.

As he rose through the political ranks, he remained humble and true to his prairie roots, commenting:

“Canada is like an old cow. The West feeds it. Ontario and Quebec milk it. And you can well imagine what it’s doing in the Maritimes.”

Tommy and his wife Irma Dempsey had 2 daughters; their older daughter Shirley is a successful stage actress, working mainly in Canada and Britain. Shirley was married to actor Donald Sutherland, and in 1969, while living in Los Angeles she was active in organizing a breakfast program for children living in the slums. She was arrested for storing bombs for the Black Panthers. Tommy went to Los Angeles to support his daughter, declaring that he was:

“...proud of the fact that my daughter believes, as I do, that hungry children should be fed, whether they are Black Panthers or white Republicans.”

No bombs were found in her home and all charges against Shirley Douglas were dropped.

During their marriage, Donald Sutherland & Shirley Douglas had twins. Their daughter Rachel is a film producer in Toronto, and you may have heard of their son Kiefer Sutherland. Kiefer has said about his grandfather:

“He was one of those rare people who not only had the passion and conviction to change things for the better, but he could also take people with him.”

In Tommy Douglas’ own words:

“My friends, watch out for the little fellow with an idea.”

Sermon
Duane Fickeisen

Bind all our wounds? Or only the wounds of those who have insurance? It's not just a rhetorical question. It's a matter of justice. Our government has failed to fix the flawed system that makes health care more expensive than it needs to be for all of us in order to protect the profits of the monstrous, and I would argue evil, private insurance industry.

The United States the only industrial nation without universal access to health care. The World Health Organization ranks the US 37th out of 190 countries on a composite of measures of wellness. Citizens of Costa Rica and Chile, most of Europe, Japan, Singapore, Iceland, and Canada all have better health care. We're barely ahead of Slovenia and Cuba.

There were about 47 million Americans who did not have health insurance in 2005. That's about one out of every six of us. Half of them work full time. Two-thirds live in a household where at least one adult works full time. The number of uninsured Americans and their proportion of the total population are growing.

More than 8 million of the uninsured are children. That's especially bad news when combined with serious shortfalls in federal funding for health care for uninsured children, which is \$800 million short of the need in the current fiscal year.

Most of the increase in the numbers of uninsured is the result of loss of employer-sponsored health insurance plans. The proportion of Americans covered by Medicaid, Medicare, military, and private personal purchase of insurance is holding steady or growing very slowly. But many employers are terminating health care benefits or providing less coverage and paying only part of the premiums or making eligibility requirements more stringent. The cost of insurance has become prohibitive for many.

African Americans are almost twice as likely as non-Hispanic whites to be uninsured, and Hispanics are three times more likely to lack insurance than non-Hispanics. Injustice has a racial and class bias.

The consequences of lack of insurance are serious. 40% of Americans said recently that they had not gotten needed medical

care because of cost. This included forgoing office visits, not getting recommended tests or treatments, and not filling prescriptions. Conditions that might have been diagnosed early while they could be readily treated become more serious and require emergency treatment or result in long-term harm or even premature deaths. There are 18,000 premature deaths in the US each year because of lack of access to health care.

Insurance premiums for an average Pennsylvania family are about \$700 higher per year than they would be if the additional costs of treatment for uninsured and underinsured were not partly borne by those who do have insurance. About half of the 1.5 million bankruptcy filings each year are because of crushing debt from health care. And companies like Toyota have decided to locate manufacturing plants in Canada rather than the US, in part because of the high cost of health care coverage in the US.

The problem is a crisis. It is a matter of justice. We are rationing medical care on the basis of ability to pay, not on the basis of need and anticipated efficacy of treatment. And that is an immoral and evil situation.

Both advocates and opponents of universal health care point to the Canadian system to bolster their arguments. Canadians wait longer for an appointment for care than do Americans, and in order to make maximum use of expensive diagnostic and treatment equipment, you might have a test scheduled for the middle of the night in Canada. But it is not true that Canadians can't choose their physician. In the US system our choices are more restricted as insurance companies limit choice of providers to those in their network. Several years ago virtually every medical practice in Cumberland County refused to accept the payments offered by Aetna who was at that time our insurer, creating a crisis of choice that resulted in your congregation switching to a different insurer.

But let me give you some other data. While the per capital gross domestic product in Canada is significantly less than it is in the US (\$31,000 compared to \$40,000), the annual per capita cost of health care is just over half that of the US, where we spend \$5,700 per person compared to \$3,000 in Canada. (Partly the higher cost reflects a five-fold higher cost for insurance profits and administration in the US.) The total cost is projected to double over the next decade.

Infant mortality rates in the US are 10.4 per 1000 live births while in Canada they are only 7.9 per 1000. The US ranks 30th in the world in life expectancy, at 77.5 years. Canada ranks 8th at 80.2 years. And Canadians report fewer problems getting seen immediately when an urgent need arises at night or on a weekend than do Americans. Oh, and Canadians on average have been with the same physician longer than have Americans. Only 8% of Canadians said they would prefer a different system, while some 75% of Americans support a single-payer plan.

As I said, this is a moral crisis. The not-for-profit insurer, Highmark, lists its reserve funds at \$2.8 billion. Independence Blue Cross, with whom Highmark is merging, has \$1.4 billion in reserves, though an insurance analyst claims they have underreported the numbers and the total for both is more than \$6 billion. Highmark insures about 8 million people, so they need a substantial reserve, but the state regulatory agency has set the minimum required reserve at less than \$1 billion.

Something is terribly wrong with maintaining this huge excess reserve while increases in premiums for insurance rose 73% between 2000 and 2005. The news this week that the Federal Election Commission is fining Highmark \$54,000 for illegal use of corporate funds to sponsor fundraising events, including three private golf tournaments in support of Rick Santorum's reelection bid suggests that their priorities are not to serve the needs of their clients. Former Senator Santorum could not be called a champion of access to health care. The fine is hardly more than a minor annoyance.

The health care industry spends more than \$180 million on lobbying Congress and \$125 million on election campaigns to protect their profits and prevent what 75% of Americans want — a single payer, national universal health system.

Several state legislatures have grown tired of waiting for federal legislation and have begun efforts to create hybrid systems of universal access. While it was rescinded by a narrow vote the next year, California passed a law in 2003 that required employers with 50 or more employees to provide health insurance or pay into a fund to cover the uninsured. Also in 2003, Maine enacted health reform with a goal of universal coverage by 2009. Notably half of that year's legislature was elected under new strict clean-election

rules that limited campaign contributions from special interest groups and corporations.

The Massachusetts universal health care legislation that passed last year represented a compromise between the Republican governor and a predominantly Democratic legislature. A coalition of faith groups was instrumental in brokering the compromise. And in Vermont the legislature overrode the governor's veto of health care reform legislation.

In our own Commonwealth, Governor Rendell has introduced a plan that if enacted would make health insurance coverage available to businesses that don't already offer coverage and whose workers earn an average of less than \$40,000 a year at a cost of \$129 a month per employee. Employees would pay \$69 and the balance of the costs would be paid by the state. Employers who didn't provide coverage would be required to pay a 3% payroll tax. Workers whose employers don't provide coverage could purchase it for as little as \$10 a month. It's controversial, but it seems like a good place to start the conversation.

Several years ago the UUA's health insurance plan collapsed. As more congregations found less expensive insurance, particularly if their staff were young and healthy, the pool in the UUA plan included mostly older ministers with chronic health problems, premiums rose even more, and the system collapsed, leaving many of our clergy without access to insurance. Limited relief funds from the UUA helped, but were not sufficient to solve the problem.

After years of effort the UUA launched a new program of self-insurance on January 1 this year. The coverage is not quite as good as our previous insurance, with higher deductibles and co-pays, but the premiums are saving the congregation more than \$1000 a year. As a matter of justice, in order to help provide a big enough pool of insured to be able to cover all employees who work at least half-time, we urged your board to join the new plan, which they have done. To offset the higher costs, the Treasurer set up health savings accounts for us. Each month we put a designated, non-taxable portion of our salary into these accounts to cover some of the expenses not covered under the new health plan. This is the fifth insurance provider we've had in ten years.

Your congregation has been very generous with benefits for its employees, and you have continued your commitment to provid-

ing good health insurance despite rising costs. For that Judy and I are most grateful. Thank you! Give yourselves a big pat on the back for generous treatment of your staff.

Now, what can we do to correct the injustice of the current system? We could work for more open disclosure of lobbying efforts in Congress and real campaign finance reform to reduce the ability of corporate insurance companies to drive the national health care agenda. We could advocate for a single payer, national plan that offers universal coverage. We could support candidates for election who stand for real health care reform. We could write letters, send e-mails, make phone calls, and ask hard questions of candidates for office.

The delegates to the UUA General Assembly have adopted several statements on access to health care over the years. We're on record as being in favor of:

“Equitable access, cultural sensitivity, and basic treatment for all people, regardless of age, economic, racial, geographic, immigration, or other status, to affordable, quality healthcare, through a *national, single-payer plan*, including the following:

- Full coverage for mental healthcare;
- Adequate preventative care, including prenatal and holistic health;
- Comprehensive treatment for long-term care and catastrophic illness;
- Access to medications and prosthetics;
- Family planning and reproductive healthcare; and
- Freedom for individuals to choose their health providers.”

Let me close with a story. A neighbor needs hip-replacement surgery. She uses a motorized cart. Her family's income is low and they live in subsidized housing. Their home is not accessible and because of the physical layout, it is not feasible to build a ramp to her front door. She's about 40 years old and has no health insurance.

Medicaid will not pay for her surgery because, as her husband told me, she is too young. They were told that the current hip replacement technology has a projected life of about two or three decades and because she is likely to live longer than that, it would

need to be redone, a procedure that her physician cannot guarantee would be possible. So she can't get the care that would possibly improve the quality of her life and enable her to be more productive. Now I'll admit that there may be more to the story. But I do know that there are folks like her who suffer because they lack adequate access to care.

Does she have a right to expect better medical care? I believe so. But even if you would argue that she doesn't have a right to it, wouldn't it make sense to try to enable her to return to the workforce? To return to relative independence? To have the possibility of becoming self-supporting?

Does our mission of transforming lives and caring for the world not include working diligently to fix the injustice of the current system that costs more than it should, doesn't offer the best health care possible, and rations care on the basis of ability to pay, leaving a growing population of working families without insurance?

Shall we get on with it? Now?