

Health Care Is A Moral Issue

Rev. Kevin R. Boyd

Through the voice of the biblical prophet, Jeremiah, God asks us, “So why can’t something be done to heal my dear people?” (*Jeremiah 8:22 The Message*)

Earlier this year I officiated at a funeral – not an unusual occurrence for a minister – but this one did not have to happen. Only sixty years old, she died of cancer. In conversations leading up to her death, I learned she noticed discomfort more than a year before, but, did not have health insurance so she hoped the feeling would go away. Most days she could live with the pain, so she went about working and suffering. The nagging discomfort grew to unbearable pain. Finally, she went to the place of last resort for the uninsured, the hospital emergency room. There she would get care, the most expensive care, which, since she had no health insurance and no adequate financial resources to pay for it, we are all bearing the cost of very expensive, too little, too late care. The doctors ordered tests, biopsies were done and the conclusion reached that now, more than a year after the first symptom, the cancer was too far advanced, too widely spread through her body and death was only weeks away. I had her funeral because she did not have insurance.

Shamefully, this is not an isolated incident in our nation. This story happens again and again, more than one hundred thousand times each year in our nation. Among the world’s leading economies the United States is last when it comes to avoiding preventable deaths – a reasonable measure of the effectiveness of our health care system.ⁱ Twenty-two of our fellow citizens will die from preventable causes during the time we are gathered here today, due to a lack of adequate access to health care. The U.S. Department of Health and Human Services has concluded, “lack of health insurance coverage has been well documented as a major barrier to receiving adequate health care.”ⁱⁱ We must face the fact that our neighbors are dying due to inadequate health care and with each one of those deaths God weeps and cries out, “So why can’t something be done to heal my dear people?”

In our nation today two of every five people, a total of seventy-five million, are uninsured or underinsured.ⁱⁱⁱ Of the uninsured, one in five – nine million – are our children. Children who lack the basic health care to grow healthy and strong, whose future health is already compromised, who suffer needlessly because we have not shown the moral courage to provide for their basic needs. God challenges us with the question, “So why can’t something be done to heal my dear people?”

My title, *Health Care Is A Moral Issue*, requires that we understand the basis for moral judgment. As a person of faith, I believe that good health is both a God-given gift and a social good of special moral importance. Good health is a basic need and an essential purpose of both positive human and societal development and we, as a nation, have a moral obligation to both promote a healthy environment and to assure availability of health-giving resources to all people. Yet, I realize many in our society do not share my faith views – so what can be our moral standard? In the Declaration of Independence we not only proclaimed our independence from Great Britain, but our founders established a set of high ideals by which we should govern, and I believe judge, our nation. *We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life,*

Liberty and the pursuit of Happiness.—That to secure these rights, Governments are instituted among Men... One of the most noble traditions of the medical profession is the Hippocratic Oath which contains the following pledge, *I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick...I will remember that I remain a member of society, with special obligations to all my fellow human beings.* Using these high ideals and sacred vows as our moral foundation, let's take a look at the United States health care system.

I just used the term "health care system" but for many that term is fading from use and lacking in accuracy. Executives in health care refer to the "health care industry." Now, this may seem like a subtle difference, a mere semantics exercise, but let us consider this word industry applied to health care. The American Heritage Dictionary defines industry as "commercial production and sale of goods." What this is describing is a disturbing change in the basic motivation behind health care in this nation. Health care has become a commodity for sale to those who can afford it and the goal of an industry is to create profit. Not-for-profit health care is becoming a thing of the past, replaced by large and small for-profit health care corporations. This industry has become very profitable for some. The average compensation of executives in the top ten for profit health plans was \$11.7 million dollars, not including stock options. The highest paid executive made \$124.8 million dollars – enough to pay the health insurance premiums of 34,000 Americans.^{iv} Executive compensation, while a glaring example of a contributing factor to the outrageous cost of health care in the United States is not the only culprit. Of our health care expenditures about one-third pays for administrative costs. Additionally, we are creating a health care industry which is creating profits through denial of patient care.

A family with insurance had to give a child a necessary medication daily. Insurance covered the medication with a thirty dollar monthly co-pay by the family. This year the insurance company revised their list of approved drugs, and behold, the necessary medication was no longer covered and the family is faced with a cost of four thousand dollars a month to provide what their child needs. We've heard other such accounts or perhaps in our personal experience we know the realities of treatment denied, medically necessary medications forbidden, administrative denial of necessary services because it was deemed too expensive and thus a threat to profit. Denial of patient care, denial of coverage for pre-existing conditions, increasing co-payments, decreasing coverage, dwindling caps, and increasing out-of-pocket expenses, and shifting more health care expense to individuals all help create a better profit climate – but they impose a considerable financial burden, especially on those who can least afford such a burden. The profit-driven mentality of the health care industry is a threat to us all, for even the insured and wealthy can be financially ruined by a major health care crisis. Profit-driven health care has led to major disparities in health and health care by socioeconomic status, race, ethnicity and insurance status.^v We have devised an industry that for a few is financially profitable but is increasingly bankrupt on the scales of compassion and justice. The United States spends more on health per capita than any other country, and health care spending continues to increase at an alarming rate. Are we achieving the necessary outcome of providing health care? The Institute for Medicine defines health

care access as “the timely use of personal health services to achieve the best possible health outcomes.” Let us judge by life expectancy – we are 26th in international rankings. Let us judge by infant mortality – we are 29th in international rankings. Let us judge by the number of our neighbors who have died from preventable causes – we are dead last among industrialized nations. The only place where we are really leading is providing health care profit.

If we judge our system by the vision of equality -- we fail. We have created a system of inequities – our race, our socioeconomic status, our geographic placement, and our insurance status determine whether we receive needed care or not.

If we judge our system by the ideals of life, liberty and the pursuit of happiness and the government’s responsibility to secure these rights – we fail. Happiness is difficult to come by when your health is poor, when your economic well-being forces decisions between food and medical care. Liberty is wasted if debilitating disease confines you to home and devours your time and energy which could be used to benefit all of society. Life is deprived as people die from preventable causes, as the uninsured and underinsured are overwhelmed by the shadow of death.

If we judge our system by the standard of caring for the patient and their family’s economic well-being, we fail. An increasingly price-driven marketplace erodes the viability of America’s health care system. Judging by the standard of special obligation to our fellow human beings, we fail. Seventy-five million of our neighbors are uninsured and underinsured, they lack reasonable access to necessary care, and their number continues to increase.

If we use God as our judge, then listen to the word of the Lord: *Woe to those who live indifferent to the fate of others. Doom to those who see people for what they can get out of them. Do what is fair and just to your neighbor, be compassionate...* If we understand God’s concern for the poor, God’s command for us to lift up the downtrodden and God’s desire that we care for the marginalized in our society, the question weighs heavily upon us “So why can’t something be done to heal my dear people?”

We recognize the problem, now let us consider what we can do to find a solution. The moral imperative is that every person must have access to affordable, quality health services. Other advanced nations have found a way to provide health care for all – and spend about half the amount we are currently spending in the United States while providing better results. The best systems have introduced a single payer health care system like that proposed in HR 676. A single payer system is the best and most logical response to the moral imperative to provide health care for all. A single payer system ends the disparities which currently exist based on race, ethnicity, socioeconomic class, and insurance status. A single payer system solves the problem of employers who do not provide health care coverage, what happens to health care coverage when someone is laid off or out of work, solves the problem of pre-existing conditions and portability of health coverage. It provides basic health care for all facets of personal health and will provide better care at no more, and most experts predict even less, than we are spending now. It will allow all of our neighbors to have adequate health care access, the timely use of personal health services to achieve the best possible health outcomes. A single payer system will serve to preserve life, protect liberty, and promote happiness and well-being – worthy goals of a just and compassionate society.

Getting there will require hard work. The entrenched forces which have built the profit-driven health care industry have powerful allies in congress and vocal lobbyists on their payroll. We must engage in the fight to educate people about the true status of current health care and about the reasonable solutions which we can, and I believe must, embrace as a nation. We need to work at the grassroots to write letters, make phone calls, become advocates of health care for all. We must hold our elected representatives accountable to the will of people instead of the special interests which now control so many in our centers of government. We must reclaim what Lincoln called, *government of the people, by the people and for the people*.

The work we must do to provide health care for all is not an economic challenge so much as it is a moral challenge. Throughout our history the world has looked at the United States as a people known for our compassion and our generosity. Our present health care industry is neither generous nor compassionate. God looks at us today and asks, “So why can’t something be done to heal my dear people?” and I ask you – what will you do?

ⁱ Study by London School of Hygiene and Tropical Medicine reported in January 8, 2008 journal *Health Affairs*

ⁱⁱ *Health, United States 2007* by the US Department of Health and Human Services, Centers for Disease Control and Prevention, and National Center for Health Statistics

ⁱⁱⁱ *How Many Are Uninsured? Trends Among US Adults 2003 and 2007* a study sponsored and published by the Commonwealth Fund

^{iv} *Healthcare Economist*, February 14, 2006

^v *Health, United States 2007* by the US Department of Health and Human Services, Centers for Disease Control and Prevention, and National Center for Health Statistics