

UUA Fellowship
Bennington, VT
November 15, 2009

“Do We Want to Get Well?”

John 5:1-9

5 After this there was a festival of the Jews, and Jesus went up to Jerusalem. 2 Now in Jerusalem by the Sheep Gate there is a pool, called in Hebrew, Bethzatha, which has five porticoes. 3 In these lay many invalids—blind, lame, and paralyzed. 5 One man was there who had been ill for thirty-eight years. 6 When Jesus saw him lying there and knew that he had been there a long time, he said to him, “Do you want to be made well?” 7 The sick man answered him, “Sir, I have no one to put me into the pool when the water is stirred up; and while I am making my way, someone else steps down ahead of me.” 8 Jesus said to him, “Stand up, take your mat and walk.” 9 At once the man was made well, and he took up his mat and began to walk. Now that day was a Sabbath.

Article 25 of the Universal Declaration of Human Rights (1948)

1. Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

At a recent service with another worshipping community I began something like this:

“One thing I have sorely missed in the current Health Care debate going on to some degree in the country but especially in the Congress is a real debate about healthcare! I want to have a debate about health, and healthcare, and whether we believe, or ought to believe that human beings are entitled to some basic level of healthcare. I want to have a debate about whether some basic level of healthcare is a human right. I want a debate about what we should be requiring of ourselves in order to be healthy, get healthy and stay healthy. I want a debate and not sound bites and false rumors. I do not want to hear about the possibility of death panels, but as one who used to engage in these conversations, I want the American people to consider having conversations with their doctors about their wishes for treatment as they approach death.

We do not, it seems to me, need to have any more shouting matches about whether we or the Canadians, or the British for that matter, have the “best health care in the world.” [If the truth be really told, at least according to some measures, it will be Japan, Norway or Switzerland with that distinction.] I don’t want to hear rhetoric with little reference to reality any more. I don’t want to keep hearing about keeping a system where up to 45,000 Americans die each year for lack of healthcare. I don’t want to hear defenses of a system where 7,000 of us each day are losing our insurance, and many others are paying dearly for the insurance we have. I am tired of teacher union/school board negotiations whose only major issue is not about education and what is best for students, and is rather about who will pay what for health insurance. I am tired of the willful blindness of many in power, from both parties. I am tired of the evasions and would rather we just had it out. Do we think healthcare is a human right or not, and why do we and why don’t we? I am not tied to any particular system, though I believe the evidence is in and our current “system” is not sustainable. We would have to be willfully blind not to see that!”

In this small Vermont town I was met at the coffee hour/discussion hour following the service by the town's only physician. He is a dear friend who had just returned from Germany where his daughter had just undergone a delicate operation for what turned out to be a benign tumor in her brain. His brother-in-law, a neurologist, had suggested quite strongly, that she should come back the U.S. where we are quite good at operating in this area. He had to be reminded that this young American, who had just given birth to her first child, would not be covered by insurance should she return home, and that even he could not operate on her at his prestigious Boston hospital without her being insured! [She is recovering and doing fine.]

My friend, the general practitioner, stated why he believes we in America do not believe that health care is a human right. Because if we did believe healthcare was a human right, we would have to pay for it. And we are not ready to do that. He does not hold out much hope for our walking through this door of opportunity. Better the devil we know than the devil we don't. He senses, and I agree, that the current mood of the country is one of fear and not hope!

Jesus' question to the paralytic, though seemingly harsh, is the right question to ask, "Do you want to get well?" Do we want to get well? Do we want to make sure that health care is a human right; that all persons have access to health care, and not just emergency care? Do we want to walk the walk rather than just talk?

It seems it is high time that we answered the rights question. As a lawyer, and as someone who has thought about this for some time, I am not enamored with the purely strategic questions that have seemed to have taken over the conversation. I have become convinced that no amount of statutory debate or legislative work will get us to where I would want us to go. That is to say, law does not change human behavior. I am suspicious of those who suggest that all we have to do is pass a law and things will be better. We as humans are substantially more complicated than that.

Let me suggest an example from a different but important national debate. In 1954 the Supreme Court was confronted with a question that somehow it decided it could not duck. Was a system of education around the country that sought to teach separate races of children in separate schools constitutional? Was separate but equal a constitutional option? As we all know, they answered unanimously in the negative, and declared that the system that had been created over 90 years was to be dismantled "with all deliberate speed." Many criticized that last phrase, but it sought to recognize the difficulty of changing human hearts as well as minds. As if to underline the problem, twenty years later as I arrived in Boston, I was invited to ride in school buses from Roxbury into South Boston, a culture that the Supreme Court did not have in mind in 1954. No amount of legal language can change human hearts. It requires adoption of a new set of values; a recognition that these values are a part of us because of our nature; who we are fundamentally.

How we answer the rights questions (and it is not a foregone conclusion about how we will answer it) not only will begin to answer the strategic questions, but will also say something about us! And if we answer in the affirmative, it will say that we understand ourselves as persons primarily in relationship. Years ago Martin Buber, German theologian, wrote a complex little book entitled I and Thou. In it he speaks of the primary words "I-Thou" and "I-It". These "Primary words do not signify things, but the intimate relations." The fundamental value that challenges our prevailing American ideology or sense of identity as primarily individuals is this experience of communitarianism. We are best defined as relational, and not as individual.

If all this is so, what are those values we need to wrestle with as a people?

- § **Competition:** Why is competition in health care not focused on value? The most fundamental, unrecognized problem with the U.S. health care system is that competition operates at all the wrong levels. Competition is both too broad and too narrow. Competition is too broad because much competition now takes place at the level of health plans, networks, hospital groups, physician groups, and clinics. It should occur in addressing particular medical conditions of patients. Competition is too narrow because it now takes place at the level of discrete interventions or services. [Read: “pay per service”] It should take place for addressing medical conditions over the full cycle of care, including monitoring and prevention, diagnosis, treatment, and the ongoing management of medical conditions. My GP ought to get paid to keep me out of the hospital.
- § **Wellness:** Value in health care is created or destroyed at the medical condition level, not at the level of a hospital or physician practice. A medical condition (e.g., chronic kidney disease, diabetes, pregnancy) is a patient health circumstance that benefits from dedicated, coordinated care. And both doctor and patient have appropriate roles to play. Doctors cannot do it all and we play an important part in our own health.
- § **Sustainability:** We can say this about our current system of delivering healthcare – it cannot be sustained. We are serving fewer, later in their illnesses, for more and more money. All of the indicators of our current system tell us that if left alone, if we do nothing, the system will collapse. Anyone who cannot see this is in serious denial. What we change to must be sustainable. Healthcare for all means little if doctors and other healthcare professionals leave and if hospitals go under.
- § **Transparency:** We have a right to have a system of healthcare we can understand; that makes our choices understandable, that allows us to choose in ways that we make choices elsewhere in our lives. We should have access to the information we need in order to make careful choices.
- § **Equality:** An adequate baseline of care should be available for all, and when I mean all people I mean all people. Our current system adversely affects many based on race and economic status. People of color and those who are poor are worse off. But over the course of time, we have come to understand that the rights enshrined in the Bill of Rights do not merely accrue to citizens, but apply to all people.

These and other values ought to be the content of our conversation. None of us know what will or will not be passed by Congress, and no one ought to believe that they will get it right. That is highly unlikely. But if we start with the proposition that health care is a fundamental human right, then walking through the door of opportunity that is before us is the easiest thing to do. If we are ready to do that, ok. If we are not, we ought to just say so. For me, the answer is a not that hard, for if it is not a human right, we can keep our current, unsustainable, non-transparent system that does not deliver valuable care to many of us. Do we want to get well? I certainly hope so!