

Voices for Health Care
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This has been the summer of our health care discontent. People of every political persuasion have made the case that the health care system in the United States is broken. What is the solution? Do not break the health care system even *worse*, holler some people. Fix the break, holler other people. Stop hollering, the rest of us holler.

Metaphors related to brokenness are not adequate for addressing the topic of health care reform. If “health” meant solely the absence of illness or injury, *then* we could talk about a “broken” health care system. However, health does not solely mean the absence of illness or injury. Health is bigger, broader, much more expansive than that. Health means wellbeing in every dimension of life – physical, emotional, and spiritual. Health care is a religious issue because health has a spiritual dimension. Health care is also a religious issue because time, money, and energy are limited, not infinite. Our choices reflect our priorities.

The metaphor about a broken system implies that there was a time when the system was sound. In truth, there was no point in the *past* when all was well with our bodies and souls and with the bodies and souls of our neighbors. Health care reform is about our aspirations for the future. Health care reform is about the sacrifices we are willing to make and the sacrifices we attempt to force others to make so that all of us have life of a higher quality. This messy, noisy civic and religious process is creative, difficult, and sometimes discouraging. At the very least, it is a reminder that our neighbors may not necessarily see things the way that we do.

Linguistics professor and political progressive George Lakoff has much to say about the way we see things. I know George Lakoff as the author of two of the thickest books that I read in seminary: *Women, Fire, and Dangerous Things: What Categories Reveal about the Mind* and *Philosophy in the Flesh: The Embodied Mind and its Challenge to Western Thought*. His central message is about the importance of conceptual “frames” in understanding how people see the world.

Lakoff draws from research in cognitive psychology to distinguish between ostensible reason (the way we *think* we think) and real reason (the way we *really* think, which is largely unconscious and driven by emotions). In an essay published last month on the TruthOut website, he wrote, “Barack Obama ran the best-organized and best-framed presidential campaign in history. How is it possible that the same people who did so well in the campaign have done so badly on health care?”¹

Lakoff continues, “The answer is simple and unfortunate: The president put both the conceptual framing and the messaging for his health care plan in the hands of policy wonks. This led to twin disasters [the policy-list disaster and the policy-speak disaster].” By the policy-*list* disaster, he means the way that people shoot themselves in the foot by focusing on lists of things rather than on a unifying idea. By the policy-*speak* disaster, he means the way that people shoot themselves in the foot by imagining that if you just tell folks the facts, they will reason to the right conclusion and support a sound policy wholeheartedly. Alas and alack, that is not the case. We cannot rely upon disembodied reason to carry the day on this or any other controversial matter involving disparate worldviews.

George Lakoff is not the first to acknowledge the mighty communication system of the political right. Progressive voices need an equivalent communication system. Progressives tend to argue facts and figures of one issue after another, relying upon reason to connect the dots and lead to the stance we hope for. Remember, progressive tend to get lost in lists and forget to highlight the unifying idea. Instead, we should build a communications system that lays groundwork in advance of any particular issue. “The work of such a communication system would be to activate ideas already there in the millions of citizens who have progressive as well as conservative worldviews in their brain circuitry. The idea would be to make progressive ideas stronger and conservative ideas weaker, balancing what the conservative communication system is doing now.”

¹ See “The Policy-Speak Disaster for Health Care” by George Lakoff, www.truthout.org/082009B?print.

Who are these citizens who have conservative worldviews in their brain circuitry? *We* are. “They” are, as well. The vast majority of us have progressive as well as conservative worldviews in our brain circuitry, says Lakoff, drawing from recent research in cognitive psychology. Either view has the potential to be activated. Unlike Lakoff, I believe that the basic values of empathy, responsibility, and excellence guide *both* progressives and conservatives, not just progressives. However, progressives and conservatives interpret the values of empathy, responsibility, and excellence in different ways.

For projects requiring bipartisan support (that is, for almost every worthwhile project), we need to address not solely *progressive* interpretations of empathy, responsibility, and excellence. We need to also address *conservative* interpretations of those basic values. Progressives must be as diligent in combating unhealthy progressive expressions of empathy, responsibility, and excellence as they are at combating unhealthy conservative expressions of empathy, responsibility, and excellence.

Now, let us take the theory down to practicalities. For me, it is not enough to agitate for the so-called “public option,” an option that George Lakoff would re-frame as “The American Plan.” “The public option is not optional” is a nice slogan, but in my opinion it does not adequately address healthy *conservative* interpretations of the basic values of empathy, responsibility, and excellence. Here is what I would like to see in health care reform. This list is my attempt to tweak things to include the best of conservative worldviews and to exclude the worst of progressive worldviews.

- 1) We need the routine administration of “palliative care” for *everyone* nearing the end of their life – babies, children, and adults of all ages. The focus of palliative care is on quality of life, not quantity of life. The number of our days is far less important than the quality of those days. Are we free of avoidable pain? Are we with people who genuinely care about us and who sensitively care for us? Are we supported in our uniqueness as we let go of this life? If the answer to these questions is “yes” as we take our last breaths, we will have lived a good life, whether it lasted 100 minutes or 100 years.

A friend of mine has worked for over 25 years in the newborn intensive care unit at a children's hospital. We had lunch recently, and the topic of health care reform came up. "Some babies should be wrapped in a blanket and given to their moms instead of getting all the treatment they receive," she said. "But it's not my call, and I care for every one of them the best I can." As a society, we will *never* be able to afford the health care we long for if we do not make it our collective call to address the high cost of end-of-life care and the humane alternative of palliative care! Let us shun "death panels" and embrace "quality of life panels." I use the phrase "quality of life panels" facetiously, but I suggest in all seriousness that every one of us would benefit from consulting with a small group of mature, compassionate people with whom to reflect on choices and their consequences as we near the end of life.

Often we consider the end of life to be a matter of hours, days, weeks or months, at most. That is a narrow and rigid view. I believe that the end of life is a longer and slower process, rich with opportunities to let go, to make amends, to invite love, and to give love. What if we thought, you know, I'll probably spend two to five years slowing down, dying. How can I make the most of that period of time? Of course, most of us do not know when the two-to-five-year clock starts ticking. ;) We might well assume that it starts today. Today is a good day to start tackling that ungainly pile of unfinished emotional business. Then, if and when tomorrow comes, tomorrow can be the day that the two-to-five-year clock starts ticking.

2) We need higher taxes to subsidize health care for all, with tax credits available if people exercise and stop smoking and lose enough weight to fall out of the medically obese category. The brains of a few people are primed at birth to enjoy exercise. Most of us, however, need incentives to become more fit. Some of those incentives should be financial. "I feel like a proud mom!" my personal trainer at the gym recently said to me. "You have moved to the next level." I would be more likely to strive for the next "next level" if incentives were part of the picture, and I mean cold, hard cash or at least a tax credit. The tax code rewards businesses that invest in infrastructure. Why not reward individuals who invest in their health?

3) We need to dramatically improve mental health care. Untreated depression and other mental illnesses may cause more suffering for individuals and their loved ones than physical illnesses

cause. It is appalling and shameful that poor people can often get better mental health care in prison than they can on the “outside” because of inadequate funding for community-based mental health clinics. The suffering caused by untreated mental illnesses is underestimated because of the stigma attached to mental illness. The majority of families in this country are affected by the mental illness of a loved one. You would never know it judging from the silence about mental illness that is the norm. We need to break the silence and reform mental health care, as well as physical health care.

4) We need to limit executive compensation for all executives, inside and outside the pharmaceutical and health care field. However, we need to financially reward risk takers and innovators because it will take innovation to find the cost savings that will provide access to health care for the millions who presently have none. This is not an either/or choice. We need both a stronger social safety net and financial incentives for excellence, that is, both bigger government *and* greater rewards for rank and file employees and citizens who are catalysts for greater excellence in health care.

5) We need to insure everyone, regardless of pre-existing conditions, regardless of employment status, regardless of marital status, and regardless of immigration status. We need to make sure no one loses coverage once they have it. It makes no sense whatsoever to require people to own car insurance but to make health insurance optional. We would be better off requiring health insurance and making car insurance optional.

In conclusion, we live in a world with finite resources, not unlimited resources. Trying to allocate society’s limited resources of time, money, and energy in as *fair* a manner as possible is part of what it means to be an adult. Trying to be as *wise* as possible regarding society’s limited time, money, and energy is part of what it means to be a religious adult. Trying to allocate society’s limited time, money, and energy in a way that minimizes the impact of white privilege and upper class privilege is part of what it means to be a Unitarian Universalist adult of whatever race or class.

Being an adult, a religious adult, a Unitarian Universalist adult means being a proponent of “tough love.” Love, certainly -- love for everyone, regardless of race, class, sexual orientation,

gender, gender identity, immigration status, and physical, emotional, and cognitive ability. Our Universalist heritage calls us to extend love to all. As noted in the most recent *UU World* magazine, “In the early 20th century, Universalism had moved beyond the theological idea that a loving God does not send people to hell, to a more demanding and radical ‘ethical universalism,’ as the Rev. Dr. Richard Gilbert calls it: that we, not just God, must love and treat equally everyone in the human family, as they are. That, he says, is still a distinctive doctrine for us today, and a difficult ideal.”²

It is up to us to cultivate something new in this country – a community health care garden, a physical, emotional, and spiritual health care system that goes farther in terms of empathy, responsibility, and excellence. Unitarian Universalists have a special role to play because we focus on the quality of life in *this* life, regardless of the philosophical or theological differences among us. This coming Saturday, September 19, Mary M., Maribel D., and I will be attending the “Unitarian Universalist Voices for Health Care” workshop at First Unitarian Church of Los Angeles. We promise to share with you what we learn there.

May we add our voices to the communication system of progressive voices. May we live a demanding and radical “ethical universalism.” May we love and treat equally everyone in the human family, as they are. May it be so!

Note to readers of this sermon on the congregation’s website: I asked several friends who work in the insurance field to comment upon the George Lakoff article found on www.TruthOut.org. They have said that it is fine to share their comments here.

Response #1 -- “I appreciate your being willing to provide a balanced perspective. In my view, there are some good and some bad in the Insurance company world, as there are in any other segment of society. A corporation goes into business to make a fair profit by providing a needed service. With adequate competition, in the insurance industry as in the cell phone industry,

² “Fifty Years after the Vote to Form the UUA” by Kimberly French, *UU World*, Fall 2009, page 64. See <http://www.uuworld.org/ideas/articles/145522.shtml>.

coffee shop industry, etc. - adequate competition provides a check on outrageous profits at the expense of good value for the customer.

One aspect to consider is that with advancing medical technology, there are more and more expensive tests and procedures. That increases the cost of insurance. And with many people looking to blame others for their illnesses or death, insurance companies and doctors, and other providers have to price in the cost of being sued - rightly or wrongly. Yes, insurance companies are bureaucratic - they have to be - but it could be argued that government agencies "wrote the book" on bureaucracy. Fraud is also a huge expense that needs to be priced into any insurance - private or governmental."

Response #2 -- "When I came to work for an insurance company, they did a background check on me and interviewed me. I do not recall the selection process being aimed at making sure I was evil, coldhearted, or even Republican. The problem here is the decline and fall of public discourse over the last two or three decades. It is not enough nowadays to disagree on an issue, it has to get elevated to personal attacks and gross exaggerations/generalizations."

Response #3 -- There are points that need to be covered in this conversation.

First – Proper role of government in the economy?

The basic question is how involved should the central government be involved in the economy?

This is the decision we make to either:

Have most services, production, and work done by the private sector producing and trading in the free market.

Or

Have most services, production and work done by the government and government controlled collective entities.

Should health care be provided by the government? My basic belief is that everyone is best served by being responsible for their own well being and are best provided for by being able to make their own choices based on their individual needs, wants and desires. Having the government involved in health care places decisions with the governmental bureaucracy and requires a more one size fits all approach to health decisions.

I also think that the government isn't well suited to provide healthcare. Examples of problematic centralized health care from Canada and England have been publicized in the media recently. Based on the track record of the U.S. Government, Medicare isn't particularly well run. The Post Office, Cash for Clunkers, Department of Motor Vehicles and other government agencies/projects don't seem operate very well.

A good source for information on my beliefs on this question would be the book Free to Choose by Milton Friedman.

Second – Are Insurance companies villains?

Are profits evil? Based on your views of the two questions above, insurance companies are making a product for the public to buy and should make a profit for the owners of the insurance company.

More people should be covered by insurance. There have been large numbers of “uninsured” discussed. This has been used for shock value. Part of the “uninsured” are the young who are gambling that they are healthy and don't need to pay for insurance. For the most part they win, because they are young and healthy. Included are also the large numbers of illegal aliens in the country. Illegal's present many difficult question in addition to healthcare. The number of those citizens who actually should have insurance and want insurance, is smaller than the large numbers being tossed around. For this last group, there does need to be incentives and possibly governmental help to get them covered by private insurance.

Specifically the author wants this approach.

Insurance company plans have failed to care for our people.

(The great majority of Americans are successfully covered and cared for by the current private health insurance and private doctors and hospitals. Foreign government officials and wealthy from around the world come to the U.S. for our cutting edge care. They don't go to Canada or England. People who are free to choose their health care have chosen health care in the U.S.)

They profit from denying care.

(Those with a preference for collective government solutions often think the profits are evil. With all products and services, the provider establishes a price for a product or service that includes a profit margin. Products and services without limit are not possible. A private insurance company or the collective government is not able to provide unlimited benefits. Someone has to pay and some limits have to be set.)

Americans care about one another.

(This is a cheap shot. This implies that private insurance companies don't care or have ethical values. This is not my experience. I have worked for a large insurance company and we discuss and actively try to do what is right with our business dealings. See what care you get when you don't pay your taxes and are dealing with the IRS - excluded are high government officials who do not have to follow the tax laws.)

An American plan is both the moral and practical alternative to provide care for our people.

The moral quality and effectiveness of government health care is questionable. Primary examples are the problems with the Canadian and British health care systems.

The insurance companies are doing their worst, spreading lies in an attempt to maintain their profits and keep Americans from getting the care they so desperately need.

(Americans should be allowed to view, analyze and debate the proposed health care legislation. Legislators admitting to not reading the proposed legislation before trying to ram through a quick vote in August, leads me to believe that the congress is trying to do something they don't understand or don't want us to understand.

Public understanding and discussion of these sweeping changes needs to be done before legislation is jammed down our throats.

Making the health insurance companies the evil boogie man seems to be being used to shift the discussion away from public review and discussion of the issues.)

You, our citizens, must be the heroes. Stand up, and speak up, for an American plan.

(Citizens have been standing up and speaking up. The problem is that a large number of those citizens don't think that the government should be providing health care. The town hall meetings show that the country is not united behind government run health care.)