

Town Meetings

A Sermon for Labor Day Weekend

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Labor Day weekend. The end of summer, the beginning of the school year, and a weekend of celebration of working people and the movement to recognize workers' rights.

Origins of Labor Day

It was more than 100 years ago that President Grover Cleveland sent 12,000 soldiers to break a strike by railway workers in Illinois. Two workers were killed. The other were re-hired on the condition that they never again attempt to form a union.

In the wake of a backlash of public opinion, Congress rushed to pass legislation to create a national holiday honoring workers. It landed on the President's desk just six days after the railway strike ended. Hoping to appease American workers, Cleveland signed the legislation creating Labor Day.

So America had a law declaring a workers' holiday, but no law protecting workers' rights. It wasn't until a generation later, during the Great Depression, that Congress enacted laws to grant workers the right to organize unions and to create a standard 8-hour working day.²

Grover Cleveland was not re-elected.

The Power of Public Opinion

In America, public opinion is powerful if not always precisely focused. During the past month, members of Congress have met with the public in "town meetings" about health care reform. Although 73 percent of Americans think that the health care system needs serious reform, and favors a "public option" of some kind, the town meetings have been dominated by angry people who shout that "the legislation" in Congress will create "death panels" that ration health care.

Kay Dallavalle, an accountant who called herself a "proud member of the angry mob," was interviewed Aug. 12 at a town meeting in Hagerstown with Sen. Benjamin Cardin (D) of Maryland. She said, "If the [plan] is as effective as the postal service and as compassionate as the IRS, we're in for a nice time." She added that members of Congress "haven't read the bill."³

There isn't a bill. There are three House versions of a bill, one Senate draft, and another Senate version under development. There are many different *proposals* for what "must" be included in

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² "The Origins of Labor Day," Transcript, PBS News Hour with Jim Lehrer (Sept. 2, 2001), at http://www.pbs.org/newshour/bb/business/september96/labor_day_9-2.html. The strike ended Aug. 3, 1884.

³ "Town-hall meetings: facing voter wrath on health care," Gail Russell Chaddock, *The Christian Science Monitor* (Sept. 4, 2009), at <http://features.csmonitor.com/politics/2009/09/04/town-hall-meetings-facing-voter-wrath-on-healthcare>.

the legislation. But the sound and fury focused on these efforts has been short on facts and long on disruption.

Where will this “debate” end? The last thing this country needs is a new national holiday celebrating health. Yet if the tenor of the debate continues to be dominated by loud voices shouting out misinformation, that may be the legislation we end up with, and we may have to wait another generation for real health care reform.

Unitarian Universalist Principles and the Health Care Debate

As an American who treasures freedom of speech, and as a Unitarian Universalist committed to the use of democratic processes in our congregations and in the world at large, I rejoice at the opportunity Americans have to shape the legislation of health care reform. Yet before our very eyes what should be a discussion of options has become a riot of misinformation.

The University of Pennsylvania’s Annenberg Public Policy Center operates an internet website called “FactCheck.org.” Its purpose is to correct the misstatements of fact that spread like wildfire on questions of public policy. On the subject of health care, the debate has been so rife with erroneous statements that FactCheck has had to put up three to four corrections every day.⁴

When I reflect on the differences of opinion that occur whenever human beings gather together, it seems to me to be vital that each of us double-check our facts, and that we make an effort to listen to one another, ask one another thoughtful, supportive questions, and seek a way to talk about any issue, no matter how charged with emotion, in a way that supports mutual development and understanding. On the particular subject of health care, all of us have a responsibility to pay attention, to check the facts, to speak with care and consideration. Too many lives are at stake for anything less.

The Personal Dimension of Health Care Reform

Senator Ted Kennedy, in one of his last speeches on health care, talked about the need for reform. He recounted the “searing memory” of his son’s treatment for cancer: \$3,000 per month. Because he had the health care plan Congress made available to members of Congress, his son’s treatment was covered. Other parents in the same program sold their houses to pay for the treatments, and in less than a year were out of money although the need continued. He vowed then, he said, that he would work for health care reform.⁵

Like Senator Kennedy, I find it difficult to talk about health care reform without reflecting on my own situation. My Dad has Alzheimers. My son has two chronic medical conditions. I am a member of the “sandwich” generation, coping long-distance with the decline of my parents’ health while actively monitoring my child’s. For me, as for many Americans, the health care “system” is personal and (even with our denomination’s excellent health insurance plan) it is broken.

⁴ Chaddock, *Christian Science Monitor* (note 2).

⁵ “Ted Kennedy on Health Care,” Speech at Montgomery County Democratic Committee Annual Spring Reception (April 3, 2008), available on YouTube, <http://www.youtube.com/watch?v=PrJVbCzJH6c>.

The Elements of Meaningful Reform

What should be the elements of meaningful health care reform?

- Affordability of monthly premiums and low out-of-pocket costs are essential.
- Like Wal-mart, the government should be able to negotiate the price of medication for programs like Medicare and Medicaid.
- For the rest of us, there should be a way for people to get coverage despite existing medical conditions, and without long waiting periods.

Affordability

In America most health insurance is offered by for-profit companies. These insurers promise to pay a stated percentage of the cost of covered medical care in exchange for insurance premiums.

For myself and my 16-year-old son, that cost is \$12,000 per year. A thousand dollars a month. Affordability is a crucial issue, not only for 48 million Americans currently uninsured, but also for the families with median income, for whom this premium would equal one-quarter of their annual income before tax.

Out of pocket costs

Insurance companies set co-pays for doctor's visits and prescription medications. They define not only what medical care is covered, but what dollar amount is "appropriate" for each type of medical service. They set "deductibles" and "co-insurance." Most plans cover only medical care provided by the company's network of doctors, those who have agreed to perform services for a reduced cost. Care by an "out-of-network" doctor usually is not covered.

It's easier with an example. My son's health means it's necessary for him to see a specialist. The specialist is "out-of-network." Even with the excellent insurance we have, my modest \$500 deductible (the amount I pay before the insurance company pays) applies only for in-network care. There's a separate deductible for out-of-network care. It's \$1000.

For in-network care, the insurance company pays 80%. For out-of-network care, the company pays 70%. That's a percentage of what the company considers an appropriate charge. The end result is that I routinely pay for the first \$1500 of all medical care, and even after the insurance payments begin, I pay for more than half of the cost of the visit.

Just a few years ago, my son was treated by the same specialist and my only cost was a \$15 co-pay for the office visit. The doctor's fee has barely increased. But now I pay nearly \$100 per visit. And I have *good* insurance....with \$12,000 in out-of-pocket costs last year. And the future is scary; there's a total lifetime limit on what the insurance company will pay. My son is only 16. His medical care has already begun eating into that limit.

Sometimes the company has refused coverage for essential medical services, for example an ambulance. I'm fortunate. The UUA has someone who intervenes on my behalf. But most families don't have an ombudsman available to them, and a denial of coverage means no coverage: sometimes because families don't realize they can appeal the denial; sometimes because the demands of caring for a seriously ill family member deplete the time and energy available to pursue a claim through layers of administrative red tape.

There seems to be a consensus that we can't simply legislate away the profit element in health care. Yet Medicare operates with far lower administrative costs, and our health care system is the most expensive in the world: 40 percent more costly than other developed countries, without delivering a higher level of care.⁶

The "public option" seems to be a middle ground between the system we have now and a single-payer system. The main objection to making Congressional health care insurance available to ordinary Americans seems to be that a nonprofit plan would then be competing with for-profit companies, and might drive them out of business.

I have to ask: Why should health care be a for-profit business?

Another objection is cost. For most of us, that argument's harder to sort out. But as voters, we can insist that the initial reform be zero-based: that it neither increase nor decrease government costs. That's the plan in all the proposals that are under serious consideration.

There is an instinct in the conversation about health care to say: True reform is impossible; it's too costly; it's too complex. But those objections apply to nearly every issue our nation faces today. We can't duck the problem just because it's hard to solve.

We need to find solutions. They may not be perfect. They may be only a transition between where we are now and where we need to go. But we need to take that first step.

Health care is an issue that affects all of us, in lesser or greater ways, all our lives. In this country, we have the freedom to debate what our public policy will be. Let's each make it a personal responsibility to understand the issues, and contribute to the conversation.

⁶ According to World Health Organization Statistics, the U.S. ranks 37th in the world in quality of health care, and 72nd in terms of overall health, although it spends more on health care than any other country in the world. See WHO, Health Performance Rank by Country, http://www.photius.com/rankings/world_health_performance_ranks.html. US health care costs per capita (\$4,178) and as a percentage of gross domestic product (13.6 percent in 1998) are the world's highest; the median of OECD ("developed") countries health care spending is 40 percent lower as a percentage of GDP. France, ranked 1st in quality of care, spends only half as much per capita (\$2,077) and 30 percent less as a percentage of GDP (9.6 percent in 1998). See WHO statistics cited in "The U.S. Health Care System: Best in the World, or Just the Most Expensive?" Report, Bureau of Labor Education, University of Maine (Orono Maine 2001), <http://dll.umaine.edu/ble/U.S.%20HCweb.pdf>.