

Killing Granny and Other Spiritual Aspects of Health Care Reform

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There are two episodes in the New Testament I can think of in which Jesus appears more human than divine. The first is when he's hungry, spots a fig tree off in the distance and goes towards the tree probably imagining the sweet taste that's about to fill his tummy. But the tree has only leaves, it was the wrong season, the figs were not yet out. Jesus was so angry he cursed the tree, saying it will never have any figs, and the tree withered and died.

Jesus must have been in one of those "human" moods when in both the Gospel of Mark and Matthew we read the account of a woman whose daughter had unclean spirits and needed healing. In those days, where did you go if there was illness? Well, if you happened to be in the vicinity of where Jesus was curing people of leprosy and blindness and even resurrecting old Lazarus from the dead, you head straight to the man. And if you are a mother whose child is sick, everybody including Jesus better watch out because there's no holding back this mama-bear.

She falls to her knees in front of Jesus and asks him to cast out the demon in her daughter. At this point, Jesus becomes the model for the health care industry. He immediately seeks to disqualify her from any care. First he observes that she is a Canaanite, which means she doesn't qualify for care. (You can't offer health care to immigrants. I guess that's a fundamentally Christian idea). Jesus then calls this mother a dog. He might as well have said that the daughter's demonic possession was a pre-existing condition and he couldn't provide the needed care.

But this woman was determined. It was her daughter's health that she was so concerned about, and fired up as she was, she told Jesus that even dogs needed crumbs of caring to survive. And Jesus said to her: "Because of this answer go; the demon has gone out of your daughter." Jesus must have liked the mother's spunk.

A young African American woman I know who is studying for the ministry refers to this chapter of Jesus' ministry and says, "Jesus sure showed his ugly side." And she asked: How am I to relate to Jesus when he can be such a jackass?"

Medicine performs our healing miracles these days. But it too, gets ugly when the business model of private insurance aims to collect premiums from healthy people and reject those who are likely to get sick. Or, if they start out healthy and then get sick, to find a way to cancel the coverage.

As a minister in the Boston area, I had Blue-Cross Blue-Shield coverage through the Massachusetts Businessmen Association. Then I moved. In Utah I discovered there was no larger group I could tie into. I went for private Blue-Cross coverage and was rejected...on the grounds that records indicated I had hay fever. I called an insurance broker who represented me at Blue Cross and got me the coverage I

sought but it included a rider that they were exempt from paying anything associated with hay fever.

My premiums rose through the years to about six years ago when it hit an annual rate of \$13,500 - - right out of my pocket. I raised the issue with the five other fulltime staff members of the church, and asked what they were doing about their health coverage. Four of the five had no health insurance. And the one only had catastrophic insurance. I took it to the Board, the Board took it to the congregation, and health care became a social justice issue. The congregation supported the idea of covering health care for fulltime employees of the church, and we joined with the Utah Non-profit Association with some 2000 members in that health care pool. The entire staff is deeply appreciative that the church has helped secure health care for us. Obviously, some 50 million Americans are not so fortunate.

Health care in America today is ugly. The staggering number of Americans who fall into categories of the uninsured, the under-insured, and the rejected, screams out for healthcare reform. But there are some jackasses in congress, on both sides of the aisle, who perpetuate enough myths about the detriments of single payer insurance, public options, raising taxes and cutting benefits, that the humane and ethical concern for the sick in our society are superseded by the fear of socialism's great purported evils. The fact that our nation spends more money on health care than any other nation and yet ranks behind all the other industrial countries like England, Canada, France, Spain, Italy, The Netherlands, Germany, the Scandanavian nations, South Korea, Taiwan, and Japan...in healthcare delivery. They all live longer and their infant mortality rate is far lower than ours. Perhaps there's something to be said for pre-natal care, even among the poor.

Thirty million uninsured Americans earn less that \$44,000 for a family of four. America's poor join the poor around the globe in third-world nations where they either receive charity or no medical care at all. Our dysfunctional system takes away health coverage of hard-working Americans when they become too sick with cancer to work. Our ugly health care system drives families into bankruptcy when they get sick.

In President Obama's speech on healthcare reform, delivered to the joint houses of congress, and despite a rude interruption by Congressman Joe Wilson from South Carolina, Obamamanaged to ask a penetrating question that still falls mainly on deaf ears. Citing the late Senator Ted Kennedy as a tireless fighter for healthcare reform through four decades, he paraphrases Kennedy's great concern: What is the character of our country? Who are we really? I think we're about to find out, and may feel disappointed with the results.

Obviously all the myths, lies, demagoguery, and distortions about healthcare reform cannot be covered in a single sermon. So I want to focus this morning on one area that has been a puzzle to me and try to discern why older Americans comprise that one demographic group most opposed to Obama's healthcare reform. Americans

over 50 cast 40% of the vote, and by 2030, there will be more Americans over 65 than under 18. This does not bode well for Medicare where its recipients receive all the benefits of socialized medicine. Once you hit 65, the system pays and pays without regard for efficiency or cost-effectiveness.

When the president talks about saving some money by making Medicare more efficient, the elderly hear that as an attempt to save money by cutting their care. Old-age entitlements have become the American way, and thus the elderly are vulnerable to Medi-scare. Although they may not really believe that a government death panel will euthanize them when they no longer are fit and productive citizens, they are concerned that some procedures will be limited in this new era of reform.

In 1972, as a student in theological school, I was privileged to be in a classroom that represented Harvard's first ever venture into medical ethics. Professors from the Divinity School and from the Medical School shared responsibilities for the course, and one of the biggest issues we faced then was the inevitable rationing of health care resources.

In the intervening 37 years, I have seen their predictions of miraculous medical interventions come true and even exceed their fantasies from that distant time. Professors lectured on the ethical decisions that had to be made as to who gets the treatments, why, and who decides. Healthcare at that time was less than 4% of our GDP. It is currently 16%. In the next 25 years it is expected to reach 31% of our GDP and we wonder if Congress, because of the elderly voting block, will continue to pass legislation calling for more spending not less on health care.

Rationing health care may be totally logical, but it is also personal. And death squads killing Grandma when her quality of life is purported to reach sub-par levels, becomes an easy metaphor for people who (basically) dread being on the losing side of decisions rationing health care. My cynical side suggests that perhaps many elderly are aware that children can't vote, so why ration health care towards preventive medicine for the young.

Richard Dooling, author of *Critical Care*, exposes the ruse in the health care industry for what it is: An enormous transfer of wealth on the pretense that getting old and dying is a medical emergency requiring high-tech intensive care intervention and armies of specialists which would cost \$10,000 or more per day. He adds, Europeans have resisted this delusion, one reason they spend much less than we do on health care with far better results.

I am trying very hard to understand what it is in our culture that has led us to (what some call) an "epidemic of overtreatment." Unnecessary tests and procedures and medications all spawn more tests, and meds, to treat the side-effects of the first batch, and more follow-up scans and procedures.

Palliative care specialists are trying to deal with end-of-life issues not by offering cures, but comfort. As just a minister tending to the pastoral needs of my congregation, I have seen far too many treatments in the late stages of life just decimate body and spirit. The death itself could have been far more dignified and meaningful if the right comfort had been administered.

I can't imagine from a physicians perspective, what it's like to witness this excess of the medical machinery where their patients are disillusioned by the treatments they had hoped would cure them.

Why is this not an issue elsewhere? What is it about Americans that insists on prolonging their inevitable death and of course, sparing no costs? As a culture, I maintain that we are unprepared to deal with healthcare reform because of our fear of death and even more fundamentally - our denial of death. Arthur McGill, who was the theologian in those beginning times when medical ethics began to evolve, argued that the American view of life means "having." Having is what defines us and gives us our identity.

For McGill, it was not only a matter of consumerism. We possess ourselves, we possess our possessions, we possess our relationships because of our fear of dying. We refuse to acknowledge that all that we have is not really ours. (Therein lies the great theological and moral premise: Possessions are mere illusions; nothing is really "ours.") Including our life. Death is, in this sense, a disruption, a mangling of the normal. In our culture, death means not the biological end of a person, but rather the losing of life, that wearing away which goes on all the time. As a result, we work hard to become what McGill calls "the bronze people," people who maintain the appearance of life without having the substance of it. In doing so we avoid some fundamental realities like the inevitability of dying.

We do everything we can to avoid getting on that ferry, as in Greek mythology, where people are accompanied across the river Styx to the underworld. We'll spend a fortune to delay riding that boat even if it only means postponement for a very short time. And yet the palliative care physicians argue that a frank acknowledgment of the inevitability of death allows patients to concentrate on improving the quality of their lives rather than lengthening them. It just might be better (but how does one judge) to put your affairs in order and say goodbye before it's too late.

But losing the possession of life runs against American values. Paul Krugman wrote the other day that Americans seem to think that death is an option.

At the same time as McGill, Ernest Becker came out with a earth-shattering publication called *The Denial of Death*. We are in what he describes as an elaborate, symbolic defense system against the knowledge of our mortality. Religion offers a symbolic way for us to transcend the dilemma of mortality. We are engaged in what Becker calls, "an immortality project." We create or become part of something that

will last forever; become part of something that will never die. This is what gives us the feeling that life has meaning and purpose in the grand scheme of things.

But the real dilemma is that in this age of science, traditional systems of immortality are suspect. Where religion once offered the illusion of immortality and solved the problem of our destruction, medicine now serves as the new illusion that staves off our demise.

As though intent on making Becker's analysis prophetic, research biologists today are very close to prolonging life through either a single gene change or a pill that tricks the body into thinking it has 30% fewer calories than a normal diet. Already, mice that are kept on a caloric reduction diet live 30 – 40 percent longer. Pharmaceutical companies aspire to have this new pill available for humans quite soon.

It really ought not be puzzling that the largest demographic opposed to Obama's health care reform are senior citizens. They may dismiss a death panel as nonsense, but they're not getting on that ferry to the underworld one moment before they have to. Regardless of what it may cost to prolong life for a matter of weeks or days, they refuse to "lose their life" and will not accept their biological ending.

Even realizing on some conscious level that the denial of death is but an illusion, we'll squander the monetary resources of future generations to where preventive care in pediatrics will simply become unaffordable.

Let me leave it at that with one quick return to our story of the ugly Jesus. He gave medical help to a dead man, Lazarus, and was prepared not to offer care to a young girl, poor, and of a different nationality. This comes very close to describing our current situation. It doesn't make sense. But alas, Jesus came to his senses and the demon left the child.

I pray that our congress, that the Democratic party at least, the blue dogs all and moderate republicans too will all come to their senses. The time has come for this nation to show its character, and offer care to the poor and young, to the sick and the disabled.