IS HEALTH CARE A COMMODITY? IS EVERYTHING FOR SALE?
Interfaith Impact of New York State Backgrounder by Richard S. Gilbert

INTRODUCTION

We have come to a clear realization of the fact that true individual freedom cannot exist without economic security and independence. "Necessitous men are not free men." People who are hungry or out of a job are the stuff of which dictatorships are made. In our day these economic truths have become accepted as self-evident. We have accepted, so to speak, a second Bill of Rights under which a new basis of security and prosperity can be established for all - regardless of station, race or creed. Among these are: . . . . ***The right to adequate medical care and the opportunity to achieve and enjoy good health****;. . . .*

- Franklin Delano Roosevelt - *State of The Union,* January 11, 1944

From the UN Universal Declaration of Human Rights, Article 25: *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. Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.*

Health care is the issue of the hour. What more can be said about it as various advocates mobilize their constituencies and line up their votes? Health care has become an incendiary political issue. However, Interfaith Impact recognizes health care as a fundamental human right. It is utterly essential for persons to live a meaningful life, not a commodity subject to simple political and economic considerations. The right to health care merits not only social, economic and political discussion, but also theological and ethical reflection.

We suggest the following assumptions in consideration of health care legislation:

1. Health care is a moral issue. Profit is not the only reason to do something. Whatever happened to compassion and the common good?

2. American health care is probably the best in quality and the worst in delivery among the industrial democracies. We don't see the other industrial democracies clamoring to adopt the American style delivery of medical care.

3. The people of New York State, as the American people in general, are ill-informed about the nuances of health care. The classic illustration is the case of the woman who opposed "Obamacare" because she did not want the government interfering with her health insurance: "Keep government hands off my Medicare," she is reported to have said, apparently not realizing Medicare *is* a government program.

4. Economics is the allocation of scarce resources. This is true for health care as well. We must determine how much our collective health is worth and to whom it is to be allocated.

5. Politically it is clear that single payer universal health care at the national level has no chance at present. The various states, as the "laboratories of democracy," will have to create effective health care as a model before it will ever be adopted at the national level.

6. Health care must be understood in the context of the total social milieu. Our self-indulgent life style and our meager preventative efforts are pitiful. Individuals have a responsibility for health care quite as much as does the nation as a total community.

7. Nonetheless, health care could well be considered the third rail in American politics.

8. Congregations seeking important social action projects should immediately ramp up their educational and advocacy programs for health care reform.

HEALTH CARE IN THE UNITED STATES

According to the World Health Organization in 2014, the United States spent more on health care per capita ($9,403), and more on health care as percentage of its GDP (17.1%), than any other nation. Yet it ranked lowest among the twenty industrialized nations in "efficiency, equity and outcome."[1]

Currently, the United States health care bill is $3.2 trillion annually. Who pays for it?[2]

Private health insurance	33%
Medicare	20%
Out of pocket	11%
Medicaid (federal)	11%
Medicaid (state and local)	6%
VA/Military	4%
Public Health Programs	3%
Other Third Party Payers	8%
Nonprofit Investment	5%

The late Arnold Relman, former editor of the *New England Journal of Medicine*, critiqued the American health care system in no uncertain terms. He contends we have created a three-tiered health care catastrophe: There are for-profit hospitals serving the wealthy with excellent care; middle class people are served by private and public insurance programs with good care; the poor have inadequate coverage, often relying on the charity of doctors or public hospital emergency rooms, and receive marginal care. Relman worries professionalism is giving way to entrepreneurialism.[3]

What we have is a complex patchwork of private and public plans which require a Ph. D. to decipher. There seems little in any of them to reduce the disparity in health care between rich and poor, a disgraceful reality in the wealthiest nation on earth.

This is particularly true today (2018) when the Affordable Care Act is under challenge from the current administration and a new plan has yet to be introduced. In the past year over three million persons have lost health care coverage. According to a Gallup-Sharecare Well-Being Index estimate, for every 800 people without insurance for a year, one will die – four thousand people.

The facts are clear. In the fourth quarter of 2016 the percentage of uninsured adults in the United States was 10.9% - a low after three years of declines following passage of the Affordable Care Act (Obamacare). In 2013 nearly 1 in 5 adults lacked insurance. Now the figure is 12.2%. As a result of the 2017 tax overhaul, the Congressional Budget Office found that by 2027 13 million fewer people would have insurance coverage. The discrepancy between whites and people of color has increased disproportionately.[4]

Washington Post correspondent T. R. Reid's 2009 book on *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care*[5] lays out in fascinating and surprising detail how the nations of the industrial democracies (except the U.S.) have provided universal health care for their citizens with better results at substantially lower costs than the U.S. Reid took his own bad shoulder inside the medical systems of France, Germany, Japan, the U.K. and Canada, among others, to see just how it is to be a patient there. He details the imaginative mix of public and private which differs from nation to nation, but works with active government involvement. He advocates patterning U. S. health care after these best practices.

HEALTH CARE IN NEW YORK STATE

The Empire State now ranks as the 12th healthiest state, according to the Health Systems Data Center of the Commonwealth Fund, lower than all of the New England states.[6] Almost 14% of us still have no health insurance despite the Affordable Care Act (ACA). While the ACA has made progress in providing nearly 10 million more people with health insurance, and has begun to bend the cost curve downward, the need for more radical reform is palpable. The ACA enables the states to develop a health care system of their own design, providing it meets minimal federal standards. This is a great opportunity for New York, the Empire State, to be a laboratory of democracy, to pioneer with a universal, single pay model.

Despite changes brought by the Affordable Care Act, advocates for a universal single-payer system say the current health care model is deeply flawed because it leaves consumers' access to care at the mercy of for-profit insurance companies. The current number of uninsured is at 4.7%, down from 10% four years ago; 4.3 million people have signed up for health care coverage through New York State of Health, a 700,000 increase over last year. Some 738,000 people signed up for Essential Care and 2.97 million enrolled in Medicaid; another 374,577 enrolled in Child Health Plus and 253,102

obtained private insurance. There are 1.3 million still uninsured. The share of state income spent on health care rose from 12% in 1991 to 16% in 2014, and is projected to pass 18% by 2024.

Assemblyman Richard Gottfried, D-Manhattan, has for many years sponsored legislation that would create a universal single-payer health care system in New York state. It has passed the Assembly the past three years and is now one vote short in the Senate. Gottfried says the plan would provide comprehensive health coverage for all New Yorkers and would be publicly funded. "New York can have a universal health coverage system that covers all of us, without premiums and deductibles and co-pays and restricted networks," Gottfried said. "It could save New Yorkers over $20 billion a year by not having to pay for insurance company administrative personnel and profit.… Additionally, health care providers would not have to hire an army of administrative personnel to fight with insurance companies to get paid. All of that is built into our health care costs now, and it would not be a cost hanging around our necks under New York Health."[7]

Deborah Fasser, spokeswoman for the New York State Conference of BlueCross and BlueShield Plans, disagrees with Gottfried's assessment and his proposals for reform: "A 'single payer health care system' means a health insurance system run by the government, inevitably leading to higher taxes, price controls, limited choice among plans and providers, health care rationing, and a loss of jobs in the health insurance industry," Fasser said. "It is a relic from years ago debate." Fasser says that the Affordable Care Act attempts to balance a private sector solution with appropriate government oversight. "While not perfect and in need of revisions on a number of fronts, it is grounded in the benefits of private coverage," she said. "Instead of destroying the current system, we believe a more appropriate use of resources should be placed on improving it."[8]

Yet inequality is rampant in New York State's health care system. Too many New Yorkers have no medical insurance, and costs in both human suffering and economic losses are staggering. Lack of insurance creates financial instability in our families. Furthermore, it is detrimental to employment and undermines the competitiveness of our industries in the global marketplace. Our current system of health care coverage is fragmented, rent by unjust inequities, and overburdened with wasteful administrative costs. Every day, individuals and families in our congregations confront the devastating results of these dysfunctions.

While some New Yorkers enjoy the best health care in the world, others, particularly members of minority communities, have limited or poor access. Many low income citizens are forced to use emergency rooms for their basic medical care. This reality reflects not only too little care too late, but also very expensive care.

Interfaith Impact of New York State strongly supported Child Health Plus and Family Health Plus, which went into effect in 2001 and provides essential services to low income New Yorkers. We congratulated the Legislature and Governor for expanding

New York's Child Health Plus program by increasing eligibility to 400% of poverty. These were steps in the right direction.

We supported the creation of a commission that would examine, evaluate and make recommendations concerning possible methods of providing comprehensive, affordable, quality health care to all New Yorkers while controlling costs and ensuring freedom of choice for consumers. That commission solicited input from the general public, advocacy groups, health care providers, organized labor and other stakeholders in the health care system and then submitted a report to the legislature with its recommendations. We urge the governor and the legislature to take this report seriously and to act upon it.

As health care system benchmarks, we hold out for consideration two related models that have worked well over the years: first, Medicare, which provides a model for both efficiency and fairness; second, universal coverage from a single financial pool, which appears to offer massive financial savings. New York Health meets both these criteria.

THE ETHICS OF HEALTH CARE IN NEW YORK STATE

IINYS acknowledges the complexity of the issue. Citizens are deluged with facts, arguments and counter arguments on social, economic and political grounds. We make the case for universal single-payer health insurance from an ethical perspective on the assumption that ethics is at least one consideration in state health policy.

We believe in the inherent dignity and worth of all persons, a value held by the world's religions, sometimes understood as the belief that we are all children of God. That underscores our view that health care is a human right, not a privilege subject to political whims, economic theories, or social fashions, but grounded in the moral foundation of our humanity.

The Preamble to the U. S. Constitution points to a government that "promotes the general welfare. As noted in the "Introduction," the right to health care is embedded in Article 25 of the United Nations Universal Declaration of Human Rights and in President Roosevelt's 1944 *Bill of Economic Rights.* The New York State Constitution, Article 17, Section 1, proclaims: "The aid, care and support of the needy are public concerns and shall be provided by the state….Section 3 states: "The protection and promotion of the health of the inhabitants of the state are matters of public concern and provision therefore shall be made by the state…." (1938)

Bringing healing to the sick is one of the basic human obligations, as attested to by both the Jewish and Christian Scriptures. Healing and health are Biblical mandates. In Proverbs 21:13 we read: "Whoever closes his ear to the cry of the poor will himself call out and not be answered." In Deuteronomy 15:7-11, there is a mandate to help the afflicted: "If among you, one of your brothers should become poor, in any of your towns within your land that the LORD your God is giving you, you shall not harden your heart or shut your hand against your poor brother, but you shall open your hand to him and lend

him sufficient for his need, whatever it may be." The prophet Jeremiah (8:22) asked: Is there no balm in Gilead? Is there no physician there? Why then has the health of the daughter of my people not been restored?" In one of the clearest statements of ethical responsibility, Jesus is quoted as saying: "Then the righteous will answer him, saying, 'Lord, when did we see you hungry and feed you, or thirsty and give you drink? And when did we see you a stranger and welcome you, or naked and clothe you? And when did we see you sick or in prison and visit you?' And the King will answer them, 'Truly, I say to you, as you did it to one of the least of these my brothers, you did it to me.' In Matthew 10:8 Jesus says, among other things, "… heal the sick."

Martin Luther King, Jr. once said: "Of all the forms of inequality, injustice in health is the most shocking and inhuman." As individuals of faith, we have a duty to help ensure that basic health care is available to each and every resident of New York State. Financially, socially and ethically, we cannot afford to do otherwise.

On behalf of our member congregations, clergy and individuals of faith across this great state, we call on our elected officials and health care providers to make universal access to health care a reality within the next five years. We pray that as you struggle with the moral and financial questions posed by providing access to health care coverage, you will continue to hear a call to compassion, that clear voice of truth that lies at the heart of all the world's sacred teachings. If we and you have the courage to answer, then together, we can create a health care system that delivers for all the people of New York State.

Therefore, New York State must implement a health care system that in fact provides adequate health care for all its people as a right of citizenship and as a human right. We believe that our citizens should be treated as human beings with inherent moral rights, not as a commodity subject to the vicissitudes of the market place or the whims of political ideology. Health care needs are not a luxury for purchase. Rights cannot be bought and sold in the market place. Society is not a vending machine that delivers anything for the mere insertion of coins. Otherwise, we may again be accused of knowing the price of everything and the value of nothing. Human rights are not denominated in dollars.

Therefore, we must place responsibility for a health care system in a government of, by and for the people, not in a myriad of insurance companies, hospitals and networks which rely primarily on profit as their modus operandi. We believe that any health care system must be primarily about the health of all human beings; it is not a human commodity; it is about people, not profits.

We believe any health care system must serve the common good; it must not be based on an individualism that bases health care on ability to pay. Social justice must stand alongside individual liberty in allocation of health resources. We are fundamentally social beings.

While Adam Smith is often touted by those who advocate an untrammeled freedom – each person for him or herself – Smith knew that the "invisible hand" could operate like a clenched fist; that markets could not function without an underlying moral culture animated by empathy and fellow-feeling, our understanding of our common bonds and the recognition of the needs of the other. Patients are not merely consumers.

Therefore, we must all bear the burden of health care for the whole population. We are all in this together. That unwillingness to think beyond self-interest is one of the most disturbing features of our so-called debate on health care. It permeates thinking not only about health care but also about virtually every other issue. "Americans," opines bio-ethicist Daniel Callahan, "don't really have a developed understanding of the common good."[9] That is passing strange since conservatives among us so honor the U. S. Constitution which pointedly charges the government with such radical notions as "establishing justice," promoting the "general welfare of the people."

At root is our apparent inability to think in terms of the common good. And yet we pride ourselves on being the most religiously observant nation on earth. Unquestionably, America is the most pious nation if one listens to our politicians. However, when it comes to Micah's idea of "doing justice" or Jesus' concern for "the least of these" we are found badly wanting.

Our health care debate is not just about health care delivery and financial support; it is about whether we can begin to understand what the common good really means. This legislation is about more than cutting costs. Health care is a human right, woven into the moral fiber of major world religious traditions. It's not a commodity subject to political whims, economic theories, or social fashion, but grounded in the moral foundation of our very humanity."

There are two distinctly different ethical perspectives in debate over health care delivery, each with a theological assumption. The free market approach argues from a strongly individualistic point of view, promoting less government and more private competition. "Subsidizing" another person is discouraged. One must simply be responsible for him or herself with modest charity for those who cannot afford it. This individualism was on steroids in the U.S. House of Representatives – and then the Senate – in the 2017 debate over the effort to repeal the Affordable Care Act ("Obamacare").

Interfaith Impact advocates a government-based system in which all would contribute and all would benefit. Its theological foundation is solidarity. We are, of course, individuals, but also members of one community and should contribute to the good of the whole, even if it is not to our personal benefit. After all, we pay taxes for public schools which our children do not necessarily attend. It is one of our contributions to the community. Our understanding of ethics leads us to work for the common good – or, more theologically put – the Beloved Community.

We speak for the “interdependent web of all existence of which we are a part.” Anyone who thinks they were self-made forgets how dependent they are on the community. Wealthy business executives, for example, ship goods to market on roads built by the taxpayer; citizens paid for the education of their workers; police and fire protection are supported by all of us. The “invincible young” who don’t think they need health insurance and don’t want to subsidize “old geezers,” not only are vulnerable, but one day will be “old geezers” themselves and will need health care help. As Maya Angelou put it: “No one can make it out here alone.” We are interdependent.

That solidarity is exemplified in this narrative from our neighbors across the border. "When a Canadian man was handed an invoice showing the cost of his care after he was discharged from the hospital it was a news event covered throughout Canada. The 'bill' for $2,269 – covering a two-day stay in a Toronto hospital for investigation of an irregular heart beat – was stamped "Do not remit. Paid on your behalf by the citizens of Canada."[10] New York can and should do likewise.

Can we ever bring that sense of community solidarity into our national conscience? Will we ever believe that health care is a human right? Passage of health care coverage that is universal is an obligation of the entire community and is a moral imperative of our time.

Therefore, we urge passage of legislation that will create a single payer health care plan with universal coverage. We call upon legislators to pass the New York Health plan A4738/S4840. This is legislation that meets our criteria: (1) freedom to choose one’s own health care providers; (2) comprehensive coverage; (3) paid for fairly; (4) less administrative waste, better care, more accountability.

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[1] *Time,* June 17, 2014. According to The Commonwealth Fund. See also “Here’s why more Americans now lack health insurance,” Dan Gorenstein, *Marketplace* (NPR), January 19, 2018.
[2] *AARP Bulletin.* “Real Possibilities,” April 2017, p. 6.
[3] Relman, Arnold. *New England Journal of Medicine.* ???????
[4] Bump, Philip. “3.2 million more people were uninsured at the end of 2017 than at the end of 2016,” *The Washington Post,* January 16, 2018.
[5] (New York: The Penguin Press, 2009).
[6] America’s Health Care Rankings (2013).
[7] Gottfried, Richard. ?????
[8] Fasser, Deborah. ?????
[9] *Commonweal* (“America’s Blind Spot,” Volume CXXXVI, Number 17)
[10] Marilyn Dunlop, "Health Care: Canadian Style," Public Citizen, July-August 1992, 16.