

## **The Public's Option in Health Care Reform: Social Justice or Social Darwinism**

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*"There is a fifth dimension beyond that which is known to man. It is a dimension as vast as space and as timeless as infinity. It is the middle ground between light and shadow, between science and superstition, and it lies between the pit of man's fears and the summit of his knowledge. This is the dimension of imagination. It is an area which we call The Twilight Zone." - Rod Serling*

I begin my conversation with you with that quotation from Rod Serling not because yesterday was Halloween, which evolved from the Celtic belief that October 31<sup>st</sup> was the end of the summer with its bountiful harvest and the beginning of a new year in which life is reborn after a prolonged dark and cold period. However, this would, in many ways, be an appropriate metaphor for our health care system which has gone beyond the pinnacle of its blossoming and ripeness and has begun to deteriorate and needs to be cut back, replanted, and be reborn.

I also didn't use this quotation because today is All Saints Day in Western Christianity, a day which reminds us that all of God's creation, living and dead, are connected in communion and that all of the Saints are constantly interceding on our behalf for the grace to create a more heaven-like existence on this earth. Even though, heaven knows that we need some saintly intervention. If you know the patron saint of health care reform, please let me know because many of us would like to send some of our prayers in that saint's direction.

And I didn't use this quotation because the Vikings, with a quarterback named Favre, are playing against the Packers in Lambeau Field today, despite the fact that those of us who were born and raised in Green Bay are feeling like this is probably the epicenter of the Twilight Zone.

I used this quotation because on the day of the 50th anniversary celebration of the Twilight Zone I was at a meeting of health care leaders – assembled by the Bush Foundation – to discuss health care reform. As I sat there, I became convinced that I was really in the Twilight Zone.

I had that realization because some conference participants were saying that, despite its flaws, our health care system is the best in the world. Look at the wonderful things that we can do. Look at our wonderful technology and our wonderful innovations. Where else would you want to go if you had a serious disease or injury?

At the same time others were saying that we should be ashamed of our health care system. Despite spending more than twice as much money on health care as any other country, nearly 1/3 of our population is either uninsured or underinsured and our health care system ranks 39<sup>th</sup> in terms of outcomes, satisfaction, and efficiency. Our infant and maternal mortality rates and our longevity are far behind other industrialized countries and, in comparison, are steadily getting worse. They were wondering, can't we do better? Can't we emulate or at least learn from the success of other countries?

And earlier that week, while claiming to recognize the need for constructive discussion about health care reform, talk shows, editorials, and Tea Party rallies were inciting fears about the direction that health care reform might go and raising the specter of death panels, socialism, and a government take-over of the health care system.

In addition, the media were filled with reports of people questioning the safety of the H1N1 flu vaccine while at the same time many were fearful that there might be a shortage of vaccine. The irony was not lost on me that many people were afraid of not getting something that others thought might kill them.

All of this made me think that we were truly in the Twilight Zone – “the middle ground between light and shadow, between science and superstition, and between the pit of man's fears and the summit of his knowledge.”

That was just the beginning. As the conference went on, various approaches to health care reform were brought up. The topics being covered were: improving access, improving quality, reducing costs. There was talk about payment reform, baskets of care, employer-based insurance, individual mandates, health care homes, tort reform, accountable health care organizations, single-payer financing, administrative costs, health plan CEO salaries, maldistribution of resources, preventive care, and many more.

Given that the Yankees are in the World Series, I thought this quote from baseball legend Yogi Berra is apropos – “it was like déjà vu all over again.” It fit because, as I listened to the discussion, it became crystal clear to me that this conversation was exactly the same conversation that we had in the 1970s when I graduated from medical school, and in the 1980s when I completed my public health training, and in the 1990s when the Clintons unsuccessfully tried to legislate some sense into our health care system. While some of the words were slightly different, the meanings were exactly the same. While there were some variations in implementation strategies, the approaches being considered were identical. And while the ideas being discussed may have been more nuanced, the concepts were indistinguishable.

Nothing had changed – except for one thing – the numbers that really count: the cost of health care; the number of uninsured and underinsured; the geographic distribution of health care

resources; our health standing relative to the rest of the industrialized world; and the disparity in health status between the haves and the have nots. How had the numbers changed? All had gotten worse.

You all know the pop psychology definition of insanity often attributed to Einstein or Benjamin Franklin – insanity: doing exactly the same thing over and over again and expecting a different result. By that definition, what we are doing with health care reform is insanity. For more than 40 years we have been recycling the same ideas and approaches and expecting to have different results.

So what are we going to have to do if we want to make a meaningful change in our health care system? We are going to have to heed something that Einstein actually said: *“The significant problems we face cannot be solved at the same level of thinking we were at when we created them.”* We are going to have to have a different conversation. And this is where the last dimension of the Twilight Zone comes into play – *“This is the dimension of imagination.”* Not the imagination that creates fear but the imagination that creates possibilities.

To follow Einstein’s advice we have to stop talking about the details of health care reform and start examining the principles that underpin our health care system. We have to stop thinking that health is solely about medical care and realize that it’s about the multiple social determinants of health. We have to stop focusing on our individual needs and consider the needs of our community. We have to stop imagining what our health care system should look like and start imagining what we would like our society to look like.

To do this, we need to reexamine the values that are at the core of our society. Values like equality, fairness, justice, responsibility, privacy, accountability, honesty, and liberty. These are the values that are really at the heart of health care reform.<sup>1</sup> And, on the surface, it would seem that it would be an easy task to reach agreement as to how these values should be played out in our society and in our health care system. Who could object to a health care system that is equitable, fair, just, accountable, responsible, and protects one’s privacy?

The problem is that any explication of these values is overwhelmed and clouded by a single value in our society – the value of liberty or freedom: the value listed as one of the unalienable rights in our Declaration of Independence; the value called out in our Pledge of Allegiance; the value that helped forge the image of this country; the value that is the cornerstone of American culture and permeates the life of every individual, every organization, and every system. It is the value that fostered the concept of the autonomy of the individual – the rugged individualist. It led to the preeminence of competition, capitalism and the market economy, affluence and dominance. It helped the United States become the ascendant world power. But it also justified the acceptability and institutionalization of winners and losers which has played out in our health

statistics and in the world's greatest disparities between the rich and the poor, the educated and the uneducated, and whites and people of color. It is the elephant in our societal living room.

Even though liberty is such an overwhelming value in our society, the concept of liberty as the unbridled expression of individualism is only one interpretation – and certainly not the most fruitful interpretation when considering issues related to the welfare of the community. This interpretation artificially sets up liberty as being in conflict – in sort of a zero sum relationship – with the other American values.<sup>ii</sup>

Health care reform has certainly been caught in that web of dichotomous thinking that has ensnared every other facet of social policy during the last century. Some of the worst snarls in this intricate web are the conflicts between individual responsibility and entitlement, between competition and collaboration, between market forces and social responsibility, between autonomy and paternalism, and between social Darwinism and social justice.

But this dichotomous thinking has gotten us nowhere. If we are to make progress in coming to a consensus about something as important and vital as health care, we must begin to see liberty as compatible with the other ethical values and not as in conflict. To do this, we must break out of our ideological gridlock and reframe the conversation about liberty and freedom.

One way to reframe this conversation is to identify the fact that we are all connected as members of a single community and that what happens to any individual impacts all of us. The head of Burnett Realty recognized that connection when he stated several years ago that the quality of housing in the Phillips neighborhood affected his ability to sell houses in the suburbs. The head of Honeywell recognized that when he began working with Don Frasier on early childhood development as an economic stimulus package. A recent study out of Johns Hopkins recognized that in noting that racial inequalities in the US cost us over \$50 billion a year in direct costs and an additional \$1.2 trillion in indirect costs – more than the GDP of India, the 12<sup>th</sup> largest economy in the world. And the World Health Organization recognizes that in their reports showing that the bigger the social and economic disparities are in a country, the more the health of the people at the top suffers.

What these examples show is that health and health care is not a zero sum game. In fact, it's just the opposite. When one person loses, everyone loses. When everybody benefits, everybody benefits.

What this means is that a major tenet of our reframing conversation should be that universal access to health care, reduction in disparities in health status, and greater attention to the social determinants of health are actually all enhancements of liberty not detriments to it. We need to recognize that it is essential to begin to think about health and health care collectively and change from asking the question “what will reform mean to me and my family?” to “what will

reform mean to our community?” In other words, we need to recognize that allocating resources to achieve affordable, high quality care for everyone is actually in our individual best interest.<sup>iii</sup>

To some, the idea of “thinking collectively” might sound un-American. But if the rights of the individual are enshrined in our value system, so is the idea that all men are created equal. And it is also clear that liberty and equality are not in competition. In fact, they must go hand in hand. If we want a stable and secure society, we must have equality with regard to the necessities of life and the pursuit of happiness. Without stability and security, our rights as individuals would be in jeopardy.<sup>iv</sup>

FDR recognized this in an address that he gave to the country in 1944. He stated: *“What is needed is “a second Bill of Rights under which a new basis of security and prosperity can be established for all regardless of station, or race, or creed. Among these are: The right to a useful and remunerative job. The right to earn enough to provide adequate food and clothing and recreation. The right of every family to a decent home. The right to adequate medical care and the opportunity to achieve and enjoy good health. The right to adequate protection from the economic fears of old age, sickness, accident and unemployment. The right to a good education. All of these rights spell security. For unless there is security here at home there cannot be lasting peace in the world.”*

This list of rights, including the right to health care, are consistent with the values that we hold dear - equality, fairness, justice. But we have to acknowledge that they are also consistent with our value of liberty and freedom because if they are denied to any member or group within our society, we are all diminished and lessened in our ability to manifest the liberty that we have fought for and cherished for 2 ½ centuries.

So, perhaps it’s OK to be in this health care reform Twilight Zone - the middle ground between light and shadow, between science and superstition, between the pit of man's fears and the summit of his knowledge. Perhaps we are here because it opens us up to the dimension of the imagination allowing us to see what is possible. Perhaps it’s not an accident that this discussion is occurring on this weekend of Halloween when the veil between the worlds of what has been and what is and the world of what is possible is more transparent than ever. And perhaps it’s not coincidental that we’re considering the essential link between our health care system and our core American values on All Saints Day which commemorates the fact that we are “in communion” with all the people, past, present, and yet to be, who envision a world based on fairness, equality, and social justice – a world in which we all have the liberty to achieve our maximum potential as individuals and as a community. True health care reform is consistent with all of our American values and working to accomplish that reform is a holy and saintly endeavor.

What I proposed in my talk was a movement to reframe the conversation about health care reform. I contend that every movement has to have a few songs to go along with it. So, on this Feast of All Saints, I've modified the litany of saints to incorporate some health care reform principles. Let's end in song.

**Litany of Health Care Reform:**

Justice seekers – join with us  
Seekers of truth – join with us  
All peacemakers – join with us  
Spreaders of hope – join with us

Those with vision – join with us  
Those with patience – join with us  
All change makers – join with us  
Our brothers' keepers – join with us

**All you saintly men and women join with us.**

Community organizers – join with us  
Artists everywhere – join with us  
Innovators – join with us  
Job creators – join with us

Rich and poor – join with us  
Black and white – join with us  
Urban and suburban – join with us  
Country and city – join with us.

**All you saintly men and women join with us.**

Volunteers – join with us  
All care givers – join with us  
All who labor – join with us  
Social activists – join with us

In community – join with us  
In communion – join with us  
All connected – join with us  
All together – join with us

**All you saintly men and women join with us.**

For high quality – join with us  
For affordability – join with us  
For universal access – join with us  
For health care reform – join with us

In equality – join with us  
In fairness – join with us  
In justice – join with us  
In liberty – join with us

**All you saintly men and women join with us.**

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<sup>i</sup> [Values: The Beating Heart of Health Reform Thomas H. Murray](http://valuesconnection.thehastingscenter.org/2009/09/29/values-the-beating-heart-of-health-reform/)  
<http://valuesconnection.thehastingscenter.org/2009/09/29/values-the-beating-heart-of-health-reform/>

<sup>ii</sup> [Liberty: Free and Equal Bruce Jennings](http://valuesconnection.thehastingscenter.org/index.php?s=unbridled+expression+of+possessive+individualism+#ixzz0Vq4X7OR6)  
<http://valuesconnection.thehastingscenter.org/index.php?s=unbridled+expression+of+possessive+individualism+#ixzz0Vq4X7OR6>

<sup>iii</sup> [Thinking Collectively about Health Care ,Maggie Mahar](http://valuesconnection.thehastingscenter.org/index.php?s=what+will+reform+mean+to+me+and+my+family#ixzz0VvBOLwJz)  
<http://valuesconnection.thehastingscenter.org/index.php?s=what+will+reform+mean+to+me+and+my+family#ixzz0VvBOLwJz>

<sup>iv</sup> [Thinking Collectively about Health Care, Maggie Mahar](http://valuesconnection.thehastingscenter.org/index.php?s=thinking+collectively%E2%80%9D+might+sound+un-American#ixzz0VvU0gORW)  
<http://valuesconnection.thehastingscenter.org/index.php?s=thinking+collectively%E2%80%9D+might+sound+un-American#ixzz0VvU0gORW>