



HEALTH CARE: ASKING COURAGEOUS QUESTIONS
Friar Michael Lasky, OFM Conv.

While ministering at a university in Connecticut, the students made a New Year's resolution to participate regularly in "Midnight-Runs." We would travel into Manhattan, to places where the homeless gathered. In front of churches and under bridges, figures would stir from cardboard boxes and begin walking toward the van. Students would pull out bins of clothing, while out of the back we had a make-shift café serving sandwiches, soup, and hot coffee.

At one stop, some of the students began a conversation with a gentleman dressed in an old suit and hat. He had been eating one of our sandwiches with a donated dress shirt draped across his arm. During our ride back to Connecticut, I learned from the students that the gentleman's name was Samuel and that he had a doctorate in English Literature. He had been a professor, retiring early to take care of his mother who was very ill. As the years passed, the medical bills piled up with no end in sight. By the time his mother died, he was in financial ruin. Dr. Samuel lived in a small one room apartment with a bed, chair, and a few books. He usually ate in soup kitchens and had been looking forward to the Midnight Run's arrival, in hopes of finding a new shirt and enjoying a midnight snack.

Initially the students felt sorry for Dr. Samuel. One student even dared to speak the unspeakable when she said, "We could be him in 30 years!" By the time we arrived back at the university, the conversation had shifted to the broader topic of health care. The students were outraged that the United States did not have universal healthcare [back in 2007]. They rightly identified this as the social sin that sentenced Dr. Samuel and countless others to live in poverty. Then, they began asking some very good questions about rights and responsibilities associated with health care.

The healing of body and spirit has been a perennial issue throughout the centuries. In medieval times healings often came through the miraculous intercession of a saint, saving not only the life of an individual but also the livelihood of the family. Such was the case in the story of Saint Francis and the wounded man from Lerida, depicted in a fresco about the miracles of Francis in Assisi.

The fresco shows John of Lerida in bed, having received a mortal wound during a confrontation resulting from a case of mistaken identity. His wife is depicted as distraught, overcome with grief and the uncertainty of her future. For the social structures of the Middle Ages, or the lack thereof, often reduced families to extreme poverty with the death of a loved one. Thankfully, Saint Francis appears and restores John to health. He wasn't the only one saved that day!

The prospect of destitution, anticipated by the wife of John of Lerida and realized in the life of Dr. Samuel is something numerous countries have grappled with, many enacting legislations guaranteeing a universal right to health care. The



United States would do this in 2010 with the Affordable Care Act/Obama Care. The difficulty is coupling that right of health care to the responsibilities associated with equal access for everyone.

In this movement from “rights” to “responsibilities” the United States can learn from the experience of Italy. To deliver on its promises, the Italian people are taxed in order for the government to pay for a health care system that is costing far more than anticipated. The result, however, is the emergence of a two-tiered system (like the one in Great Britain and now emerging in the United States).

Simply put, there is now a public and a private option. If anyone gets sick in Italy, they show their national health card and are seen by a doctor. This is good, but what happens when someone needs a specialist? The wait can be several months! Wealthy people seek out private doctors and pay the cost above and beyond public care, to avoid waiting in line. In such a system doctors tend to gravitate to the private sector while public hospitals and medical centers are over-crowded and under-staffed.

The reality in the United States, for example, is that many do not have better insurance coverage. In addition, medical expenses and prescription drug costs continue to rise. Yes, the poor now have access to health care, but many working families cannot afford the plans they are obliged to purchase. The paradox further reveals itself as world-renowned physicians, nurses, and other providers remain inaccessible to many.

The emerging problem is the lack of equity in health care, which does not hold the private sector accountable for equal access. Would Dr. Samuel’s mother have been better off in this new system, and in which sector would she have been treated? Could Samuel have emerged from his mother’s long illness and death financially intact? The answers to such questions are often grim, and for that reason we must have the courage to ask them.

Sister Carol Keehan, D.C., the former president and CEO of the Catholic Health Association believes that like other big businesses, no one in healthcare is encouraged to offer honest critiques until after a major catastrophe. All along everyone watches in silence as events unfold toward a predictable disaster. As with a work of art, our role is to reflect on this issue by considering the lives of people like Dr. Samuel and the wife of John of Lerida, to then raise questions about the rights and responsibilities of health care. For the sake of the poor and for working families, we must reject a collective silent watching of catastrophes as they unfold.

Statistically, most people have set aside their New Year’s resolutions by January 17th. Perhaps in mid-January of this year, we might make a personal and lasting resolution to reflect more deeply on healthcare, resulting in our articulation of courageous questions about equity and accountability that can lead to concrete and positive change.