

Point of View:

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## Healing health care's fracture

**BY GENE R. NICHOL**

CHAPEL HILL - The Obama administration's health care message last week, though long-winded, was well orchestrated. Immediately before the president's press conference, Chris Mathews asked the unflappable David Axelrod, "What do you say to those who already have health care and are happy with it?" Axelrod spoke of "controlling costs" and "deficits"; of assuring that existing policies are "stable," "portable." If you have coverage now, "you won't have to worry about losing it."

An hour later, President Barack Obama followed suit. For those currently insured and asking "what's in it for me," the reform package will "control costs" and guarantee "more security," "more stability." It will prevent "your insurance company" from dropping you if you "get too sick or lose your job." Even for the fortunate, reform could thus be seen as a self-regarding endeavor. If you're happy now, you'll be happier later.

It was more curious, perhaps, to ponder what was not said to those of us who prosper under the present health care regime.

We were not told that we, the more fortunate, ought to be concerned that though we have the most expensive health care system in the world, to our shame, we leave more of our fellows locked out, in the shadows, than any other industrial democracy. We were not told that even the comfortable should be discomfited by the existence of 47 million Americans with no coverage of any kind. We were not told that our defining national commitment to equal opportunity and citizenship cannot be squared with such wholesale exclusion and marginalization. We were not told, in short, that we should remember everyone counts.

Now the president, I understand, is attempting to win a vital legislative battle. His words are parsed and tested. Moral claims, arguments about what sort of a people we are, occupy risky terrain. They can alienate even as they challenge. And no one has shown more fate-altering skill in reaching the best hopes of our national psyche than Obama.

Still, after a half-century of attempted reform, it may be essential to say that the rank and debilitating inequality of American health care demeans us as a nation. It is gruesome that of the two dozen or so major industrial democracies, only the United States has no form of universal coverage. We may talk more about equality. But we do less.

And it shows. Shockingly, despite spending more, we have the worst or among the worst infant mortality, life expectancy, preventable death and overall public satisfaction rates of the major democracies. When former Harvard President Derek Bok studied our system compared to that of Britain, Canada, France, Germany, Sweden and Japan, he found that we have the greatest technical competence, but the worst life expectancy, worst insurance coverage, worst cost containment and worst patient satisfaction. The heavy wages of leaving people out.

We are, of course, accustomed to such exclusions. But we have gotten used to things we never should have gotten used to. Bok also found that we countenance "much higher proportions of poor in the United States than in other major democracies." Poverty rates here "are especially high among young children" - our most vulnerable, and surely our most blameless, members. As an America's Second Harvest [now Feeding America] report concluded: "We have a hunger problem. Other western industrialized nations do not have a hunger problem. That is not acceptable [amid] such abundance."

Eventually, this broad brush of inequity paints us all. No less than our forebears, we are charged with making the promises of democracy real; with "achieving our nation."

Ignoring almost 50 million uninsured, or 75 million underinsured, suggests a flat rejection of our national calling. I'm certain this young and ennobling president understands that, believes it. I think we're prepared for him to tell us so.

Not long before he was murdered, Archbishop Oscar Romero wrote that when he argued for greater opportunity and dignity for the dispossessed, he "did not mean exclusion of the rich, but rather a call to the rich to feel as their own the problems of the poor ... as though it were a matter of solving their very own problems."

Of course the American health care debate doesn't fall on such precise lines. Many of us who enjoy decent coverage are not rich. And some few, who are poor, perhaps enjoy access that those with greater resources cannot afford. But as Romero preached, the problems of those left out are our "very own."

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