

May Day, Health Care and The Meaning of Things

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Almost everyone knows somebody who has experienced the reality of what health care has become [in our country]—a friend or relative who has no coverage, a young person who can't pay premiums, a parent whose child needs expensive specialized treatment, or an elderly person who cannot afford prescription drugs. “Why should people have to worry about their health care, something this basic?” asks a retired Colorado executive who has lived in Europe and Asia and who has seen the national health care systems of other nations. “No other country permits this. It's a crime.” (Barlett and Steele, *Critical Condition*, Random House, 2004, pg 6)

In the reading offered by members of our Coming of Age class this morning, we heard the following words from Antoine de Saint-Exupery, “We live, not by things, but by the meaning of things. It is needful to transmit the passwords from generation to generation.” So let us transmit the passwords this morning.

May Day, Health Care and The Meaning of Things

We are gathered here to worship on this first day of May. May Day. There are many *meanings* to May Day. One is associated with the pagan holiday, Beltane, which is a Cross quarter day being midpoint in the Sun's progress between the Vernal Equinox and Summer Solstice. Beltane means “bright fire”, and in the Gaelic tradition, it was seen to herald the beginning of summer. For many in the United States, with celebrations around Maypoles and the good cheer of Morris Dancers, May Day is a flower-full festivity celebrating the fecundity of spring and the pleasures of the body.

When I consider celebrations such as today's May Day holiday, the motto of a 15th century Florentine, Italy Academy led by the physician and priest Marcilio Ficino comes to mind, *Pleasure in the Present. Pleasure in the Present.* Ficino

advised, “Let your meditation walk no further than pleasure, and even a little behind.” and may you discover the kind of pleasure, which nurtures the seeds of *health* and joy within you. How do we discover such healthful pleasure?

Several years ago, I attended a 3 day seminar, which addressed spiritual counseling for people dealing with loss and illness; the seminar leader began with this question, “Does anyone in here have a toothache?” This question, based on a meditative practice created by the Buddhist monk Thich Nhat Hanh (Peace In Every Step), is entitled “Being In the State of Not Having a Toothache”. “Does anyone in here have a toothache?”

I invite you to pause for a moment, and realize how beautiful and liberating it is NOT to have a toothache. Be in a place of gratitude for this state of health...not having a toothache. Nurture the seeds of health and joy within.

This meditative practice is not meant to deny our sorrows or other bodily pains, but it is to remind us of who we are in all of our potential for wholeness and healing. “Let your meditation walk no further than pleasure,” said Ficino over 500 years ago, “and even a little behind.”

This type of pleasure means more than our culture’s obsession with the pursuit of instant gratification through new experiences, entertainment, and fast foods. It is a slower paced, healthy pleasure of the soul. If you take a stroll on this May Day or later this week, Ficino also recommended “a high culture of flowers...as a powerful way to ensoul the world.” (Moore, pg 165)

But what does such pleasure mean when it comes to illness and disease? Thomas Moore, author of the New York Times bestseller *Care of the Soul*, suggests that we can “imagine disease as not just a physical phenomenon but as a condition of the person and the world, as a [loss] of the body to find its pleasure.” (Ibid)

In this context pleasure refers to our soulful entrance into the mysteries of the body. During times of illness, when our healthcare professionals and we must attend to the visible, tangible aspects of an illness, we are also invited into that which is unnamed, invisible and immaterial. It involves taking the time to tend to our physical selves as well as our “emotions, thoughts, personal histories, relationships, longings, fears, desires.”, (Moore, pg 165).

I invite you to call to mind a time when either you or a person close to you has dealt with a difficult illness. It is a time, by its very nature, that calls us into the vulnerability of our common humanity. It is a place and time when we may search for meaning. Faith is often defined as a meaning making activity. I believe that times of illness and disease invite us into times of faith.

Thus, it is not a time to be burdened with worries about medical bills, possible bankruptcy, and the availability of care dependent upon our income.

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There is another *meaning* to May Day. This is the distress call, originating with nautical craft, to be used when they were in “grave and immediate danger”. To correctly use the mayday distress signal one is instructed to repeat the word *mayday* three times, then the name of the vessel and its radio call signal, this is followed by stating *mayday* again subsequently describing the state of the emergency and other information that will help with the rescue.

For example, *May Day, May Day, May Day. This is the good ship Unitarian Universalist Church of Bloomington, Indiana 812-332-3695, May Day, The Health Care Industry of the United States has resulted in 45 million citizens with no medical insurance coverage; 8.5 million of those not covered are children. “Lack of health insurance, and the barriers to access to health care that it entails is*

estimated to be a direct cause of 18,000 deaths a year” (Stone, Robert, MD Herald Times, Bloomington, Indiana, April 28th, 2005 Editorial) Health care costs and premiums are rising to the point that even for those who are insured, their insurance is inadequate resulting in untreated conditions, some of them life-threatening, and also financial bankruptcy. Meanwhile health care executives are receiving millions of dollars in bonus monies. May Day. Patients and health care professionals are trapped in a system that is spiraling out of control. For assistance we need investigative reporting, solid truth-telling, leaders with ‘chutzpah’, and we need informed citizens to be called into action. Over.

Does anyone know the origin of the word mayday as a distress call? It actually has nothing to do with May 1st; rather it is an anglicized version of the French *m'aidez* (help me). Help me. That sense of urgency we often experience when confronted with serious illness, bodily pain, or psychological anguish. Help me.

When I first started thinking about this sermon, the image of a telephone kept coming to mind. Why a telephone? Initially, I thought, because we often receive news of another’s illness or death over the phone. It was over the phone in Redbud Apartments that I learned of my father’s death. Later, while standing in the living room of our trailer at Brummetts Creek, I listened to my brother tell me he had contracted the AIDS virus. And it was a call from my younger brother, which informed me of my Mom’s initial disabling stroke. I know many of you can call to mind similar calls....(m’aidez) (pause)

As a minister, when the phone rings late at night or early in the morning, my thoughts turn to members of this community. Those calls of m’aidez, help me, from the hospital when someone is in need of pastoral care. When you have been called into the vulnerability of our common humanity.

My colleagues (Reverend Barbara Carlson, Reverend Bill Breeden) and I, often visit folks in the hospital, or stay in touch as you recuperate at home. But the telephone takes on another added significance often after an immediate crisis has resolved or an illness has subsided, at least for the moment. I frequently hear many of you talk about monumental time you spend on the phone trying to clear up medical expenses, insurance claims, coverage, and the cost of ongoing treatment (including prescription drugs).

As a spiritual leader I do not take this lightly. At a time, when one's attention should be focused on healing as an individual or as a family of an individual with an illness, I've witnessed enormous amounts of energy being spent on the stress of figuring out medical bills, insurance coverage or lack thereof within an endless web of bureaucratic confusions.

Also, for many physicians, our current health care system forces them to spend as much time on the phone negotiating with insurers regarding fees and referrals as they do treating the patient. (Barlett and Steele, *Critical Condition*, Random House, 2004, pg 4). When I spoke to a local physician regarding today's sermon, she recounted that she'd recently made 7 calls with insurers regarding one patient's case.

This stress on physician and patient is certainly exacerbated when one is either uninsured or under insured. Which leads to another meaning of May Day. That is today, May 1st, marks the first day of ***National Cover The Uninsured Week***. A week of awareness and education regarding the health care crisis of uninsured and underinsured people in our country.

The book *Critical Condition* published last year by the New York Times best-selling authors Donald Bartlett and James Steele, is subtitled, "How Health Care in America Became Big Business and Bad Medicine" and poses the following question, "Who are these 44 million uninsured US citizens?" And they answer,

“For the most part, according to the Kaiser Commission on Medicaid and the Uninsured, they are between the ages of eighteen and sixty-five and come from low-income working families. Two-thirds have incomes below \$30,000, which makes them too ‘wealthy’ to qualify for Medicaid and much too poor to buy their own insurance.” (Barlette and Steele, pg 46) Who are they? Some of them are you. Sitting in here this morning. Or some of you may be part of the 100 million US citizens who are working but underinsured, which means that if you become sick or need hospitalization, your insurance coverage will not be adequate at all to cover your medical costs. As Barlette and Steele describe this situation, “it is sort of like having homeowner’s insurance only to discover after your house burns down that it will pay to rebuild one fourth of it.” (ibid, pg 26)

In terms of the telephone image, lack of insurance or under-insurance often makes people delay or postpone picking up the phone to make appointments or get needed medications regarding their health care. As Dr. Robert Stone eloquently stated in Thursday’s Herald-Times (April 28, 2005, Editorial),

I work in the Emergency Room of Bloomington, Hospital, and I see the results of this every day; diabetics who are off their medication, people with preventable illnesses showing up only when they have a heart attack or stroke, all the way down to little things like waiting to come in with a broken ankle, because they were afraid of the cost. And the costs are high. Medical problems are the single most common reason that people [many of them low and middle class workers with some insurance] declare personal bankruptcy. (Stone, 2005)

Which brings up another meaning for May Day. Today, May 1st, is celebrated as International Workers Day throughout the globe. A day dedicated to the struggles of worker’s rights. ***I certainly consider having adequate health insurance coverage and care to be a worker’s right and a right of any citizen of this country, regardless of their financial status.*** Of course, the very night I was working on the first draft of this sermon, I checked the news and discovered that

Congress had voted on a bill that will cut spending on the Medicaid health care program. How does one make meaning of this? Is this a question of faith?

Yes. As part of *Cover the Uninsured Week* we as a faith communities have been asked to proclaim a Call to Care. Why?

Because faith communities have a long tradition of caring for people who suffer in mind, body and spirit...so let us today, May Day, proclaim a call to care for our nation's 45 million uninsured people.

Because faith communities have led the way in seeking just and compassionate public policies...so let us today, May Day, proclaim a call for care for our nation's 45 million uninsured people

Because all of our faith traditions, despite encompassing a wide spectrum of beliefs, hold central a conviction that life is a gift to be cherished and we are called to care for one another, provide healing and prevent suffering with compassion and a commitment to justice...so let us proclaim a call to care for our nation's 45 million uninsured people. (Cover the Uninsured Week/Interfaith Resource/www.covertheuninsured.com).

“The United States spends more on health care than any other nation—15.3% of gross domestic product in 2003.” (Barlette and James, pg 7)

Where is all this money going for health care in the United States? Some might answer, it is going toward world class health care for citizens of our country. But that depends on who is defining ‘world class health care.’ I remember viewing a program on PBS’s Frontline regarding health care in the US. It pointed out that some US citizens do get the best of care in our country. We have highly specialized care and high-tech medical procedures and surgery. However, this high-tech ‘care’ only benefits a very small portion of our population (2-3%), and it also benefits “the richest citizens of other countries who come here for highly specialized treatments. Overall,” as Barlett and Steele point out, “isolated pockets

of excellence aside, the system is second-rate when it comes to meeting the daily day-in, day-out medical needs of the population.” (Barlette and Steele, pg 13).

In a global ranking of health care, created by the World Health Organization which included life expectancy, quality of life, access to health care, and equitable cost distribution across the population,” the United States was ranked 29th in one ranking and 37th in another...somewhere between Slovenia and Costa Rica. (ibid, pg 13-14).

So where is the money going? Well, part of it is going to high-tech medicine, but that only effects a small portion of our population. There’s the ‘runaway inflation of prescription drugs’ (Stone, 2005) In addition, the administrative costs of medicine have sky-rocketed, because the system itself has become so complicated to negotiate with its competing collection of businesses, agencies, special interest groups, health care facilities, and educational institutions. Ironically, this huge medical bureaucracy, with its unwieldy administrative needs, spends a good deal of its time just trying to get someone else to pay the bills. (New York Times, April 29, 2005 “A Private Obsession”, Krugman, Paul) (ibid, pg 236).

Also, one simply can’t ignore the amazing bonuses that insurance corporate executives are getting now days. Up until today, I had individual coverage through a prominent health insurance company here in Indiana, who will remain nameless. (But by the way, wasn’t that an amazing ANTHEM the choir sung this morning?). Anyway, like many of you, my insurance co-pay recently increased from \$10 to \$25 last year. In addition, I had sizable premium increases. Also, the very reason I chose this particular plan, its inclusion of a wellness-rider (which provided coverage for certain preventative and pro-active health care choices) was dropped the year I signed up. Meanwhile, the CEO of this insurance company received a 42.5 million dollar merit bonus. (pause)

Which brings me to another meaning of today, May Day. This *meaning* is a bit more personal. As of this morning, May 1st, Bloomington Hospital, one of our town's largest employers, started offering health care benefits for same-sex couples.

But here's a glitch, as many of you know there is a proposed Amendment to our Indiana Constitution that asserts: Marriage in Indiana consists only of the union of one man and one woman. Neither this Constitution nor any other Indiana Law may be construed to confer marital status or any legal incidents of marriage upon unmarried couples. It's that little legal notion of 'legal incidents of marriage' which ought to haunt us...particularly in the health care arena. It could, and probably will, be interpreted to deny the very partner benefits, which Bloomington Hospital took the courage to create as of this morning.

Mayday. Mayday. Mayday. *This is Captain Macklin of the good ship Unitarian Universalist Church of Bloomington, Indiana 332-3695. Mayday. We had some clear skies, but storms seem to be brewing on the horizon. We seem to be taking on water. We request that you write your state senators and representatives to express your concerns about health care in our country today. We invite you to educate yourselves further about healthcare in this country and participate in Cover The Uninsured Week. We ask you to heed this call to care. Over.*

Meanwhile, take a deep breath, and remember 'pleasure in the present'. If you get irritated (time to time) with being in the state of Indiana, then be in the state of not having a toothache. Breathe. I ultimately believe the work of health care is an art. Nurses. Doctors. Researchers. It is a profession about body and soul.

Allow me to close with these words from the 15th century physician and priest, Marcilio Ficino, "The world lives and breathes and we can draw its spirit

into us. You should walk as often as possible among plants that have a wonderful aroma, spending a considerable amount of time every day among such things.”

On this May Day, let us stand together and sing our closing hymn #76 “For Flowers That Bloom about Our Feet”.

So may it be.

On this May Day.

Amen.