

Living the American Dream?
A Health Advocate's Perspective of *Sicko*

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Tears streamed down my face as I watched this film in a crowded theatre in Lawrence last Saturday night. I listened intently to horrific yet compelling struggles of people from all walks of life sharing their stories in this gripping documentary about our country's health care system. The film compares the United States, which ranks thirty-seventh in the world in regards to health care, with single-payer systems such as Canada. The message of the film: our country needs to overhaul its health care system, now!

I walked away realizing that I am one of the lucky ones: a person with health insurance. However, even if you are lucky enough to have health insurance, watch out, because according to this documentary, your insurance will not always help you out when you are sick. It became clear to me that people are dying because tests and procedures are being denied by insurance companies. Who knew that insurance company employees were expected to maintain high percentages of denied claims by refusing to pay, and use words like "experimental and not medically necessary?" Who knew that these same employees were, "...not denying care, ...just denying payment?"

In the film, Michael Moore interviewed middle class America, people who had saved all of their lives to retire. Yet in one swoop, their life savings were gone. Why? They had to pay their medical bills. Bills the insurance company denied. Seniors depicted working into their "golden years" to make enough money just to pay for their prescriptions. People being denied health insurance based on body mass index or having illnesses that the insurance company says, "you are too young to have so we are not paying for." Families faced with putting monetary values on body parts and not knowing which part to fix. The answer for them: fix the least expensive and hope for the best.

Probably the most unusual story was a young woman who had surgery. Blue Cross/Blue Shield paid for the surgery but later said that because she did not disclose on her insurance application that she had previously had a yeast infection, she was now responsible to repay Blue Cross for the surgery. One wonders, "Was the insurance company looking for a way out"? Is the process really to weed out the sick through the application? Maybe if that doesn't work deny them care, and in the end, ultimately find a way to get money back, blaming us - health care consumers - for misrepresenting our conditions on the application.

These are just a few stories of the "average" health consumer trying to use our health care system. What does this really say about the way our system treats the citizens of this great country, a country that is one of the wealthiest in the world but somehow we think it is acceptable for people to go without what I would consider a basic necessity in life: health care.

It became evident to me that care should not depend on whether you are a "have or have not." Everyone deserves care that won't land them in bankruptcy. The amount of care you get should not depend on premiums, it should depend on need. Sick people should not have to waste precious time trying to negotiate care with their insurance companies. After all, isn't that why we have insurance to begin with?