

Michael Moore's 'Sicko' Takes On Healthcare

By Michelle Andrews • Posted 6/21/07

http://health.usnews.com/usnews/health/articles/070621/21health.moore_print.htm



Director Michael Moore arrives at a screening of clips from "Sicko" during the Toronto International Film Festival.
JIM ROSS/GETTY IMAGES

Filmmaker Michael Moore, known for his satirical, polarizing examinations of American issues in films like *Fahrenheit 9/11*, about terrorism and the war with Iraq; and the Oscar-winning *Bowling for Columbine*, on gun violence, has a new film coming out. *Sicko*, to be released

in theaters nationwide June 29, takes aim at the U.S. healthcare system. It chronicles the experiences of people who discovered that having private health insurance was no guarantee they'd get the care they needed and takes sympathetic pilgrimages to France, Great Britain, and Canada to look at how healthcare is delivered in countries with government-run, "single-payer" health systems, which Moore believes is the way to go. He spoke with U.S. News about the film.

Where did the idea for Sicko come from?

Back in the late '90s, I put together a humorous newsmagazine program called *The Awful Truth* for Bravo. We helped one guy get an organ transplant whose insurance company had refused to pay. I thought, if we could save a guy's life in a 10-minute segment on cable, what could we do if we devoted a whole movie to a whole bunch of people? And what can we do to effect a larger change?

Of all the personal stories you heard, is there one that stands out for you that really crystallizes the problem with healthcare in the United States?

There was a woman who had very good health coverage. It covered mental health benefits. She was raped and went to see a psychiatrist as a result of the trauma she was suffering afterwards. But her health insurance refused to pay the psychiatrist because they said the rape was a pre-existing condition. It had happened before she went to the psychiatrist, so they wouldn't cover it.

It's striking that the folks you spoke with who've been hurt by the system don't turn to activism to try to change it.

They're demoralized. They're afraid. They're afraid if they act up too much, they'll lose their jobs, their healthcare, their benefits. And so they just keep their nose to the grindstone and hope for the best.

Do you think your movie has the potential to shake them out of that?

Possibly. I'll tell you one thing, from the test audiences that they've been showing it to around the country. People leave the theater in an agitated state. They want to go choke somebody. They want to do something, physically want to do something, about what they've just seen. That's a good thing. I mean, not the violence part, but wanting to do something.

Do any of the 2008 presidential candidates offer a solution that you think is workable?

No. Edwards is the only one who's come out with a really detailed plan, and his plan's no good because he wants to put taxpayers' money into the private health insurance system. We need to cut out the middleman. Healthcare should be between the doctor and the patient. And if the doctor says something needs to be done, the government should guarantee it gets paid for.

When you ask people what they want, they say they want to have universal healthcare, but they don't want a big government program. What will it take to get people to come around to your point of view?

They've been inundated with a lot of propaganda about the single-payer system. But government is supposed to be of, by, and for us. That means we're in charge of it. If we say the government sucks, we're kind of saying that we suck.

In the film you visit France, Britain, and Canada, all countries you describe as having an ethos that people have a responsibility to take care of each other. Why don't we have that here in the United States?

We're plagued with an every-man-for-himself attitude. That attitude may have been good in helping us build this country and helping us become the innovators that we are. But we won't make it through the 21st century intact as a great country if we don't adopt a different ethos that says we're all in the same boat. We sink or swim together. We have to help each other.

Are you optimistic that can happen?

Yes, I am. I've seen it. People want to pull together, and they're good at it. But I'm fighting some pretty heavy forces here.

Looking for Information?? Want to get involved??
MAKE SURE YOUR GOVERNMENT IS LISTENING TO YOU.

- Go to WWW.Healthcare4AllPA.org to learn about Pennsylvania Healthcare issues.
- Go to WWW.PHNP.org – the official site for Physicians for a National Health Program – to learn more about HR 676.

THE SYSTEM WE HAVE VERSUS THE SYSTEM WE NEED

NO BOTH YES ? – LIMITED OR PARTIAL

**OUR CURRENT HEALTH
INSURANCE SYSTEM**
**ED RENDELL'S
PRESCRIPTION FOR PA**
**FAMILY AND BUSINESS
HEALTHCARE SECURITY ACT**

Provides universal health coverage	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Patients can choose their own doctors and hospitals	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
No deductibles, co-pays, or lifetime caps	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Includes prescription drug coverage	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Prohibits under-insured policyholders	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Provides all medically necessary care	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Stops rationing of health care	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
No added costs for Medicare recipients	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Coverage does not change depending on employer, location, income, age, or health status	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Reduces malpractice insurance costs via an optional no-fault program	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Controls administrative waste, which consumes up to 30% of every premium dollar	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Addresses extra costs associated with “defensive medicine”	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Promotes a culture of wellness, prevention	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Treatment decisions made by doctors and patients	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Covers pre-existing conditions	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Doctors and hospitals remain independent	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Includes private hospitals	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Allows prescription drug price negotiation	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Funded by personal income and employer tax	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Taxpayer subsidies for private insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constitutes “socialized medicine”	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Compare all your options.

If you compare our Family and Business Health Care Security Act with the governor’s Prescription for Pennsylvania, only one health reform plan looks right for Pennsylvania. Part of the problem is that the governor proposes such modest changes to the system we have now.

See just how close Prescription for Pennsylvania is to the current system. Then compare it to our proposal. We think you’ll agree: Pennsylvania needs a prescription for change more than it needs the governor’s plan.

Our current health insurance system is a mish-mash of gaps, waste, and inconsistency.

- Direct government funding -- about 40% (Medicare, Medicaid, SCHIP, Veterans Administration, government employee plans)

- Indirect government funding (business tax deductions, untaxed employee benefits, uncompensated care)
- Employer-subsidized insurance: fewer companies (roughly 60%) offer this benefit and they are transferring more costs to employees
- Privately purchased health insurance
- Poor or no coverage: about 16% of the population scrapes by on nothing or near nothing
- Bewildering complexity: many thousands of insurance policy scenarios for treatments covered, deductibles, co-pays, denials, and provider network limits

Why replace it with almost exactly the same thing?