

A Matter of Health

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When I was little, I had a near-death experience. I was four. I remember being on the patio outside our kitchen window and crying because I was in so much pain, like I was being held with my back over an open fire where I was being roasted. I don't remember much else from that first day. Then there are a few intermittent memories: a bed was made up downstairs, in the "front room" of the rowhouse we lived in. I remember people talking—not *to me*, but *about me*, and I remember not eating or drinking.

Eventually, the doctor came. This all happened at a time when they still made house calls! His dour seriousness penetrated even my foggy existence. Shaking his head, which is never a good sign coming from a medical doctor, he explained the situation to my parents—as I would find out later: I had pneumonia combined with pleurisy (a condition where the tissue that separates your lungs from your chest becomes inflamed and rubs against the chest wall, like sandpaper). This double whammy meant that I was dying. And it was no wonder that I felt like I was being roasted over an open fire.

Now, one of the character traits I inherited from my parents was their stubbornness. As it turns out, my father had just recently read something exciting in the newspaper—thank goodness for his being buried in that paper for hours on end every evening. He had read that a new drug called Penicillin, had just become available commercially, and that this drug could cure things like pneumonia and pleurisy and, by inference, a combination of the two. He triumphantly told the doctor about it, but the latter again shook his head, this time more vehemently. "Oh no," he explained, "that would not be possible."

"Why not?" my father demanded, raising his voice just a little, and proceeding to explain the benefits of Penicillin, but his impassioned words were by now falling on deaf ears. Getting annoyed, and using his best condescending patriarchal voice, the doctor explained: "Penicillin is not for you," meaning "not for *me*" who was nearing death. To the obvious "Why not?" he replied that this drug is *expensive* and can only be afforded by rich people, and therefore he had not mentioned it as an option. Even though the country at that time already had a national health care system, apparently not all medications were readily available to everyone. Now that was a challenge to my father, who could be condescending in his own way, and he imperiously declared that he and my mother would pay for the drug up front and that it had to be administered right away! I know they must have committed everything they had to pay for this treatment.

Long story short, the doctor obtained Penicillin, administered a dose, and by the next day, I was not only conscious, but hungry. My first meal was a portion of leeks in a creamy bechamel sauce. It affected me so much that to this day, it is my favorite food. My bed was moved upstairs again, life returned to normal, and here I am! I am lucky to have had such determined parents.

Would that all small children who suffer from a treatable illness can recover like I did. But the reality is far from it. The richest Americans live ten to fifteen years longer than the poorest. That is a huge gap in life expectancy. What's worse, this so-called "poverty gap" has been getting bigger! We are beginning to be able to compute the chances of recovering from Covid-19 by the rich compared to the poor. It is a sad picture. I remember a news item back in March where a 17-year old adolescent arrived at a hospital with Coronavirus and was turned away because he had no health insurance. Trying to make it to an emergency room in another hospital, he died of heart failure. We are indeed on a "dollars or death" public health trajectory. Can we fix this problem by installing a "Medicare for All" health care policy? Yes and no. There is more to the difference in lifespans than just health insurance and health care.

What else is going on with those of us who are poor? For one thing, many suffer from *chronic persistent poverty* that brings with it a host of other health-related issues. Here are a few: dangerous work conditions, low wages and therefore unhealthy diets, unhealthy housing, soaring college debt, depression, stress, despair, no paid vacation days, no paid parental leave, no nationalized day care.

Let me tell you about stress and despair. Imagine being poor, for a very long period of time, or all your life. I know I have been there. What would happen if you suddenly lost your job? If we think back to the time before the pandemic, what if your car broke down and you can't get to your work shift? What will happen to you? To your family? If you are poor, you have 2 or 3 jobs, needed to pay the bills, you may have to commute a long distance, and be ready to work during weekends or nights, and definitely on a holiday. So, you do not have time or money to fix that broken taillight on your car. You receive a ticket. Now you really can't afford to pay for the repair. Suppose that now you can't pay for your car insurance either. In Detroit, it costs about 8-10 times what I pay, a huge amount in other words. Eventually, you receive a ticket, which you cannot afford to pay. Do you stop driving? No, you need to get to that job. Inevitably, you receive a bigger ticket, which you most definitely cannot pay. Finally, your car gets impounded and you lose that job you tried so desperately to hang on to. What's next? The plasma donation center.

One of the largest and most lucrative businesses in the U.S., plasma centers provide the quickest way to make money for someone who is strapped for cash. The U.S. is the world's greatest exporter of plasma, and it is mostly provided by its poorest citizens. That means that the owners of plasma centers are getting rich because people at the bottom of the social ladder are exploited. Is this ironic, I ask you? Is this just? This is unjust. This is unconscionable.

What then are the solutions? What can we do? Many solutions relate to government policies, which we can sponsor or support individually or in groups, like Medicare for All, a federal minimum wage that is truly a living wage; college debt forgiveness, extensively subsidized college tuition, affordable and safe housing, and support of labor unions. We can resolve via the ballot box to be a nation that values all of its population, with living wages and public health care for all.

What can be do individually right now? When seeing someone with needle marks in their arms, let's remember that these may result not from drug abuse, but from plasma center visits. When thinking about what I can/should do, I am also reminded of Martin Luther King. When he spoke on March 25, 1966 in Chicago. King said:

“Of all the forms of inequality, injustice in **health** is the most shocking and the most **inhuman** because it often results in physical death.” He said **health**, not healthcare, because he was referring to all those other aspects of chronic poverty I just listed. And he called this injustice **in-human, which is worse than inhumane**. Here I am reminded of a day two years ago, when I had an accident in Glasgow Scotland and broke my arm. When the ambulance showed up, I eagerly used my good arm to whip out my insurance card. The medics laughed and told me to put it away. We want to help you, b/c you are a human being, they said. Not to help you would be inhuman.

This is what is being asked of us individually, to be human, to open our hearts, to see someone's woe and feel their pain, their sorrow, to want to help. This opening of our hearts will lead us to support both individual acts of being helpful like giving kindness and participating in crowd funding to pay for medication or a hospital bill, and also in supporting government policies that achieve more human health and healthcare.

Let's resolve to make it so.

References

Karma, Roge. “The Gross Inequality of Death in America.” *The New Republic* (May 10, 2019).
<https://newrepublic.com/article/153870/inequality-death-america-life-expectancy-gap>.

Shaefer, H. Luke. “Partnering with Communities to Find New Ways to Prevent and Alleviate Poverty: What Role for Social Science?” *Michigan Sociological Review* 33 (Fall 2019): 1-9.