

The 2006 Fedele F. and Iris M. Fauri
Memorial Lecture

*Against Health! How Ideologies of Health and Healthcare
Can Stand in the Way of Good Living*



M UNIVERSITY OF MICHIGAN
School of Social Work

The Fedele F. and Iris M. Fauri Memorial Lecture

The Fedele F. and Iris M. Fauri Memorial Lecture in Child Welfare is presented annually in recognition of former University of Michigan Dean and Vice President Fedele F. Fauri and his wife. Dean Fauri's leadership and accomplishments in the field of child welfare spanned nearly 50 years. Much of the current social welfare legislation at both the state and federal levels is the product of Dean Fauri's activities, first as Director of the Michigan Department of Social Services, and then through his years in Washington, DC, where he held numerous leadership positions including Senior Specialist in Social Security for the U.S. Senate, Social Security Advisor for both the U.S. House of Representatives and the U.S. Senate, Social Security Advisor to President Kennedy, and Chair of the Advisory Council on Public Welfare for the U.S. Department of Health, Education, and Welfare. His accomplishments in the field of child welfare and social work education brought national and international acclaim to Dean Fauri, the School of Social Work, and the University of Michigan. This lecture series is made possible by gifts from alumni, faculty, and friends, and is intended to serve as a forum for the discussion of ideas and proposals to enhance further the well-being of young people.

*Against Health! How Ideologies of Health and Healthcare
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2006 Fedele F. and Iris M. Fauri Memorial Lecture
University of Michigan School of Social Work

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Former United States Surgeon General

**Keynote address for the University of Michigan
Institute for Research on Women and Gender's Against Health Conference**

*Cosponsored by the ACLU of Michigan, Affirmations of Ferndale,
Michigan Coalition for Human Rights, and the
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Thanks to Ms. Delores Mortimer, the Fauri family, Dean Paula Allen-Meares of the School of Social Work, and the Institute for Research on Women and Gender for sponsoring this important conference addressing how our ideologies of health and healthcare can stand in the way of good living.

The United States is a country of 300 million people, the most diverse society in the world; more than 34 million were not born here. We speak more than 200 languages and dialects.

We live in the richest country in the world owning 25 percent of the wealth of the world with only 5 percent of the population. Yet we are the only industrialized country that does not offer access to healthcare as a human right. Neither our wealth nor our healthcare is distributed equally or equitably. In 1966, Dr. Martin Luther King said, “Of all the forms of inequality, injustice in healthcare is the most shocking and inhuman.”

Healthcare is considered to be a human right by the United Nations and most of the industrialized world. In 1948, the General Assembly of the United Nations voted to accept a Declaration of Human Rights that includes the right of all people to have access to healthcare (General Assembly of the U.N.). Yet in the United States, 47 million people, 80 percent of whom work every day, do not have access to healthcare, because they have no health insurance (DeNavas-Walt, United States Census Bureau). The death rate of the people in the United States without health insurance is 25 percent higher than those with adequate health insurance (Institute of Medicine 161). The Institute of Medicine estimated that 18,000 deaths among adults ages 24-64 occurred in 2005 due to lack of adequate healthcare (Institute of Medicine 162).

The United States spends 15 percent of its Gross Domestic Product (GDP) or \$1.9 trillion (Blummenthal 85), which is more than any other country. Therefore, we spend an enormous amount of money on healthcare that is not equally distributed, since so many people have either none or little spent on them. Factors influencing cost are demographics, technology, prescription drugs, socioeconomics, environment, burden of disease, increasing diversity, and education.

In its World Health Report 2000, the World Health Organization (WHO) carried out the first-ever analysis of the world’s health systems. Using five performance indicators:

1. Overall level of population health or Disability-Adjusted Life Expectancy (DALE)
2. Health disparities within a population
3. Health system’s responsiveness to the needs of the population
4. Distribution of responsiveness (rich vs. poor; goodness vs. fairness)
5. Distribution of financial burden (who pays?)

Using these criteria, WHO stated that compared to 151 countries, the United States stood at:

#1 in spending (\$1.9 trillion in 2005)

#37 out of 151 countries according to its *performance*

#72 in its performance on health level (DALE—Disability-Adjusted Life Expectancy)

#54 in its fairness (WHO)

Before the war, the United States was similar to Iraq in the WHO reports on healthcare.

In the United States, we have the best sick care system in the world. The problem is that we do not have an actual system of healthcare at all. Our so-called healthcare system is not coherent, not comprehensive, not cost effective; does not provide choice; and is not equitable and not universal.

Health is more than the absence of disease; it is about schools, jobs, community, friends, churches, family, economic status. In the United States, we suffer from many “isms”—racism, sexism, gender-ism, class-ism, homophobic-ism—that affect our health. For most of us, our health is the accumulative effect of our daily living rather than having access to cutting-edge medicine.

It is a myth that all our young people are healthy, because 1 out of 100 have a major chronic illness or disability. Seventy-one percent of the deaths of those who are 10-24 years are preventable. “These leading causes of morbidity and mortality among youth and adults in the United States are related to six categories of priority health risk behaviors: behaviors that contribute to unintentional injuries and violence; tobacco use; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted infections (STIs), including the Human Immunodeficiency Virus (HIV) infection; unhealthy dietary behaviors; and physical inactivity. These behaviors frequently are interrelated and often are established during childhood and adolescence and extend into adulthood” (CDC 4). They include:

- Motor vehicle crash—31 percent
- Unintentional injuries—14 percent
- Homicide—15 percent
- Suicide—11 percent (CDC; Hoyert 86)

Behaviors that contribute to these terrible statistics are:

- Seat belt use
- Bicycle helmet use
- Motorcycle helmet use
- Drunk driving
- Riding with someone who is drinking (CDC)

Children and young people are in an ocean surrounded by the sharks of drugs, alcohol, homicide, suicide, STIs, and HIV. We cannot just throw up our hands and moan about their situation. Rather, we must jump in our boats and go on out there and rescue them, because our young people are our most important resource.

- Young people engage in many high risk behaviors that create problems. For example,
 - ~ 23 percent use tobacco,
 - ~ 31 percent more males than females and more whites than blacks use alcohol and other drugs,
 - ~ 80 percent have tried alcohol and 25 percent binge drink,
 - ~ while 43 percent drink regularly,
 - ~ 2.1 percent inject drugs, and
 - ~ 20.3 percent have tried cannabis (CDC).
- Young people have a lack of physical activity and 18 percent are obese.
 - ~ 79 percent had unhealthy dieting behaviors.
 - ~ 81 percent do not eat five fruits and vegetables per day (CDC).
- Young people sometimes engage in risky sexual behaviors that contribute to teenage pregnancy, STIs, and HIV.
 - ~ There were more than six million pregnancies of all ages, 831,000 of which were in teenagers.
 - ~ Overall there were 21 million STIs; more than half were in individuals less than 24 years of age.
 - ~ 46 percent of high schoolers have sexual intercourse.
 - ~ 37 percent did not use a condom at last sex (CDC).

Just seeing the words “teenager” and “sexuality” together can make us uncomfortable. While something deep in our subconscious tells us that sexuality is reserved for adults, it nevertheless is a tireless focus of adolescent years. Teenagers have a hormonal imperative to explore their sexuality. They do not “catch” sexuality from their friends, music, dance, or health education; rather, teens have a perfectly natural biological drive that says WOW! to them soon after the advent of puberty. Always has been and always will be this way. It cannot be avoided or evaded.

Our children too often become casualties of the head-on collision of culture and nature because we are afraid to give them information about their bodies and sex. Meanwhile, they are learning inappropriate behavior from other adolescents and the media. When we confuse innocence with ignorance, our children's health is put at risk.

Parents want to believe that their children will turn to them to discuss life's deepest problems and values. However, what we want to believe and what is accurate may not always be the same.

We often say that if we tell our children about "it," they will do "it," while the fact is that they are already doing "it." How can we explain the highest teenage pregnancy rate in the industrialized world, higher STIs, higher HIV rates?

There is concern about the lack of sexual education, because we all know that ignorance is not bliss. For hundreds of years, adults have told children just to say "no" without giving them the information they need to make intelligent choices, and it has not been effective.

Most American parents want their children to receive comprehensive age-appropriate, reality-based sexuality education that is scientifically accurate (NPR Kaiser Poll, 2006). Those who oppose such education are fewer in number, well-organized, belligerent, political extremists.

Many of the people who oppose comprehensive health education also oppose legal abortions; safer sex; sex education; birth control; civil rights for African American teens, gays, lesbians, bisexuals, and transgenders; and responsible sexuality education (Planned Parenthood).

Most parents (70 percent) say they think that comprehensive health education in schools should start no later than middle school (AGI).

Ninety-three percent of parents say that the education should inform students about STIs. Overall, 50 percent of parents think that sex education should be taught in schools (AGI).

Contrary to what abstinence-education advocates tell us, sex education delays onset of intercourse, lowers frequency of intercourse, reduces number of sexual partners, and raises condom and contraceptive use.

New Jersey was the first state to require comprehensive health education, kindergarten through twelfth grade. Some schools teach against homosexuality; only Rhode Island requires respect for all people regardless of sexual orientation.

Dangerous myths about birth control include that a woman cannot get pregnant if she:

- is on her period
- doesn't have an orgasm
- doesn't have vaginal intercourse often
- is standing up
- douches immediately
- urinates immediately
- has her partner practice withdrawal
- jumps up and down
- is under 12 years of age
- has not had her first period

Every person has the right of his/her reproductive system. If women cannot control their bodies, they cannot control their lives. Government tells us that abstinence-only education is the best and only form of birth control and disease protection that should be taught. However, vows of abstinence break far more easily than latex condoms. When used as directed, latex condoms are 94 percent effective, while vows of abstinence are 87 percent effective. While the effective rate with vows of abstinence sounds pretty good, that 7 percent difference represents a lot of pregnancies and

disease. If you were going in for surgery and had those odds, most of us would choose the most effective method. There are 64 million reasons why just saying “no” is not enough. That is how many women of child-bearing age (10–44) there are in the United States.

People need all the correct information and education that is available. Withholding knowledge about people’s bodies, dictating and enforcing ignorance, is not a reasonable way for a government to conduct itself.

The mean age of onset of menstruation is 11.6 years, which has decreased four months per decade (Herman-Giddens). The mean age of onset of sex is now 16 years of age, while marriage is now delayed on average to 26 years (Alan Guttmacher Institute). Natural sexual desire begins in earnest with the onset of menses. I call this our hormonal imperative that must be acted upon or sublimated in some way. There is no point in ignoring its existence. Now that the difference between menses and marriage is about 13 years, we must educate young people to cope with this development in their lives in positive ways.

The average number of children born to a woman in the United States is now 1.7, with women spending one-half of their lives trying not to get pregnant. Sixty percent of children are unplanned, 33 percent are born to unmarried women, and 13 percent are born to teenagers (CDC). The United States has the highest teenage pregnancy rate in the industrialized world. Keeping our young people ignorant has not worked well for us.

We all need to know that HIV is not a white gay/male disease.

- It is a heterosexual disease as well.
- 60 percent of new cases in women are in African American women.
- 65 percent of new cases in teenagers are in African American teenagers.
- The new infection rate is about 40,000 per year, with 52 percent in African Americans and 37 percent in women.
- 50 percent of HIV is in people less than 25 years of age (AGI).
- 15 percent of cases of HIV are in people more than 55 years of age.
- More than 75 percent of Acquired Immune Deficiency Syndrome (AIDS) cases among women and children occur among racial/ethnic minorities, primarily African Americans and Hispanic Americans (CDC).

We have many healthcare problems in the United States, including a people without adequate health education, preventive healthcare, and intervention.

There are educational issues in this country with poor people receiving less quality and quantity of education. Especially in reproductive health, ours is a health-illiterate society in which ignorance rather than information is maintained and mandated by the federal government. General health information often is not taught in our schools for fear that sex might be mentioned. Parents are often unable to teach good health habits to their children, because they never learned how to keep healthy themselves.

This country struggles with poverty issues. While the United States is the wealthiest country in the world, 50 percent of our population shares 2.5 percent of the wealth. The richest 5 percent of Americans owns 85 percent of closely held business assets in the country, 79 percent of the publicly traded stocks, and 70 percent of mutual funds (Friedman).

Poverty affects all Americans:

- A majority of Americans will experience poverty at some point during their adult lifetime.
- At age 20, more than one in 10 Americans lives in poverty.
- By age 40, more than one in three Americans has experienced at least one year of poverty during early adulthood (Rank).

Poverty is the leading cause of health disparities. Life in poverty is most often a downward spiral of lack of health-care, and too often it includes prison, which further impoverishes children.

Lack of education is the leading cause of poverty; without education, most people in this country are doomed to live their entire lives in poverty and pass on the lack of education to their children. People with less education live in the least desirable neighborhoods, work at the least prestigious jobs, are more likely to die earlier than people at the other end of the economic scale.

Many young people are members of the 5-H Club; they are hungry, healthless, homeless, hugless, and hopeless. Infant mortality rates are 2.5 times higher for African Americans and 1.5 times higher for American Indians and Alaska Natives.

Lonely people are at greater risk of committing suicide. Unmarried people are at three times the risk, those with no close relatives have four times the risk, and people not connected to a church have twice the risk.

One of the problems in gender-blind healthcare today is that we have often found that women do not respond the same as men. Many drug studies use men as test subjects, and it has been wrongly assumed that the action is the same in women. Furthermore, women have different symptoms for the same health problems that often are not recognized. For example:

- Heart disease is the leading cause of death for American women. Since the presenting symptoms are different in women compared to men, heart disease and heart attacks are often misdiagnosed or overlooked by both patients and medical staff.
- Women are 2-3 times more likely to suffer from depression due to less of the hormone serotonin in the brain.
- Women comprise 80 percent of osteoporosis sufferers.
- Lung cancer is the leading cancer killer among women. While mortality from lung cancer is declining significantly for men, death rates for women are increasing. Women smokers are up to 70 percent more likely to develop lung cancer than men smokers.
- Women are two times more likely than men to contract a sexually transmitted disease and ten times more likely to contract HIV during unprotected sex with an infected partner.
- Women tend to wake up more quickly from anesthesia compared to men—an average of 7 minutes for women and 11 minutes for men.
- Drug reactions and side effects from popular medications, including antihistamines and antibiotics, can be very different in women and men.
- Three out of four Americans suffering from autoimmune diseases—including rheumatoid arthritis, multiple sclerosis, and lupus—are women. At least 21 autoimmune diseases exist, and almost all disproportionately affect women.
- After consuming the same amount of alcohol, women have higher blood alcohol content than men—even allowing for weight difference—because women produce less of the gastric enzyme that breaks down alcohol in the body.
- Some pain medications, known as kappa opiates, are far more effective in relieving post-operative pain in women than in men. In contrast, ibuprofen, the popular analgesic, is less effective in women than in men.

What are the strategies we must take to overcome those myths that work against health?

There are educational strategies we must develop because lack of education is the basis for poverty and poverty is the basis for lack of healthcare. For instance, we know that the best contraceptive is a good education and it all begins with early childhood education. Comprehensive health education, kindergarten through twelfth grade, is an imperative to educate our children to grow up to be healthy adults who can raise healthy children because they have the knowledge. In terms of sexuality education, we know that abstinence-only programs are not effective. Schools must teach parenting education and male responsibility to overcome some of our current societal problems.

Prevention strategies are important because it is always too late to plan after a crisis has happened. If we are not planning for success, then we are automatically planning for failure. There is a naturally occurring adolescent hormonal imperative for which both adults and adolescents can be prepared. We do not have to act surprised to find that adolescents upon entering puberty become sexually attracted to one another. It is possible and important to teach our youth to be sexually healthy. For those who are not abstinent, and most are not, let us teach them to be faithful to their partner; use a latex condom, film, gels, and foam; and do other things. Abstinence from vaginal sex only does not prevent STIs if a person is involved in anal or oral sex.

Intervention strategies for those women who are already pregnant include plan B and abortions. However, I never saw a woman who needed an abortion who was not already pregnant. So, we want to emphasize plan A, which is to use good contraception. There were 4.1 million births in the United States in 2004; 422,116 babies were born to teenagers, 92 percent of which were unplanned (Hamilton).

More than ever, we need to develop strategies of compassion. An unplanned pregnancy or STI is not God's just punishment. Rather, it is a failure of education and prevention strategies. The unplanned pregnancy possibly produces a new American for whom we all take some responsibility.

In our current system of government, the development of political strategies is a necessity. We can work together to accomplish a common goal—that of a healthy people. Our government will be responsive to the people when we make enough effort.

We all can take the responsibility to listen, learn, and lead. Someone may be trying to impart knowledge to us, but it takes our focus to actively listen in order to learn. Once we have bolstered our humanity with education, we will be ready to take on the next strategy of leadership. Those attributes necessary to be a leader include clarity of vision, competency, consistency, commitment, and control. Develop these attributes into skills and you can be an effective leader.

The last strategy is that of taking responsibility for our own lives in terms of health, because healthy living is more significant to our overall good health for a lifetime than cutting-edge medicine. Seven characteristics of healthy people are:

1. Eat breakfast.
2. Do not smoke.
3. Maintain a desirable weight for height.
4. Exercise for 20 minutes per day.
5. Drink alcohol, but no more than two drinks for a man and one drink for a woman.
6. Always sleep 6-8 hours per night.
7. Eat three meals a day that are high in fiber, low in saturated fat, low in sugar (Berkman).

I always add an eighth—practice safe sex.

What is our vision for health in America? In its overview of the American health care system, the Institute for the Future in their report *Health and Health Care 2010* provided guidelines for the future. Can we accomplish the goal? Can we make our health status among nations fit our health care expenditure of number one? To do so:

1. We must aim for a society of healthy individuals and healthy communities.
2. Design and develop a health care system that is consumer responsive, prevention focused, and affordable for all of our citizens.
3. Design a health care system that empowers individuals, fosters individual responsibility, maintains human dignity, improves health status, and enhances quality of life.

4. We must care. Care enough to share and have the courage to do what needs to be done. We must be aware of the problems, become advocates for the problem, and develop an action plan to get it done. We must reach out and be responsible, use all of our resources, and, yes, take some risks.
5. Finally, we must educate and empower our people to be healthy (Institute for the Future, 2000).

What is our role and responsibility? We must be advocates for truth because it is only in the light of truth that facts can expose myths.

We can use our voice and vision to take advantage of every opportunity that presents itself to us to further the cause of a better healthcare system for all our people.

At this very moment, you could add your voice to the discussion of insistence for a real healthcare system in this country that provides universal access to basic healthcare.

Talk about it to your friends in classes, over pizza, wherever you are. Use your resources of commitment, time, talent, and treasures to cause the murmur of discontent with our lack of adequate healthcare to reach such a pitch that Congress can no longer shut it out.

To sum up what I have said today in terms of philosophy: Not to know is bad, not wanting to know is worse, not to have hope is unthinkable, and not caring is unforgivable.

For a long time now, I feel as though I have been dancing with a bear. And my bishop told me once that dancing with a bear is a tricky thing. You can't just sit down when you get tired. Rather, you must wait until the bear gets tired. So, I'm still out there dancing with that bear that we have of not having universal access to basic healthcare and all the problems that brings. And I am getting so tired that I want to ask you to do something for me. Will you take turns dancing with that old bear until he finally gets tired and gives up? That way, we can finally wear him down!

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