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Beyond I-Got-Mine-Jack Health Care

September 29, 2009 |

This opinion piece by Professor Erin Ryan appeared in the *Virginian-Pilot* on September 21 and in the *Star Ledger* on September 22.

Finally, I have the private health insurance I've always dreamed of: reasonable deductibles, pre-conditions cared for, no draconian limits. It's taken a lot of hard work to position myself for employment that promises these benefits, and with a complicated medical history, it means everything to me. So why am I willing to risk it all to support reform? Simple. Because "I got mine, Jack" is not the American way.

The "Aha!" moments come fast and frequent about all that's wrong with our health care system—higher costs and worse outcomes than comparable Western democracies, mounting personal bankruptcies following illness, and the drain that health care costs pose for small businesses and the overall economy.

But my most recent came when I realized that Emma, my 16-year old cat, was getting better health care than Emily, my 40-year old house cleaner. I love my cat, and gladly paid for the expensive tests that diagnosed her obstruction. But shame stopped me mid-sentence as I answered Emily's thoughtful inquiries. How could I talk about Emma's bloodwork when Emily—whose mother is dying of cervical cancer—hasn't had a gynecological exam since her seven-year-old was born?

Twice each month, Emily helps rescue our home from the ravages of overworked parents, mischievous cats, and a toddler who redecorates the house with each meal. She approaches her work with the combination of pride and duty that once propelled the American workforce toward prosperity. Emily left a career in retail management when her son was born with special needs that require her at unpredictable times. As a single-parent, she turned to housecleaning because it allows the flexibility she needs to care for her little boy. Her work ethic soon earned her a full book of business—but not affordable health insurance.

Last month, Emily arrived in a terrible state: teary and dizzy, and having trouble standing. I learned that she'd fainted the day before, but fortunately while cleaning the house of a cardiologist. The doctor's wife insisted that he treat Emily, and he prescribed medication after finding her blood pressure alarmingly high. Now her pressure was so low that she could barely lift her head. She wanted to stop the pills she believed were making her sick, but I worried that stopping abruptly could be equally dangerous. We called the doctor for advice.

But yesterday's kindnesses unraveled amid the realities of modern medical care. Emily couldn't afford a formal appointment. The practice warned the doctor not to provide further "unauthorized" care. The doctor warned his wife that he could no longer help. The wife was too embarrassed to return Emily's uncertain calls. So I telephoned the practice myself and firmly requested help evaluating the safety of self-adjusting

her prescription. I was just as firmly told that she was not an official patient, and could seek help from the emergency room. Emily mentally calculated the cost of an emergency room visit, and decided to just go home.

Let's pause for a moment to consider what, in a sane world, should have happened here. Emily had suffered an incident of dangerously high blood pressure. She was appropriately medicated by the diagnosing physician. But as is common, her dosage needed adjustment. In a well-functioning society, Emily would have a follow-up visit, where a doctor would evaluate her, adjust the treatment, and encourage healthy lifestyle changes. Then, blood pressure stabilized, Emily would return to working and providing for her special-needs child. She'd pay taxes, buy consumer goods, and bring joy to her clients. Everyone is happy! Now let's review what did happen. Despite my best efforts, Emily declined further care. Showing some conscience, the doctor later called and advised halving the dose. But when that still didn't feel right, she stopped the medication altogether. Today, she hasn't fully recovered, and the physical toll of cleaning is mounting. She's cut back on work, and the lost income puts health care even farther out of reach.

For now, at least, she can still care for her son. But if she can no longer work, who will pay the bills? And if her untreated high blood pressure leads to stroke, who will pay those doctors? And, God forbid, if she does not recover, who will take care of her disabled little boy? Nobody will the way that a loving mother can, and what will become of him when he is grown?

In hindsight, wouldn't that 15-minute follow up appointment have been better for everybody? The gap between what should have happened and what did happen is the cost of insuring the hardest-working and most heroic mother I know. When critics intone that health care reform will lead to rationing, they betray the victims of the rationing we already have. Shame on us. This is not my America.

-Erin Ryan is a law professor at The College of William & Mary.