When teaching about healthcare systems, and particularly, the American healthcare system, the documentary film, *Sicko*, released in 2007 during the second Bush era, is an excellent start. As a healthcare ethics film, *Sicko* falls squarely into the “Justice and Healthcare Access” box. This factual, yet still-controversial film by Michael Moore, lays bare the injustices of American healthcare and financial rationing prior to the passage of the Affordable Care Act (ACA) in 2010. *Sicko* is the perfect follow-up to any of the previous films about “Medical Harms”, and explains how the scourge of health disparities and discrimination widened due to immoral frameworks for rationing and priority-setting in a corporate for-profit healthcare model bioethicists considered the worst system when compared to other democratic countries.

*Sicko* is a documentary film under a genre known as “documentary advocacy” in which the documentarian puts himself into the film and has a distinct point of view. Moore’s signature style was presented in his 2002 film, *Bowling for Columbine*, on gun violence in the United States, and his 2004 film, *Fahrenheit 9/11*, which reviewed the post-9/11 political landscape and the false premise of the Iraq war. Moore’s auteur style influenced a range of documentarians, including Morgan Spurlock, whose Moore-esque *Supersize Me* (2004), was an excoriation of the fast food industry’s contribution to obesity—particularly in low income groups.

When *Sicko* was released in 2007, 46 million Americans had no health insurance. The film was explosive and damaging, and led to a campaign by the health insurance industry to stop its release, and create a negative publicity machine against the film. *Sicko* presents the American healthcare system as it was prior to the passage of the ACA, (a.k.a. “Obamacare”), in which insurance companies had no legal restrictions on discriminatory practices. Such practices comprised: (a) banning “high risk” individuals from getting health insurance through unaffordable premiums; (b) refusing to cover “pre-existing conditions” or paying for evidence-based treatments; (c) dropping customers from coverage when they got sick through “caps”; or (d) issuing “junk policies”. *Sicko* is an important film that helps students understand current threats to the dismantling of the ACA, which will result in a return to the healthcare system that *Sicko* depicts, where patients are denied coverage, care and abandoned. As the...
first decade of the ACA has passed, the law has become so woven into the fabric of American society, many current healthcare students do not have a living memory of the pre-ACA era, and will find Sicko’s content illuminating, alarming, and even hard to believe. In fact, the pre-ACA era in American healthcare is even at-risk of being forgotten, similar to recalling a pre-Social Security, pre-Medicare or pre-Medicaid United States. In essence, Sicko should be treated as much as a History of Medicine film as it is a healthcare ethics film. Threats to repeal the ACA persist, and in 2017, the law would have been successfully repealed by Congress but for a single Senate vote by the late John McCain—once an opponent of the law and the President who passed the law.

Prior to the ACA, the American healthcare system is shown to be an unjust, immoral system that rationed based on income, and pre-existing conditions. Sicko follows the effects of underinsurance, no insurance and unethical policies on average working Americans who are too young to be on Medicare, and do not qualify for Medicaid, which includes some who were even first responders on 9/11 denied healthcare for respiratory illnesses caused by 9/11 dust. Sicko was released just as the 2008 Presidential election was gearing up, and helped to put healthcare reform back on the map as a major 2008 election issue during the contentious Democratic primary in which Hillary Clinton and Barack Obama debated more than 20 times. Obama and Clinton provided the country with different visions of healthcare reform. Ultimately, it is Barack Obama’s championing of a market-based system—initially a Republican plan—that wins out over Hillary Clinton’s vision of universal healthcare, which President Bill Clinton’s administration failed to pass in 1993. Moore’s progressive and powerful critique of the terrible healthcare system that existed in 2007 is credited for making healthcare reform the signature Democratic campaign promise in the 2008 election. This translated into the most significant healthcare reform law in a generation, passed by the first African American President, whose name was tied to the law, which became branded as “Obamacare”. This chapter will review the origins of Sicko, discuss its socio-political location, history of medicine context and the healthcare ethics issues raised in the film.

From Roger to Sicko: The Film Career of Michael Moore

Michael Moore made his reputation as a documentary filmmaker who broke the documentary film “rules” by narrating his own films, and putting himself in the film. Unlike the classic cinema verite style of documentary, particularly in American documentaries such Grey Gardens (1975), Moore debuted with Roger and Me (1989) about the CEO of General Motors (GM) and the demise of Flint, Michigan’s manufacturing jobs.

Moore also took on the gun lobby with Bowling for Columbine (2002) and the Iraq War with Faharenheit 9/11 (2004). Sicko, released in 2007, during the Bush Administration, when healthcare reform was not on the “menu” of Congress. It was done in the same style as his other documentary films, which have now been copied by other documentarians. The film inspired Americans to become more curious
about why the U.S. healthcare system was so terrible. Moore’s films were heavily influenced by the socio-political events of his time, discussed in detail in the section on the Socio-Political location of *Sicko*.

**Early Roots and Career**

Michael Moore is best understood as a political activist before he became a multimedia journalist and filmmaker. A devout Catholic, Moore was born April 23, 1954 in Flint, Michigan to working class roots. His father worked on the assembly line for General Motors. Upon graduating from high school in 1972, Moore ran for a school board position so he could oust the principal, and Moore became the youngest school board member ever elected in the United States. Moore briefly attended the University of Michigan, but he did not graduate, and instead, became much more active in student journalism, and eventually left to pursue journalism full time. From 1976–1985, he was Editor of a weekly radical newspaper called *Flint Voice/Michigan Voice*, and hosted the radio show, *Radio Free Flint*. He began to gain national prominence by making frequent appearances on National Public Radio (NPR). In 1986, Moore spent four months as editor at *Mother Jones*, and left over a disagreement about the treatment of an article (Encyclopedia of World Biography 2019).

As a Flint native and resident, he was affected and outraged over GM layoffs, which led his self-financing of his first documentary, *Roger & Me*, (1989), which he made for $250,000. The film established a new genre of provocateur documentary film making, in which the point of view of the documentarian is part of the film. It was the highest grossing documentary ever made. It also led to techniques that would later be employed by a wide array of journalists covering absurdity in the news. *Roger & Me* received much praise, and reframed the power of documentary film, becoming Moore’s signature formula. Moore married film producer, Kathleen Glynn, in 1991 (divorcing in 2014), and then spent most of the 1990s experimenting with television: *TV Nation* and *The Awful Truth*—both early hybrids of satirical takes on the news, such as the *Daily Show*, which exposed injustices, including insurance companies not covering patients. Moore also published his first book, *Downsize This!* *Random Threats from an Unarmed American* (Moore 1996) about corporate greed.

Then came pivotal events that led to his foray into extremely influential work: the 1999 Columbine massacre, which led to *Bowling for Columbine* (see further), and 9/11, which led to *Farhenheit 9/11* (see further) (Encyclopedia of World Biography 2019; The Famous People 2019).

**Synopsis**

*Sicko* harshly examines the U.S. healthcare system, and its socio-political history. It covers the failed Clinton *Health Security Act*, and Hillary Clinton’s role in drafting that legislation. Moore interviews several patients who were underinsured; health insurance insiders and politicians, and also compares the U.S. system to several of
other democratic countries, such as Canada, France, and Britain, who are close allies of the United States. Situated also as a “post-9/11 film”, Moore also looks at the denial of health coverage to 9/11 first responders in a pre-September 11 Act U.S., in which there was no healthcare compensation for those suffering from the effects of 9/11 dust in the aftermath of the collapse of the World Trade Center. Moore’s political advocacy antics include trying to go to Guantanamo Bay for “government-sponsored free healthcare” so that the 9/11 victims can at least get the same healthcare access as the 9/11 perpetrators held at Guantanamo Bay, Cuba, which is U.S. territory. Ultimately, Moore takes his 9/11 first responder group to Cuba, to get them properly assessed and taken care of, demonstrating Cuba’s excellent universal healthcare system, long-studied by healthcare ethics students as a superior model.

*Sicko* debuts just in time for the 2008 election season, in which Hillary Clinton is the presumed front-runner as the Democratic nominee, in a “Democratic Year” where anti-Bush sentiment is high, and his poll numbers are below 25%. For these reasons, *Sicko* is also a political science film, conceived within the intense partisan politics that dominated the Clinton era and the Bush 43 era. The film’s impact, however, inadvertently led to the passage of Obamacare during the Barack Obama Presidency, and its terminal battle for survival during the Trump era. *Sicko* has broad appeal, and is as much at home in a medical school class or health law class as it is in any American social science or humanities class.

**Sickness and Health in Post-9/11: The Socio-Political Location of Sicko**

The film, *Sicko* is a distinct post-9/11 film in which the health and wellbeing of Americans is presented within that specific time frame and political landscape, which deeply affected Moore in his twenty-first century work. Moore weaves 9/11 into the film several times, but the most dramatic reference to this time frame is his choice to focus part of the film on 9/11 first responders suffering from World Trade Center dust-related illnesses, who cannot get adequate healthcare. He juxtaposes that moral absurdity against the “free government-sponsored healthcare” prisoners like Khalid Sheik Mohammed (principal architect of 9/11) received at Guantanamo Bay. Although controversial, the contrast symbolized the depths of the U.S. healthcare system’s immorality. But not all current viewers of *Sicko* may appreciate the differences between pre-9/11 and post-9/11 United States. Yet this appreciation is necessary in order to fully comprehend *Sicko*.

For Americans with a living memory of the events of September 11, 2001, the country in the previous decade had been enjoying one of its most prosperous international peacetime eras in the wake of the fall of the Berlin Wall (November 9, 1989), victory in the Gulf War (August–February, 1991), and hopefulness during the Clinton Administration (1993–2001). To understand the social climate of the country post-9/11, when *Sicko* is conceived, it’s important to review the socio-political climate of the country pre-9/11, which shapes and informs Moore’s worldview, his conviction
that the country had lost its way, and his twenty-first century mandate to fix it. This section reviews the Clinton era; the 2000 election, which denies the Presidency to the progressive winner of the election, Al Gore; 9/11 and the intense post-9/11 landscape where the film is produced and launched.

**The Clinton Era**

When Bill Clinton was sworn in as President on January 20, 1993, the country had turned inward and became focused on domestic issues and domestic policy throughout the 1990s. A number of critical events took place during the new President’s first year in office—some were planned, and some were unplanned. As Commander-In-Chief, Clinton’s opening act was to review the Pentagon’s policy on gays in the military, which led to “Don’t Ask, Don’t Tell” (see Chap. 2)—a law that would come in handy after 9/11. On the legislative front, Clinton wanted to pass sweeping healthcare reform by introducing the Health Security Act, which was not universal healthcare but universal coverage; but invoking the 1935 *Social Security Act* led critics and the public into thinking it as a single-payer universal healthcare program, when it was not (see under History of Medicine).

By the end of his first full month in office, Clinton already had problems with the women in his political life. When he sought to appoint a female Attorney General, his first nominee Zoe Baird had embarrassing immigration problems that were also a comment on the dilemma of women with careers. Zoe Baird had to withdraw her nomination on January 22, 1993 because she had hired undocumented immigrant women as nannies. Clinton’s next nominee, Kimba Wood, had the same problem, and dropped out as a nominee February 6, 1993. Clinton’s third nominee, Janet Reno was single with no children, and was nominated February 11, 1993 (confirmed March 11, 1993). Reno was tasked with confronting two major simultaneous events that took place about week before she was confirmed. On February 26, 1993 the first bombing of the World Trade Center occurred. On February 28, 1993, a bizarre cult operating in Waco Texas by David Koresh, whose followers called themselves the “Branch Davidians” (see further) turned into a tense 51-day standoff and siege in Waco where multiple cult members were shot. The late February events were covered simultaneously, but the World Trade Center story wound up taking a back seat to the situation in Waco. The terrorists responsible for the 1993 World Trade Center bombing were found and prosecuted by the Southern District of New York in the same time frame as the O.J. Simpson trial. Unbeknownst to most Americans at the time, the 1993 bombers were discovered to be connected to a growing terrorist organization known as al-Qaeda. In the wake of the 1993 bombing, the Clinton administration set up a distinct anti-terrorism unit within the FBI, which reported its activities to Reno. The experiences of the FBI and the CIA during this time frame were the subject of Lawrence Wright’s book, *The Looming Tower* (2006), which was published while *Sicko* was in production. Wright’s book is also the subject of
the 2018 Hulu miniseries, *The Looming Tower* (Ultimately, turf wars between the FBI and CIA interfered with preventing 9/11, a plot in full swing by 1999.).

With respect to the legislative landscape, armed with a Democratic House and Senate, the new Democratic President could not get enough support for his Health Security Act to pass, (see further under History of Medicine). But the real problem was that despite their majorities in both houses in Congress, Congressional Democrats had too many conflicts of interest to do something bold, and were not equipped to handle the mounting opposition campaign against the centrist healthcare bill. Millions of dollars were unleashed by the Conservative right and their supporters to kill the health reform bill, and misinform voters about the bill’s content. It worked; eventually, Democrats caved to pressure and did not unanimously support the bill. Nonetheless, Clinton signed three major health-related bills into law during his presidency: The *Family and Medical Leave Act* (1993), granting employees 12 weeks of unpaid medical leave without penalty; the *Health Insurance Portability and Accountability Act*, or HIPAA (1996), and the *Children Health Insurance Program* (1997)—each critical programs for people with HIV/AIDS (see Chap. 2).

Democrats lost their majority in Congress in the 1994 mid-term elections, which led to a Republican crusade to politically decimate Bill Clinton. But by January 1995, when the new Congress was sworn in, public attention was diverted to the simmering racial tensions epitomized by the O.J. Simpson trial (1994–6). Then on April 19, 1995, Bill Clinton became a consoler-in-chief when he found himself dealing with the largest domestic terrorist attack on U.S. soil to date with the Oklahoma City Bombing (see further). In the mid-term elections of 1994, Republicans won control of the House of Representatives for the first time in 40 years, and shut the government down throughout the fall and winter of 1995–1996: November 14 through November 19, 1995; December 16, 1995–January 6, 1996.

The shutdowns only helped Clinton’s popularity, and in 1996, he was riding high as he began his re-election campaign, with his motto: “Bridge to the twenty-first Century”. Despite the failure of the Health Security Act, the majority of Americans were feeling good overall as the economy boomed, and the first generation of Americans to be connected to the Internet were exploring the information superhighway thanks to Clinton’s Vice President, Al Gore, who introduced the internet law while he was a senator. The *High Performance Computing Act* of 1991, which led to the information “superhighway” during the Clinton Administration, as well as Microsoft Windows ’95 which created seamless internet access. In fact, Janet Reno would bring a major anti-trust lawsuit against Microsoft Corporation for cornering the “internet search” market by bundling Internet Explorer with Microsoft Office. (Google was not founded until 1998.) With the dot com boom beginning, 1996 was the first year that any presidential campaign had a dedicated website. That year, the Dole/Kemp campaign (Republican Senator, Bob Dole and Republican House Representative, Jack Kemp) unveiled a signature “market based” healthcare reform plan—the counterplan to the Health Security Act—on its 1996 website, which few took notice of, but which would become ingredients in the *Affordable Care Act* 14 years later (see under History of Medicine). Bob Dole’s lackluster appeal and uninspiring message other than “it’s my turn” led to an overwhelming victory for Bill Clinton, who sailed to his
second term with 379 electoral college votes. Clinton’s second term was eventually a legislative success; he passed a bi-partisan budget that led to a surplus. However, Clinton’s second term would become haunted by the 1995–6 shutdown, when the use of volunteer White House interns became a workaround for furloughed employees. One of the most competent interns working at that time was Monica Lewinsky, who began to confide in the wrong woman over an alleged affair she had started with Bill Clinton during the shutdown, when there was a skeleton staff in the West Wing.

Whitewater, Sex, Lies and Videotape

For the duration of most of the Clinton presidency, the “Whitewater Investigation” was ongoing. It began as an investigation to clear Bill and Hillary of charges trumped up by their political opponents alleging they were somehow involved in a shady real estate deal surrounding a property known as “Whitewater”. Eventually, the investigation expanded into a range of business dealings during their Arkansas days, including Hillary’s work at the Rose Law Firm, in Arkansas. In 1994, the Clinton Administration appointed its own Special Prosecutor, Robert Fiske, to investigate the Whitewater matter as well as the suicide of deputy White House counsel, Vince Foster. Fiske issued a 1994 report clearing the Clintons of any connections to shady business in Arkansas or the death of Vince Foster. Fiske was then appointed, under the Independent Counsel Reauthorization Act (1994) as Independent Counsel, but was replaced by Kenneth Starr in August 1994 because Fiske had been appointed by Janet Reno, which was considered to be a conflict of interest by 1994 standards. When Starr took over, he greatly expanded the Whitewater investigation, which eventually included 1994 allegations against Bill Clinton of sexual assault by Paula Jones. In 1994, Jones alleged that when Clinton was governor of Arkansas, he ordered a state trooper to bring her to his hotel room, where he proceeded to make unwanted sexual advances toward her, in addition to exposing himself. Ironically, 23 years later, similar accusations would bring down film mogul, Harvey Weinstein, whose production company made Sicko, and who was a close friend of Bill and Hillary Clinton.

In January 1996, Kenneth Starr subpoenaed Hillary Clinton in a criminal probe because of suspicions she had withheld documents; this was the first time a sitting First Lady would be subpoenaed, and led to a decades-long pattern of Hillary being the subject of an investigation.

On January 17, 1998, one of the first web-based magazines, The Drudge Report, broke the Monica Lewinsky story, which had been leaked to reporters by Lewinsky’s “frenemy”, Linda Tripp, who secretly taped her conversations with Monica in 1997. Newsweek reporter, Michael Isikoff, had the story for months, but had been sitting on it. The Washington Post ran their story on the affair four days later on January 21, 1998. When asked for a comment on January 26, 1998, Bill Clinton said the following (Washington Post 1998):

Now, I have to go back to work on my State of the Union speech. And I worked on it until pretty late last night. But I want to say one thing to the American people. I want you to listen to me. I’m going to say this again: I did not have sexual relations with that woman, Miss
Lewinsky. I never told anybody to lie, not a single time; never. These allegations are false.
And I need to go back to work for the American people. Thank you.

The Lewinsky affair became the basis for 11 obstruction of justice charges against Bill Clinton, who denied the affair under oath in video-taped testimony with his famous “it depends on what the meaning of ‘is’ is” dodge; this served as the basis for his impeachment. Lewinsky revealed that she lied about the affair, too, when interviewed by the Paula Jones attorneys under oath. By April 1, 1998, The General Accounting Office announced that Starr had spent nearly $30 million on his investigation as of September 1997 (Washington Post 1998). The Starr Report was released to the public, notably, on September 11, 1998. That morning, as Americans were drinking their coffees, they began to consume the juicy, sexually sensational report—co-authored by Brett Kavanaugh—by downloading it slowly on their dial-up internet from several websites that posted it in its entirety. No one could predict that exactly three years later, by 10:28 AM, many of those same Americans would be choking on their morning coffees as they watched the World Trade Center completely collapse from the worst foreign attack on America soil since Pearl Harbor, while some of the Starr-gazers that day would be dead three years later. Ironically, by the Starr Report’s third anniversary, all any American wanted was to go “back to the ‘90s” when the worst political news was about a cigar, a semen-stained blue dress, and an intern with poor taste in girlfriends.

By the Starr Report’s twentieth anniversary, Brett Kavanaugh, who took great pains to construct an impeachment case resting solely on the Lewinsky affair, was himself accused of sexual assault while drunk by a California professor of neuroscience, Christine Blasey Ford. Kavanaugh’s testimony denying the allegations suggested it was just a “conspiracy” seeking revenge for what he did to Bill Clinton in the Starr Report. According to a 2019 “lookback” on the impact of the Starr Report, the New York Magazine stated (Kilgore 2019):

An estimated 20 million people read the Starr Report online (or from printed downloads) within two days. Government servers crashed, and media sites scrambled to offer alternative feeding tubes for the insatiable demand. This was when less than half the U.S. population was online, and there was no social media to goose things along.

University of Southern California law professor, Orin Kerr, mused the following in 2019 (Correll 2019):

Imagine if the Starr Report had been provided only to President Clinton’s Attorney General, Janet Reno, who then read it privately and published a 4-page letter based on her private reading stating her conclusion that President Clinton committed no crimes.

The Lewinsky scandal indeed led to the Clinton impeachment hearings in December 1998, which he survived. In fact, Clinton’s popularity rose during impeachment, a consideration in the impeachment of Donald Trump in 2019–2020. After impeachment, Clinton’s approval was close to 70% in the polls, and the majority
of Americans felt that impeaching him for “lying about a blow job” was ridiculous, considering what a great job he was doing. However, the scandal may have been enough to damage Vice President Al Gore in a razor-thin 2000 election that was ultimately decided in a 5–4 Supreme Court decision by the conservative majority of justices (see further).

From a legislative agenda standpoint, while the Clinton era was marred by the failure of the Health Security Act, the political climate that really killed the bill lay in growing “anti-government” sentiments by an expanding fringe of angry white males. It was during the Clinton era that the epidemic of disaffected white males who became “self-radicalized” would begin to commit shocking acts of domestic terrorism enabled by the National Rifle Association (NRA) lobby and lax gun laws. With virtually no restrictions on gun access, such laws made it easy for anyone to buy weapons. Those who were mentally ill or psychologically unstable; ideological extremists, psychopaths, and sociopaths could easily amass and store reservoirs of military-grade weapons and bomb materials intended for mass destruction of innocent victims. These acts informed Moore’s first film of the twenty-first century: *Bowling for Columbine* (2002), in which Moore began to articulate his thesis that the United States was not a very nice place to live; it lacked the minimum basic social safety nets such as healthcare and gun control, which other democracies had, which made people feel safe and secure, and produced a less violent society. Instead, according to Moore’s thesis, the society that had evolved in the United States by the end of the 1990s, was a greed-based, ethically-challenged country that placed guns at greater importance than children, and which punished the poor and rewarded the rich. Moore begins to work out some of his *Sicko* content in *Bowling for Columbine* when he has an epiphany: when countries offer universal healthcare and other basic needs, it creates a better society where citizens have a greater sense of wellbeing, including mental health. By contrast, in a society that makes clear the wellbeing of its citizens is not as important as profits, the citizenry starts to act out, and disaffected males, in particular, become even more disaffected, delusional/grandiose, and may get more aggressive. Moore further concludes that the country’s sense of safety and wellbeing was already very fragile by September 10, 2001, but 9/11 further augmented and magnified the societal problems and sense of fear that were already there. He noted that in the aftermath of 9/11, gun sales went through the roof. Thus, to understand Moore’s *Sicko*, it’s important to understand the events that led to *Bowling for Columbine*.

**“Sickos” in the 1990s: Waco, Oklahoma and Columbine**

The confluence of unfettered access to guns to psychologically unstable or dangerous people led to a particular problem of “domestic terrorism” in the United States during the Clinton era. In 1993, the Waco FBI siege against the cult known as the “Branch Davidians” led by David Koresh, who had over 140 “wives” and untold children, became a confrontation because the Davidians had been stockpiling illegal weapons, in the delusional belief that it was a chosen sect immune to the laws of the United
States. Reports of child abuse led to the investigation in the first place. Ultimately, the Davidians were “smoked out” and several cult members who were women and children were killed in the standoff, which finally ended on April 19, 1993.

Two years later, on the same date—April 19, 1995—Timothy James McVeigh (1968–2001), a radicalized American white male who was an anti-government extremist, blew up an Oklahoma City government building using “weapons of mass destruction”. The building also housed a daycare within it. The bombing killed 168 people and injured over 680. It remained the deadliest act of terrorism within the United States pre-9/11, and is still the deadliest act of domestic terrorism in American history. McVeigh was a Gulf War veteran who apparently sought “revenge” on the government for the Waco siege, which killed 86 people. The Oklahoma Bombing took place on the second anniversary of the Waco siege. McVeigh apparently wanted to inspire a “revolt” against the federal government. McVeigh was arrested after the bombing and found guilty on 11 charges, and sentenced to death; he was executed by lethal injection on June 11, 2001—exactly three months shy of 9/11. Ironically, McVeigh was on death row at the same time Jack Kevorkian (see Chap. 3) was in prison awaiting his appeal (scheduled for the morning of September 11, 2001) for his 1999 conviction for actively euthanizing a patient using lethal injection, having gone on the record that lethal injection should be used for death row prisoners. In fact, the night before McVeigh’s execution, 60 Minutes replayed its tape of Jack Kevorkian euthanizing Thomas Youk on camera (see Chap. 3) via lethal injection (James 2001).

Waco and Oklahoma had involved adult perpetrators. But the most chilling act of violence was the Columbine massacre, the first school shooting of its kind, in which the perpetrators were students themselves. Dylan Klebold, 17 years old and Eric Harris, 18 years old, were disaffected white male high school students who didn’t fit in and made chilling video diaries. They obtained automatic weapons, and on April 20, 1999,—four years after Oklahoma—they entered Columbine High School in Littleton, Colorado and shot up anyone they could find before killing themselves. Clearly, it was a planned teen suicide in which they decided they would go out with a bang; they also set off propane bombs in the school. Investigators revealed that the teen shooters were inspired by the Oklahoma City bombing and were initially planning to bomb the school; they had been planning the attack for at least a year, and had placed a number of bombs in strategic locations, which did not detonate. It was “planned as a grand, if badly implemented, terrorist bombing” (Toppo 2009; Brown 1999). They killed 12 students, one teacher and wounded 20. Both had previously been involved in a car break-in and were undergoing mental health treatment. The teens had also thought about their escape after their plan. Harris left many journals in which he made clear that he hated everyone and was filled with rage. Eerily, he actually wrote this (CNN 2001): [sic], bold emphasis mine:

If by some weirder as s–t luck [we] survive and escape we will move to some island somewhere or maybe mexico, new zeland or some exotic place where Americans cant get us. if there isnt such a place, then we will hijack a hell of a lot of bombs and crash a plane into NYC with us …as we go down.
As for Dylan Klebold, born September 11, 1981, 9/11 occurred on what would have been his twentieth birthday. He had been named for poet, Dylan Thomas, who famously wrote: “And death shall have no dominion.”

**Guns v. Gore**

Al Gore, the Vice President of the United States, was running as the Democratic Presidential Nominee in the 2000 election. Although the Lewinsky scandal had soured many voters from the Democratic ticket, Gore was really running a post-Columbine campaign. On the first anniversary of Columbine, Gore said this (CBS News 2000; Dao 2000).

> We have to address…the physical fact that there are too many guns…I think one of the lessons of Columbine is that we have to stand up to the N.R.A. and the gun industry and get guns out of the hands of people who shouldn’t have them.

At the time, political analysts saw gun control as a major 2000 election issue, dwarfing other domestic issues, such as healthcare. Gore was campaigning on gun reform laws, such as requiring photo ID for handgun buyers, as well as a gun registry to help monitor guns and gun owners. George W. Bush, on the other hand, ran on enforcing existing laws, and was opposed to a gun registry. In May 2000, the *New York Times* stated (Bruni 2000):

> The lines that divide the presidential candidates on the issue of gun control came into sharper focus today, as Vice President Al Gore vowed to veto any measure prohibiting cities from suing gun manufacturers and Gov. George W. Bush suggested he might support it.

Gore’s positioning as a gun control candidate was actually the reason he lost his own state of Tennessee in 2000; Gore would have won the Presidency had he won his own state (Perez-Pena 2000). On November 9, 2000, the *New York Times* said this: “While Tennessee has moved to the right in national politics, Mr. Gore has moved to the left since his days as a congressman, particularly on issues like abortion and gun control…” (Perez-Pena 2000). Gore had a long record of being pro-second amendment. Journalist Karen Tumulty wrote February 7, 2000 (Tumulty 2000):

> In an interview last weekend, the Vice President said his early views of the [gun] issue reflected the perspective of a Congressman from a rural part of the South where “guns did not really present a threat to public safety but rather were predominantly a source of recreation.” As a young representative of a conservative Tennessee district, Gore opposed putting serial numbers on guns so they could be traced, and voted to cut the Bureau of Alcohol, Tobacco and Firearms budget….What is likely to be more troublesome now are the votes he took in 1985 when the Senate – taking its first major stand on gun control in almost two decades--significantly weakened the gun law it had put into place after the assassinations of Martin Luther King Jr. and Robert F. Kennedy.

Oddly, Congress during the Reagan era had argued for weakening gun laws despite an assassination attempt on Reagan by a delusion-suffering John Hinkley Jr., who permanently disabled Reagan’s Press Secretary, James Brady.
By the 2000 election, if you were a marginalized American during the Clinton years, health and prosperity was relative for predictable vulnerable populations. But in the wake of Columbine, everyone was now a vulnerable population, and parents were worried that school shootings would become routine—which, of course, they did. Malcolm Gladwell put it this way in 2015 (Gladwell 2015):

In April of 1999, Eric Harris and Dylan Klebold launched their infamous attack on Columbine High, in Littleton, Colorado, and from there the slaughter has continued, through the thirty-two killed and seventeen wounded by Seung-Hui Cho at Virginia Tech, in 2007; the twenty-six killed by Adam Lanza at Sandy Hook Elementary School, in 2012; and the nine killed by Christopher Harper-Mercer earlier this month at Umpqua Community College, in Oregon. Since Sandy Hook, there have been more than a hundred and forty school shootings in the United States.

Current students do not have a memory of the 2000 election, which was a dead heat. Aggravating the tight race, Ralph Nader, who had run as an Independent third candidate in 2000, took just enough of the vote from Gore to make Florida the decisive state, but systemic issues with Florida’s dysfunctional and irregular voting and ballots, led to a long Florida recount process, which ended in one of the most controversial Supreme Court decisions to date: Bush v. Gore, in which late Justice Antonin Scalia wrote the majority opinion. (When Scalia died in February 2016, Merrick Garland had been nominated by President Obama to replace him, but was denied a Senate confirmation hearing by Mitch McConnell.) Scandalously, Scalia was a friend of the Bush family (hence ethically conflicted) yet decided the 2000 Presidential Election in favor of Bush by declaring the recount be stopped, despite the fact that Gore had won the popular vote. This left Gore supporters—particularly Michael Moore—feeling that Bush was an illegitimate president. In the Summer of 2001, at around the same time that al-Qaeda terrorists were learning how to fly at U.S. flight schools (9/11 Commission 2004), political scientist, Gerald Pomper, wrote this (Pomper 2001):

The presidential election of 2000 stands at best as a paradox, at worst as a scandal, of American democracy. Democrat Albert Gore won the most votes, a half million more than his Republican opponent George W. Bush, but lost the presidency in the electoral college by a count of 271-267. Even this count was suspect, dependent on the tally in Florida, where many minority voters were denied the vote, ballots were confusing, and recounts were mishandled and manipulated. The choice of their leader came not from the citizens of the nation, but from lawyers battling for five weeks. The final decision was made not by 105 million voters, but by a 5-4 majority of the unelected U.S. Supreme Court, issuing a tainted and partisan verdict. That decision ended the presidential contest, and George W. Bush now heads the conservative restoration to power, buttressed by thin party control of both houses of Congress. The election of 2000, however, will not fade. It encapsulates the political forces shaping the United States at the end of the twentieth century. Its controversial results will affect the nation for many years of the new era.

But no one could predict how consequential the decisions made by the Bush Administration prior to, during, and after 9/11, would alter the democracy of the United States and the geo-political infrastructure for decades to come. Michael Moore was instrumental in telling that story; Moore also surmised that the Bush “war machine”
was dependent on depriving American citizens of basic societal needs, including higher education and healthcare.

**From 9/11 to Sicko: 2001–2007**

What would become one of the most haunting stories of 9/11 was entangled in the political subterfuge that engulfed the 2000 election. In *Bush v. Gore*, George W. Bush (Bush 43) was well represented by experienced attorney, Theodore Olson, born on September 11, 1940. Olson, who had served as White House Counsel during the Reagan administration, had argued dozens of cases before the Supreme Court in the past; he was appointed Solicitor General of the United States in the Bush 43 Administration in February 2001.

Ted Olson’s wife, Barbara Olson, had been a former federal prosecutor and attorney in the Department of Justice in the Bush 41 Administration, and then worked as an investigator for Congress during the Clinton era, tasked with looking into “Whitewater” related issues. She had also become a well-known conservative “Clinton-bashing” pundit on both Fox News and CNN during the Clinton era. In 1999, she had released the first *New York Times* bestselling anti-Hillary book, *Hell to Pay: The Unfolding Story of Hillary Rodham Clinton* (Olson 1999), as many had speculated about Hillary’s “Lady Macbeth” hidden agenda to rise in politics using her philandering husband to her own ends. The book was released before Hillary formally announced her run for the Senate while she was still serving as First Lady in 2000, but Olson predicted in the book it was a certainty, as a forewarning of Hillary’s unbridled quest for power to remake America into a socialist “Marxist” state. Olson also saw Hillary’s numerous international trips as First Lady (seen as unprecedented and excessive), as her seeding the ground as an eventual Secretary of State (CSPAN 1999). A review of the book noted this (Amazon Reviews 1999):

As the Clinton presidency draws to a close…Olson predicts the Senate won’t be enough [for Hillary], just the next step toward becoming the first woman president: “Hillary Clinton seeks nothing less than an office that will give her a platform from which to exercise real power and real world leadership.” While Olson admits that “Bill Clinton has always excited the greatest passion not among his supporters, but among his detractors,” the same could certainly be said of his wife--whose supporters will probably consider *Hell to Pay* a rehash of a too-familiar story, but whose detractors will no doubt savor every page.

After the book was released, Hillary indeed announced her bid for a New York Senate seat in the Summer of 2000, and accepted victory in the 2000 Congressional election “six black pants suits later” (CNN 2000). As Bill Clinton began to plan his legacy, Hillary indeed would be joining the Senate in January 2001. By then, Barbara Olson had become a very popular conservative political analyst and media guest. Her last appearance was on CSPAN’s *Washington Journal* on September 9, 2001 (CSPAN 2001), in which she was promoting her forthcoming book on the Clinton Administration’s final days (Olson 2001). In that appearance, she predicted Hillary would run for President in 2008 (not 2004), discussed Janet Reno’s run for
Florida Governor to defeat Jeb Bush, and discussed Bush 43’s Education Bill and his promotional tour for it beginning on “Tuesday [September 11th]”. Her appearance also included debates surrounding the legitimacy of *Bush v. Gore* and the Clinton impeachment. During the “call in” segment, one caller tells Olson she is filled with “hate for the Clintons”, has the “devil in her” and “won’t survive too long” (CSPAN 2001). Two days later Barbara Olson was one of the passengers on American Airlines Flight 77, which crashed into the Pentagon.

Olson had been invited to tape the September 11, 2001 episode of *Politically Incorrect*, hosted by Bill Maher (1993–2002), a pre-cursor to his HBO weekly politics show, *Real Time with Bill Maher*. Barbara Olson was supposed to fly to Los Angeles on September 10, 2001 for the appearance, but wanted to make sure she could wake up to wish Ted Olson “Happy Birthday” and changed her flight to September 11th instead. As the events of that morning unfolded, Ted Olson was relieved when Barbara called him from her plane (using an airfone), but she was not calling to say she was okay. Barbara called Ted to let him know that she was on American 77, which had been hijacked, and provided some of the first eyewitness details about the hijacking before it flew into the Pentagon a few minutes later, at 9:37 AM. The Olsons’ joint effort to make sure that George W. Bush would become the 43rd President of the United States was met with “hell to pay”. What the 9/11 Commission would uncover two years before *Sicko* was released is that the Bush Administration ignored clear warnings from the counter-terrorism unit that almost foiled the 9/11 plot (Wright 2006; 9/11 Commission Report 2004). Robert Mueller, who was the new FBI director, had only started on September 4, 2001, and was not yet up to speed. (Mueller replaced Louis Freeh and was succeeded by James Comey in 2013.)

By 10:28 AM on September 11, 2001—the third anniversary of the Starr Report—the North Tower of the World Trade Center (Tower 1) had collapsed, and George W. Bush became a wartime President, now presiding over the worst attack on U.S. soil since Pearl Harbor. This fact made Michael Moore sick, which he would later make crystal clear.

Between 2001–2, the first year post-9/11, a hyper-patriotism swept the country and no one was talking about *Bush v. Gore* anymore. In fact, Bush enjoyed close to an 80% approval rating, while stores were unable to keep up with the consumer demand for American flags. After Bush’s bullhorn speech on Friday, September 13, 2001, standing on the “pile” (remnants of the World Trade Center) with an array of first responders who were not wearing protective masks, polls showed that the country was in favor of going to war to retaliate by close to 90%. The Bush Administration was essentially greenlighted by the public to make an array of decisions within a month’s time: the creation of the Department of Homeland Security; the Transportation Security Administration (TSA); the passage of *The Patriot Act* (2001, which granted broad powers and eroded personal liberties; the invasion of Afghanistan (ongoing), and establishing the Bush Doctrine of pre-emptive attack on countries that “harbor terrorists”. Slowly, a new war hawk era had begun in which criticism of the government and the Bush Administration was met with harsh retaliation. Moore references 9/11 in *Bowling for Columbine* to make the point that the country’s sense of panic had augmented, leading to more gun sales. But he did not criticize the Bush
Administration’s handling of 9/11 until the invasion of Iraq in March 2003. At the 75th Academy Awards ceremony, Bowling for Columbine won for best documentary, and in his speech, Moore denounced the Bush Administration on stage, while his next documentary, Fahrenheit 9/11 was well underway. Moore made the following acceptance speech (Oscars.org 2003):

I have invited my fellow documentary nominees on the stage with us … They’re here in solidarity with me because we like nonfiction. We like nonfiction and we live in fictitious times. We live in the time where we have fictitious election results that elect a fictitious president. We live in a time where we have a man sending us to war for fictitious reasons…we are against this war, Mr. Bush. Shame on you, Mr. Bush, shame on you. And any time you’ve got the Pope and the Dixie Chicks against you, your time is up. Thank you very much.

Moore was booed when he spoke up, but the booing would not last long. When Fahrenheit 9/11 was screened May 17, 2004, the following year at the Cannes Film Festival, the film received a 20 minute standing ovation. And then the damning 9/11 Commission Report was released two months later.

The 9/11 Commission Report

In the aftermath of 9/11, the families affected began to ask tough questions, and lobby the reluctant Bush Administration for an independent commission to look into why their loved ones were murdered by terrorists. The effort was spearheaded by four New Jersey widows, known as the “Jersey Girls” whose husbands had been killed in the World Trade Center (Breitweiser 2006). In November 2002, the bi-partisan 9/11 Commission was formed, and its report was released July 22, 2004. The report essentially points to incompetency at all layers, involving immigration, airline security, airline industry protocols, military and air defense systems, evacuation failures at the World Trade Center and communication problems at the highest level of government intelligence agencies—chiefly, the FBI and CIA. These failures made the United States not just vulnerable to the attack, but too incompetent to stop it. Fahrenheit 9/11 premiered May 17, 2004,—before the 9/11 Commission Report—wound up being the perfect companion work, and excoriated the Bush Administration. In it, Moore tells a convincing and disturbing narrative of the stolen 2000 election and coup by the conservative Supreme Court; the Bush Administration’s ties to the Saudis, Big Oil, and ignoring warnings of the attack; using the attack as an excuse to invade Iraq for the fictional ruse that Saddam Hussein had ties to al-Qaeda and weapons of mass destruction (WMD). Moore began the film in 2003, and makes military families a big part of the story. Moore stated: “My form of documentary is an op-ed piece. It presents my opinion that’s based on fact. I am trying to present a view of the last three-and-a-half years that I don’t feel has been presented to the American public” (Hernandez 2004).

The famous footage of Bush looking stunned as he’s reading to schoolchildren on 9/11 was footage that Moore retrieved, as noted by Roger Ebert in his review (Ebert 2004):
Although Moore’s narration ranges from outrage to sarcasm, the most devastating passage in the film speaks for itself. That’s when Bush, who was reading My Pet Goat to a classroom of Florida children, is notified of the second attack on the World Trade Center, and yet lingers with the kids for almost seven minutes before finally leaving the room. His inexplicable paralysis wasn’t underlined in news reports at the time, and only Moore thought to contact the teacher in that schoolroom – who, as it turned out, had made her own video of the visit. The expression on Bush’s face as he sits there is odd indeed…. [Moore] remains one of the most valuable figures on the political landscape, a populist rabble-rouser, humorous and effective; the outrage and incredulity in his film are an exhilarating response to Bush’s determined repetition of the same stubborn sound bites.

Between Iraq and a Hard Place

_Fahrenheit 9/11_ is also released around the time that the Abu Ghrabl story hit, in which young American soldiers put in charge of Iraqi detainees at the Abu Ghrabl prison, replicate the behavior demonstrated in the famous “Stanford Prison Study” from the 1970s, in which ordinary college students turned into abusive “guards” within a few days. Similarly, young American guards, with confusing orders, begin to abuse and torture the detainees. Photos are leaked, leading to the resignation of Donald Rumsfeld, Secretary of Defense. By this point, _Fahrenheit 9/11_ started its own genre of anti-Iraq war films, with the premise that the Bush Administration is not only putting America’s volunteer soldiers in harm’s way without moral justification, but that the war was misguided and mismanaged with trillions of dollars of taxpayer money being diverted for war profiteering and illegitimate purposes. Familiar themes from _Bowling for Columbine_ are also revisited: that Americans are being lied to, manipulated, and not taken care of.

In 2004, the Democratic Convention nominated Senator John Kerry as the Presidential nominee, and at the convention, Democratic Senate nominee, Barack Obama gave a speech on the convention floor. The speech was so eloquent, electrifying and inspiring, few forgot his name, and the new Senator, Barack Obama became the new shiny object when he began his Senate career in January 2005. But not enough Americans were ready to jump ship in the 2004 election, and Bush was decisively re-elected with a huge wave of Evangelical Christians, who supported the War on Terror as anti-Muslim sentiment foments, and the Fox News channel solidifies as a “War on Terror/Bush Doctrine” propaganda channel (Sherman 2017). John Kerry, running on his Vietnam War record, had made a misstep by not responding to a string of false attacks by other Vietnam veterans he did not serve with, who claimed Kerry was not a war hero and had lied about his record as a swift boat commander. The incident led to the term “Swiftboating”—a political smear campaign that blindsides the opponent. Kerry’s campaign handled it badly, and the 2004 election was Kerry’s to lose, leading to four more years of war and quagmire.

A year after _Fahrenheit 9/11_ was released, Hurricane Katrina occurred August 31, 2005, devastating New Orleans. The aftermath led to one of the most horrendous displays of economic and health disparities in the United States when the city was abandoned by the Bush Administration, leaving mostly African American victims of the hurricane without food, shelter, water or basic resources in the stifling August heat.
of New Orleans. Over the Labor Day weekend holiday, pictures of Katrina haunted Americans who initially thought they were looking at scenes from a third world country. What they were viewing on CNN, noted for its extensive coverage at the time, was real poverty in a population below “see level”. Those with means, mobility or good health, evacuated New Orleans. But those who were left behind were old, sick, or just too poor to evacuate. Echoes of Tuskegee (see Chap. 1), or abandoned AIDS patients (see Chap. 2) were familiar scenes playing out. Stranded hospitals practiced extreme rationing at the bedside (Fink 2013), and some patients received medical aid in dying (see Chap. 3). Katrina became as much of a socio-political disaster as it was a natural disaster. But the health disparities story demonstrated that people with poor healthcare access are far less likely to survive climate-change induced events. Indeed, the heavily diabetic population in New Orleans who could not afford to stockpile their insulin stayed behind, and many died from no access to their insulin after the storm. Hurricane Katrina, in fact, was only eclipsed in racially-motivated rescue disparities by the response to Puerto Ricans stranded in the wake of Hurricane Maria in 2017, which led to a similar death toll that occurred on 9/11 (Newkirk 2018).

By 2006, five years post-9/11, the dust from the World Trade Center had not yet settled; in fact, hundreds of reports of illnesses in people exposed to the dust—particularly first responders working on the “pile”—began to make news. But many who suffered from 9/11 dust-related illnesses either had no access to healthcare, or were told that treatment for their illnesses was not covered by their insurance plans. The James Zadroga Act (see under History of Medicine), would not be signed into law until a decade after 9/11. Moore’s decision to shine a spotlight on sick first responders was significant. It was a different story being told this time. Moore demonstrated “healthism” (Leonard 2008)—a new kind of discrimination against people in poor health. Moore posits that if this is how America treats its best—discriminating against the heroes of 9/11 because they got sick—then “who are we”? It was a powerful allegory about a healthcare system that was morally unsustainable. Moore’s evolving thesis about sickness and health in post-9/11 America came to fruition in Sicko, which debuted May 19, 2007, after both Hillary Clinton and Barack Obama had announced their runs for President, and the Democrats had won control of both houses of Congress in the 2006 mid-term elections.

**Inconvenient Truths: Bush’s Second Term**

As Sicko is in production, another major documentary about political “sickness and health” debuts. Former Vice President Al Gore’s An Inconvenient Truth (2006), wins the Academy Award for Best Documentary at the 79th Academy Awards ceremony held on February 25, 2007. Gore also wins a Nobel Peace Prize in 2007 for his work with the Intergovernment Panel on Climate Change. The dust had finally settled on Bush v. Gore. By 2007, the Bush Presidency had become a slow-moving car crash, as it becomes mired in the chaos and quagmire of the Iraq War with no exit strategy; struggles with the under-resourced Afghanistan war, where the hunt for Osama bin Laden had gone cold. The all-volunteer army is stretched with military personnel asked to
do multiple tours. Veterans return home to an overwhelmed Veteran’s Administration (VA), with the signature wound of the Iraq War: blast-induced traumatic brain injury. Over 2000 soldiers are dead by now, and mothers such as Cindy Sheehan start to speak up about the war, and camp out at Bush’s ranch in Texas. Bush is also dealing with fallout from Katrina, runaway spending that eventually leads to the 2008 financial crisis, and toxic poll numbers. In contrast, Al Gore has never been more popular: he wins an Academy Award for one of the most important films about the threats of climate change, while millions of Americans who voted for him wonder what might have been in a Gore administration. *Sicko* rides the wave of progressive documentary films, and gives its viewers something to hope and fight for: healthcare reform. On the sixth anniversary of 9/11, a Moore-esque documentary film, which is the perfect complement to Moore’s body of work, debuts at the Toronto International Film Festival: *Body of War* (2007) co-produced by Phil Donahue. The film is about one of the first wounded enlisted veterans of the Iraq war, his paralyzed body and broken life. But the film also excoriates the Senators who voted for the Iraq war without sufficient debate, and does a lot of damage to one of the candidates running for President: Senator Hillary Clinton, who also voted for the Iraq War in 2003.

**Sicko’s Impact: The 2008 Election**

By January 2007 the majority of Americans had 9/11 fatigue, counting the days until the darkness of the Bush Administration would end. Americans were impatient for the post-Bush era, leading to a very early start to the 2008 campaign season. Hillary Clinton, as predicted by Barbara Olson years earlier, indeed announced her run for the Presidency on January 20, 2007. Hillary was the presumed frontrunner, and Bill Clinton soared in popularity in his post-Presidency with the Clinton Global Initiative. In fact, Bill Clinton had also grown close to the Bush family, as he and Bush 41 did humanitarian work together. Everything was going according to the Hillary Clinton campaign “coronation plan” until February 11, 2007, when Barack Obama announced his run for the presidency. The *New York Times* summarized it this way (Nagourney and Zeleny 2007):

> Senator Barack Obama of Illinois, standing before the Old State Capitol where Abraham Lincoln began his political career, announced his candidacy for the White House on Saturday by presenting himself as an agent of generational change who could transform a government hobbled by cynicism, petty corruption and “a smallness of our politics.” “The time for that politics is over,” Mr. Obama said. “It is through. It’s time to turn the page.” The formal entry to the race framed a challenge that would seem daunting to even the most talented politician: whether Mr. Obama, with all his strengths and limitations, can win in a field dominated by Senator Hillary Rodham Clinton, who brings years of experience in presidential politics, a command of policy and political history, and an extraordinarily battle-tested network of fund-raisers and advisers.

Mr. Obama, reprising the role of Mr. Clinton, on Saturday presented himself as a candidate of generational change running to oust entrenched symbols of Washington, an allusion to Mrs. Clinton, as he tried to turn her experience into a burden. Mr. Obama is 45; Mrs. Clinton
is 59...But more than anything, Mr. Obama’s aides said, they believe the biggest advantage he has over Mrs. Clinton is his difference in position on the Iraq war.

Hillary Clinton lost the Iowa Caucus to Barack Obama, which threw her campaign into turmoil (Green 2008). Although she squeaked out a victory in New Hampshire, she struggled to lead in the polls thereafter. Meanwhile, Clinton-era baggage and the Hillary-bashing narrative that the late Barbara Olson had begun in 1999, made Hillary Clinton a polarizing and unlikeable figure even for many women who self-identified as feminists. But she also failed to properly explain her vote for the Iraq war, which had also been based on faulty intelligence. She evaded direct answers when questioned about it and tried to justify her vote without simply saying it was wrong. (It became a preview of her failure to properly explain her private email server in 2016.) Hillary Clinton’s scripted prose and talking points were also uninspiring. As Democratic voters began to view her as a face from the past, they began to fall in love with the future they saw with Barack Obama, whose time had come. As the primary season dragged on, and it was clear Barack Obama was now the frontrunner, Hillary Clinton refused to drop out—something she would later blame Bernie Sanders for in the 2016 campaign. But thanks to Michael Moore’s Sicko, the signature domestic issue debated during the Democratic primary season was healthcare reform, while Moore was a frequent commentator about the primary debates. The healthcare debate was not who was for it or against it, but which model would pass. Hillary Clinton was promoting universal healthcare, and a revised attempt to dust off the Clinton era bill that failed to pass in 1993 (see under History of Medicine), while Barack Obama was promoting something different: a market-based solution touted by Republicans years earlier, which he thought would get bi-partisan support and actually pass. And Obama could prove that it worked: one Republican governor was riding high on that same healthcare reform model. In 2006, Mitt Romney, governor of Massachusetts, had passed a version of Bob Dole’s 1996 healthcare model with great success, covering nearly 100% of Massachusetts residents (see under History of Medicine). The “Romneycare” model would eventually become the Affordable Care Act.

Hillary Clinton ended her 2008 bid for the Presidency June 7, 2008, and post-campaign analysts uncovered her campaign as one of entitlement, and “inevitability” (Green 2008). In fact, Hillary Clinton’s 2008 campaign was discovered to be one of the worst-managed Democratic campaigns in history for a front-runner (Green 2008), and unfortunately, the campaign resulted in Citizen’s United v. Federal Election Commission (2010). To combat being “Swiftboated” (see above) the Clinton Campaign sued a conservative non-profit organization called “Citizens United” for plans to air an “anti-Hillary” film during that primary season, which was in violation of the Bipartisan Campaign Reform Act (2002); that law prevented corporations from spending money to promote or oppose any candidate. But the lawsuit backfired, and the Conservative Supreme Court upheld that “corporations are people” and had free speech to oppose or promote any candidate they wanted. The decision led to an avalanche of undisclosed donors (a.k.a. “dark money”) into American elections, which, of course, ran the risk that some of that money would likely come
from foreign entities wanting to influence elections in the future. Eight years later, Hillary Clinton would run virtually the same “coronation campaign” with even worse miscalculations and consequences that Michael Moore would later document in his film, *Fahrenheit 11/9* (2018).

**McCain/Palin v. Obama/Biden**

Arizona Senator, John McCain, had an unimpeachable record as a war hero, and was also an unapologetic war hawk, who felt strongly that the United States needed to maintain a military presence in Iraq and Afghanistan. Foreign policy, in fact, was the signature issue of the McCain campaign, which was unable to present anything “new” other than to build off of McCain’s foreign policy chops and war record. “Country First”, his campaign slogan, was having a hard time competing with Obama’s campaign slogans, “Change We Can Believe In” and “Yes We Can”. As the Bush Administration wore on and had hitched itself to religion and Christian conservatism, the Republican party was changing. An extremist, right-winged, white supremacy populist movement had begun to infiltrate the Republican Party. When Republican nominee John McCain saw the enthusiasm for Barack Obama, who was now being endorsed even by some moderate Republicans—including Bush’s own Secretary of State, Colin Powell (2001–5), the campaign decided to pick a “game changing” Vice Presidential (VP) candidate (Heilemann and Halperin 2010). Originally, McCain had wanted Senator Joe Lieberman on a bi-partisan ticket, which he thought would strike the right notes for bridging the partisan divide. Instead, the campaign recommended a right-winged woman for the VP spot, Alaska Governor, Sarah Palin, whose populist appeal and xenophobic dog whistles, were lapped up by an increasingly rabid crowd. However, Palin had not been properly vetted, and McCain’s campaign would come to have moral distress over selecting her (CBS 2010) once they became acquainted with how extreme and ignorant of American history she really was. But Palin had star power: attractive, folksy, a military mother with sons in active duty, Palin was far more popular than McCain, and became a *Saturday Night Live* mainstay channeled by Tina Fey. Palin helped to promote “birtherism” and painted Obama as a dangerous Marxist/socialist. But there was an “October Surprise”—Wall Street began collapsing and the 2008 financial crisis was threatening to destroy the American economy, leading President Bush to call for emergency Congressional funding to head off a Great Depression. The financial crisis dominated the rest of the 2008 campaign season, and Obama became the most articulate candidate surrounding policies and plans to deal with it. Barack Obama won a decisive and historic victory in November 2008, as the first African American President. With a Democratic super majority in Congress, and an inherited financial crisis where millions of people were now losing their jobs and health insurance, he was determined to get healthcare reform passed in a time frame he saw as his window. *Sicko* would continue to make the Obama Administration’s argument for fixing healthcare.
The History of Medicine Context

When using *Sicko* to teach about the American healthcare system, the overall history of federal healthcare policy in the United States is what you’ll need to cover, which supplements the History of Medicine content presented in *Sicko*. What health law experts will point out is that healthcare law and policies in the United States are a patchwork of different laws that were designed to close gaps or address specific populations, in recognition that the for-profit health insurance industry was the model. When *Sicko* was released in 2007, the U.S. healthcare system was a hybrid of several government-sponsored healthcare programs for vulnerable populations and veterans, as well as private insurance plans offered through employers, which widely practiced “healthism”. Such plans routinely underinsured patients, cut them off if they got “too sick” and did not cover “pre-existing conditions”. (See more under Healthcare Ethics Issues). Essentially, they were “junk policies”. *Sicko* does offer a brief History of Medicine on how the U.S. healthcare system became so terrible, but generally focused on Americans with insurance and the insurance industry’s discriminatory practices. The film does not cover any the existing universal U.S. healthcare programs, such as Medicare, Medicaid, or the Veterans Administration (VA) healthcare system—the latter having been established by Abraham Lincoln during the Civil War. But after *Sicko* was released, its impact led to two more significant health laws: The Affordable Care Act (2010) as well as the James Zagroda Act (2011), which covered all Americans suffering from 9/11-related illnesses due to exposure to the dust from the collapse of the World Trade Center. This section will review all of the key pieces of legislation in the “history of American healthcare”—notes you’ll need to hit when teaching *Sicko*: the significant government-sponsored healthcare programs in the United States, as well as the universal healthcare laws that got away: failed attempts at universal healthcare. Since *Sicko* already focuses on how the for-profit insurance industry operated pre-ACA, I will not review that again here, but instead, discuss how the ACA made “Healthism” illegal. Finally, you may wish to review band-aid health legislation, such as the Emergency Medical Treatment and Labor Act (EMTALA), which mandates emergency care (see further) or the Ryan White CARE Act for HIV/AIDS patients, covered in Chap. 2.

Abraham Lincoln and the Veterans Administration (VA)

At one point, Americans led the way in universal healthcare by being the first to provide government-sponsored healthcare benefits for its veterans and their families, which dates back to the country’s founding pre-Revolution (VA 2019), compensating colonists injured in battles with America’s indigenous tribes (aka American Indians). The formal establishment of the Veterans Administration as we know it, traces its founding to a speech made by Abraham Lincoln on March 4, 1865, which officially became its motto in 1959 (VA 2019):
With malice toward none, with charity for all, with firmness in the right as God gives us to see the right, let us strive on to finish the work we are in, to bind up the nation’s wounds, to care for him who shall have borne the battle and for his widow, and his orphan, to do all which may achieve and cherish a just and lasting peace among ourselves and with all nations.

The VA makes clear even now:

With the words, “To care for him who shall have borne the battle and for his widow, and his orphan,” President Lincoln affirmed the government’s obligation to care for those injured during the war and to provide for the families of those who perished on the battlefield… Today, a pair of metal plaques bearing those words flank the entrance to the Washington, D.C. headquarters of the Department of Veterans Affairs (VA 2019). VA is the federal agency responsible for serving the needs of veterans by providing health care, disability compensation and rehabilitation, education assistance, home loans, burial in a national cemetery, and other benefits and services.

The Veterans Health Administration went through many versions, but began to function as it is now after World War 1, and then grew from operating about “54 hospitals in 1930 to 1600 health care facilities today, including 144 VA Medical Centers and 1232 outpatient sites of care of varying complexity”.

When Franklin Roosevelt was elected President in 1932—the same year the Tuskegee study began (see Chap. 1)—only 14 years had passed since the end of World War 1 (then called “The Great War”). This is relative in time span to how much time had passed since 9/11 and 2015, when President Obama was in his second to last year in office. But strikingly, in 1932, hundreds of Civil War veterans were still alive, and the last surviving veteran had lived until 1959. Thus, benefits that had been established under Lincoln were still being paid out to Civil War veterans under President Eisenhower.

When viewing *Sicko*, many students typically assume that all 9/11 “heroes” Moore presents were taken care of through the VA, which is not so. No civilian first responder to the attacks on 9/11 was categorized as serving in the military, nor were first responders on 9/11 who had professional unions. Firefighters, police, emergency medical technicians, etc., were not eligible for health benefits from the VA for any 9/11-related exposures (see further). Moreover, even families of civilian passengers on United 93, who fought the hijackers and tried to take back the plane, and were acknowledged by the Bush Administration as “the last line of defense” against an attack on the U.S. Capital, did not qualify for any VA benefits as “citizen soldiers”.

The VA health benefits, however, remain government-sponsored healthcare based on a justice framework of “merit”, which is one defined benefit of enlisting in the U.S. military. That said, after 9/11, the VA system indeed became overwhelmed, and it took years to accommodate women’s healthcare into the VA.
The only Presidents who managed to pass significant healthcare-related laws in the twentieth century were Franklin Roosevelt and Lyndon Johnson. In the same way that current students may not remember the United States pre-ACA, no one alive today remembers the United States before the Social Security Act (1935) which was passed at a time when 50% of the country was unemployed and older Americans were literally starving to death and abandoned, or died prematurely from lack of medical care. As summarized by Health Affairs in 1995 (Skocpol 1995):

Some officials involved in planning the 1934 Social Security legislation wanted to include a provision for health insurance, but President Roosevelt and his advisers wisely decided to set that aside. Because physicians and the AMA were ideologically opposed to governmental social provision, and were organizationally present in every congressional district, Roosevelt feared that they might sink the entire Social Security bill if health insurance were included. Instead, Social Security focused on unemployment and old-age insurance and public assistance.

Roosevelt, like Obama 75 years later (see further) decided not to push things too far. By providing a guaranteed income to every American over 65, some income could be used for their health-related needs (e.g. nutrition) and was still a monumental progressive law that became part of the American society. Later, Social Security disability coverage was passed in 1956, providing benefits to Americans who cannot work due to disability.

President Lyndon B. Johnson’s vow to create the “great society” built on Social Security by passing Medicare in 1965, which offered universal healthcare coverage to all Americans over 65, and completed what Roosevelt had started 30 years earlier. Medicaid was healthcare coverage for the impoverished and extremely vulnerable populations, also passed in 1965. “Care for the Old” was Medicare, while “Aid to the Poor” was Medicaid (Huberfeld 2006). When Sicko debuted, Medicare covered 43 million Americans regardless of income or medical history, and also covered those under age 65 with disabilities, which was added to the bill in 1972, representing roughly 15% of the population. But the problem with Medicare was that beneficiaries used four times more health services than the average American, and it paid hospitals at a lower rate, while the median income of most Medicare recipients was roughly $17,000 per year.

Medicaid (Public Law 89-97) sends funds directly to the States to finance healthcare for vulnerable populations, such as single parents with dependent children; the aged, blind, and disabled. When Sicko debuted, Medicaid covered about 51 million people, comprising roughly 39 million people in low-income families, 12 million elderly and persons with disabilities, and paid for nearly 1 in 5 health care dollars and 1 in 2 long term care (nursing home) dollars. In several states, “Work for Medicaid” programs are being illegally established (Huberfeld 2018). The ACA expanded Medicaid and redefined income criteria (see further).
The Nixon-Kennedy Debate

*Sicko* discusses the *Health Maintenance Organization Act* (1973), what most working Americans who do not qualify for Medicare or Medicaid are dealing with when *Sicko* debuts. Health Maintenance Organizations (HMOs) were an “insurance pool” in which basic health services are offered to an enrolled population that “pre-pays” (instead of fee-for-service healthcare), and has access to a number of healthcare providers who are contracted by the HMO network. Thus, it was a complete myth that Americans could “choose their doctors”; they were frequently limited in choice by the HMO. The HMO is essentially a system of healthcare rationing to curb medical spending, but rationing is based on profit not morality (See under Healthcare Ethics Issues). The HMO system served to sanction discriminatory practices in health insurance such as denying coverage for “pre-existing” conditions.

What is less known about the Nixon Administration, responsible for passing the *Environmental Protection Act*, is that Nixon was willing at one point to pass a version of the ACA because when he was young, his two brothers died from treatable illnesses due to lack of medical care in the 1920s. Senator Ted Kennedy admitted years later that he had actually blocked such a plan. The *Boston Globe* summarized it like this (Stockman 2012):

> When Nixon, a staunch Republican, became president in 1969, he threw his weight behind health care reform. “Everybody on his cabinet opposed it,” recalled Stuart Altman, Nixon’s top health aide. “Nixon just brushed them aside and told Cap Weinberger ‘You get this done.’”

Nixon had other reasons, beside his dead brothers, to support reform. Medicare had just been passed, and many Americans expected universal health care to be next. Ted Kennedy, whom Nixon assumed would be his rival in the next election, made universal health care his signature issue. Kennedy proposed a single-payer, tax-based system. Nixon strongly opposed that on the grounds that it was un-American and would put all health care “under the heavy hand of the federal government.”

Instead, Nixon proposed a plan that required employers to buy private health insurance for their employees and [provided a public option or subsidies] to those who could not afford insurance. Nixon argued that this market-based approach would build on the strengths of the private system. Over time, Kennedy realized his own plan couldn’t succeed. Opposition from the insurance companies was too great. So Kennedy dispatched his staffers to meet secretly with Nixon’s people to broker a compromise. Kennedy came close to backing Nixon’s plan, but turned away at the last minute, under pressure from the unions. Then Watergate hit and took Nixon down. Kennedy said later that walking away from that deal was one of the biggest mistakes of his life.

> “That was the best deal we were going to get,” Kennedy told [Boston Globe] before he died. “Nothing since has ever come close.” Until Obama.

Many analysts conceded that we could have had the ACA (or Nixoncare) under Nixon decades ago, had it not been for Ted Kennedy. According to one political scientist (Newsweek 2009):
Nixon would have mandated that all employers offer coverage to their employees, while creating a subsidized government insurance program for all Americans that employer coverage did not reach...It was a rare moment in [Ted Kennedy’s] Senate career where he made a fundamental miscalculation about what was politically possible—a lot of liberals did...What was not recognized by anyone at the time was that this was the end of the New Deal era. What would soon come crashing over them was the tax revolts…

The article continued:

In fact, when Kennedy cosponsored another unsuccessful reform effort called Health America in 1991 that combined an employer mandate with a new public program, Princeton University health economist Uwe Reinhardt reportedly asked one of Kennedy’s aides if they intended to cite Richard Nixon in a footnote.

Kennedy may have always preferred the government insurance approach, and he introduced legislation called “Medicare for All” as recently as 2006, perhaps trying to push the envelope when a Democratic resurgence was creating a new opening for progressive legislation. But this didn’t stop him from enthusiastically championing the employer-based approach put forward by Barack Obama when he became the party’s leader.

Reagan: The Emergency Medical Treatment and Labor Act (EMTALA)

EMTALA is a federal law that passed in 1986 that “requires anyone coming to an emergency department to be stabilized and treated, regardless of their insurance status or ability to pay” (ACEP 2020). This law was supported by emergency physicians concerned with widespread “patient dumping” that had been going on throughout the Reagan era, and is known as an “anti-dumping” law (Zibulewsky 2001; ACEP 2020).

In particular, two articles about Chicago’s Cook County Hospital patient dumping (Zibulewsky 2001) led to outrage in the medical community and the passage of EMTALA. Patient dumping was originally defined as: “the denial of or limitation in the provision of medical services to a patient for economic reasons and the referral of that patient elsewhere” (Zibulewsky 2001). Lack of insurance was cited as the reason for denying emergency care to patients and transferring them elsewhere in 87% of the cases at Cook County hospital, and found to be widespread in “most large cities with public hospitals” throughout the 1980s.

EMTALA was “designed to prevent hospitals from transferring uninsured or Medicaid patients to public hospitals without, at a minimum, providing a medical screening examination to ensure they were stable for transfer [and] requires all Medicare-participating hospitals with emergency departments to screen and treat the emergency medical conditions of patients in a non-discriminatory manner to anyone, regardless of their ability to pay, insurance status, national origin, race, creed or color” (ACEP 2020).

As the gap in health insurance grew, EMTALA became the only way for many uninsured Americans to receive care, as Sicko documents extensively, which then
began to overwhelm Emergency Departments with non-emergent patients, and escalate healthcare costs as EMTALA care was not covered. It also led the AMA to conclude that many emergency medicine physicians were essentially providing “charity care” in the United States. By 2003, the situation was becoming unmanageable, and many health insurance plans routinely denied claims for legitimate emergency departments visits (ACEP 2020), or even required “preauthorization” which made no sense. The American College of Emergency Physicians (ACEP) concluded then that: “These managed care practices endanger the health of patients and threaten to undermine the emergency care system by failing to financially support America’s health care safety net.” In 1986, physicians who wanted to stop patient dumping were initially worried that vague definitions of emergency care and stabilization would make EMTALA enforcement difficult. But by 2001, Zibulewsky (2001) notes:

EMTALA has created a storm of controversy over the ensuing 15 years, and it is now considered one of the most comprehensive laws guaranteeing nondiscriminatory access to emergency medical care and thus to the health care system. Even though its initial language covered the care of emergency medical conditions, through interpretations by the Health Care Financing Administration (HCFA) (now known as the Centers for Medicare and Medicaid Services), the body that oversees EMTALA enforcement, as well as various court decisions, the statute now potentially applies to virtually all aspects of patient care in the hospital setting.

By 1996, the “uncompensated costs to emergency physicians for services provided under EMTALA” rose to $426 million in 1996, while unpaid in-patient care costs rose to $10 billion (Zibulewsky 2001). Meanwhile, tracking with the AIDS crisis, between 1988 and 1996, employer-sponsored health care coverage decreased from 72 to 58% (Zibulewsky 2001). Ultimately, EMTALA exposed the degree of underinsured and uninsured Americans, which Moore covers extensively in Sicko.

**Clinton’s Health Security Act: “Hillarycare”**

As discussed earlier, the Clinton Administration drafted the 1993 Health Security Act to model in appeal, the Social Security Act. What President Clinton didn’t anticipate was the vitriolic reaction he got when he put his wife, First Lady Hillary Rodham Clinton, in charge of drafting the bill “behind closed doors” along with adviser, Ira Magaziner. Due to the intense partisan politics that prevailed during the Clinton era, discussed in detail earlier, this singular incident made Hillary a lightning rod for the Republican party ever since. Dubbed “Hillarycare” there were putative complaints that Hillary had drafted the bill without bi-partisan input, which was not exactly the case. The task force did engage hundreds of stakeholders and held many meetings and hearings. But it did not make any of these stakeholders official representatives of the task force, and kept the deliberations confidential (Skocpol 1995).

The 1993 bill, in fact, resembled much of the current Affordable Care Act, and had three components to it: universal coverage through employers or regional state “health alliances” and federal subsidies (exactly the same as the current “state exchanges”
and expanded Medicaid); bans on coverage denial for pre-existing conditions; the requirement for everyone to have coverage (Amadeo 2019).

However, there was vast misunderstanding of the bill, as most thought it was a single-payer universal health care system, because it invoked Social Security (Skocpol 1995):

> When he introduced his 1993 Health Security bill, President Clinton tried to invoke the Social Security precedent once again. This time, however, the analogy was purely rhetorical; it held only for the goal of universal, secure coverage. There was no relevant analogy to Social Security with regard to how governmental mechanisms in the proposed system would actually work.

> The key mechanism was the mandatory purchasing cooperative, something the Clintonites labeled the “health care alliance.”

But the opposition seized on the fact that the bill was complex. According to a 1995 post-mortem (Skocpol 1995):

> Republican Dick Armey called the Clinton plan “a bureaucratic nightmare that will ultimately result in higher taxes, reduced efficiency, restricted choice, longer lines, and a much, bigger federal government….Centrist Democrat Bill Clinton had done his best to define a market-oriented, minimally disruptive approach to national health care reform, and his plan was initially well received. Nevertheless, by midsummer 1994 [voters] had come to perceive the Clinton plan as a misconceived “big-government” effort that might threaten the quality of U.S. health care for people like themselves.

The Task Force on National Health Care Reform, chaired by Hillary Clinton with Bill Clinton’s advisor friend and business consultant, Ira Magazine, started January 1993. Complaints that the Task Force was working in secret started immediately from physician groups and Republicans in Congress. In May 1993, Hillary presented the plan to 52 senators, but “Republicans felt the administration had already gone too far in developing the plan without them and the task force dissolved” (Amadeo 2019).

The bill failed when it was brought to the floor November 20, 1993 (S.1757 (103rd): Health Security Act) and declared “dead” by September 1994. Two remnants of the bill were passed under Clinton: The Health Insurance Portability and Accountability Act (1996), which allowed employees to keep their company-sponsored health insurance plan for 18 months after they lost their jobs, but was more famous for its privacy laws in 2003. Hillary Clinton also convinced Senators Kennedy and Orrin Hatch to pass the Children’s Health Insurance Program (1997), or CHIP (Amadeo 2019).

Ultimately, as Sicko makes clear, it was vitriol for Hillary that killed the bill: the country did not want the First Lady, an unelected person, to be in charge of drafting a major bill, even though Bill Clinton campaigned on “two for the price of one”. Cries of nepotism in the setting of Whitewater investigations doomed this universal health coverage bill. The 1993 Health Security Act would essentially be retrofitted into the Affordable Care Act, borrowing a few seasonings from Bob Dole’s 1996 plan (see further).
The 1996 Dole/Kemp Healthcare Plan

The kernels of the current ACA can be seen on the Dole/Kemp 1996 campaign website (Dole/Kemp 1996), which told Americans the following in 1996, listed here verbatim:

Bob Dole Favors Common Sense, Free Market Health-Care Reforms

Losing health insurance coverage or facing obstacles to obtaining such coverage is a real concern for many Americans. We need insurance reform – but the answer is not a federal government takeover of the health care industry. Bob Dole supports consumer choice, open enrollment and portability of medical insurance.

In 1994, Dole introduced a health care reform bill which had no price controls, no mandates and no taxes. The bill took on a common sense, free market approach to health-care reform, focusing primarily on insurance reform, while offering subsidies to help low-income Americans buy health insurance.

As President, he will:

- Seek ways to make health care more accessible and affordable for all Americans.
- Ensure that individuals who change jobs do not lose their coverage or face pre-existing condition limitations.
- Give self-employed individuals the same tax deductions that large corporations have to buy health insurance.
- Make Medical Savings Accounts a real option available to all Americans.
- Support efforts to make community and home based care more readily available.

2006: RomneyCare

In 2006, Governor Mitt Romney signed into law the Massachusetts health care insurance reform law. The law mandates every resident to obtain a minimum level of healthcare insurance requiring residents to purchase insurance, and provided tax credits to businesses or pay a tax, but it provided free healthcare to those who were at 150% of the poverty level. The law ultimately covered 95% of the state’s half a million uninsured residents within three years. The law was deemed a success story, and was wildly popular. Mitt Romney promoted the law as one of his crowning achievements and made clear in numerous interviews that it should be a model for the country. Barack Obama agreed. The Massachusetts law had many features of Dole’s Healthcare Reform proposals from 1996. It was a model based on car insurance—everyone would be required to get health insurance, which would bring down costs but keep it market based.
Without *Sicko*’s role in educating Americans about what “good healthcare” looks like, the window of opportunity that arrived in 2009, and an ambitious Democratic President determined to get healthcare reform passed, may not have occurred. The term “Obamacare” was established before the *Affordable Care Act* was even drafted—in 2007 when journalists began to attach various healthcare reform plans to the 2008 candidates (Reeve 2011). When Barack Obama became President in 2009, over 46 million Americans were uninsured. Barack Obama begins transparent bipartisan discussions about healthcare reform, making it clear that he is interested in a market-based model similar to RomneyCare, and very open to Republican ideas. He also appoints his former rival, Senator Hillary Clinton, to serve as Secretary of State, and she is not part of the healthcare bill’s crafting or debates—hence removing déjà vu and “Hillarycare” from the lexicon. Although he has a Democratic supermajority in Congress, Obama makes many attempts to include Republicans and Independents in discussion. But it was too late. On election night 2008, the Republican minority met in a panic to develop a new strategy in Congress: obstruct everything (Kirk 2017), while Minority Leader Mitch McConnell was committed to making Barack Obama a one-term President. Meanwhile, unbridled racism abounded within the Republican Party, which condoned and encouraged “birtherism”—the conspiracy theory that Barack Obama is not a U.S. citizen, despite the fact that he was born in Hawaii to his white American mother, Anne Dunham. Suddenly, the market-based model Obama championed—the very same model Romney championed and Dole had proposed—became “socialism” while powerful Republican “brands” such as Alaska Governor Sarah Palin began to stoke fears about Obama’s “death panel” (Gonyea 2017).

Republicans in Congress treated Obama with disrespect, and openly used racist language, even daring to call him a “racist against white people” (The Week 2009). What was once a fringe element in the Republican Party was now the base, and Obama’s healthcare reform law became hopelessly mired in racism, when it was essentially a Republican model of healthcare reform. Key features of the law were requiring businesses of a certain size to cover their employees through group insurance rates; expansion of Medicaid; allowing adult children to stay on their family’s plan until age 26; requiring everyone to purchase health insurance through an individual mandate by using a state insurance exchange; and requiring all health insurance policies to be compliant with strict non-discriminatory practices banning “healthism” and providing primary care and screenings. Eventually, nobody called the *Affordable Care Act* by its proper name except academics or conscientious Democrats. For everyone else, it was “Obamacare”, which also helped to couple racist sentiments with the healthcare law. Two aspects of the law in the first version of the bill were met with feverish backlash: a “Public Option,” in which those who couldn’t afford insurance could get a form of government-sponsored healthcare; and reimbursement to healthcare providers to provide end of life counseling, given how much healthcare was usurped at the end of life with poor outcomes. The latter became the basis for cries of “Death Panels” by Sarah Palin. The final bill dropped those two provisions.
But what was kept, was still major reform, which comprised getting everybody into the “pool” to lower costs, and forcing insurance companies to remove all discriminatory practices: they had to cover pre-existing conditions and could not drop or raise premiums once the patient got sick. All insurance plans had to be ACA-compliant, however, which meant that millions who had the *Sicko*-styled “junk policies” were not able to keep their awful plans, which made Obama’s promise that “if you like your plan, you can keep it” ring hollow, but the intention of the statement made the presumption that most employer insurance plans were ACA-compliant, when the majority were not. ACA plans also mandated coverage of contraception, leading to numerous religious group challenges. State Exchanges began to go up from the first day the law was active, and all had different names, even though the Exchanges were all part of the *Affordable Care Act*. However, the term “Obamacare” inspired such a knee-jerk reaction that in Kentucky, patients were actually fooled into thinking that “Kentucky Kynect” was wonderful (its State exchange set up by Democratic Governor Steve Beshear), but “Obamacare” was terrible (Kliff 2014). When Mitch McConnell ran for re-election to the Senate in 2014, Kentucky voters loved the *Affordable Care Act* so much that he vowed to keep “Kentucky Kynect” but promised he would repeal “Obamacare”—when Kentucky Kynect was, in fact, “Obamacare”.

The Individual mandate was challenged multiple times, and upheld by the Supreme Court in 2012. It comprised a minor tax for refusing to buy insurance, and enacted as part of the Commerce Clause (Huberfeld 1997). The argument was that everyone needs healthcare; not everyone has health insurance; hospitals must treat and absorb costs of those who cannot pay; costs rise in anticipation of uncollectible debt and are passed on to private health insurance plans; premiums rise $1000/year due to uncompensated healthcare services. Therefore, mandating insurance was justified by the Commerce Clause (Huberfeld 1997). In turn, it would increase access to health insurance by unifying insurance products and markets, leveling the playing field, making everyone insurable and broadening the risk pool to include all citizens. This time, the bill passed with Democratic votes only, and Speaker Nancy Pelosi was the midwife. The law was hugely misunderstood at first, but over time, many Americans who had voted against Obama, realized the law was a matter of life and death. Many Democrats were “punished” for voting for the ACA in the midterms of 2010, but the law prevailed despite many attempts by Republicans to repeal the law, or have the courts declare it unconstitutional. The law was upheld in 2012 by the Supreme Court as well, just as the 2012 campaign season was heating up, in which Barack Obama would compete with Mitt Romney, who had difficulty explaining why he was opposed to “Obamacare” when it was genetically identical to “Romneycare”. Although Mitt Romney attempted to slander the ACA by referring to it as “Obamacare”—Barack Obama made clear on the campaign trail that he liked the name “…because I do care” (Washington Post 2012). Eventually, for millions of Americans, Obamacare turned from a pejorative term into an endearing tribute.

By the time Obama left office in 2017, the law was integral for millions of Americans, and was highly popular, leading to almost 90% of Americans covered by health insurance, and reduced health care spending by $2.3 trillion. According to bioethicist Ezekiel Emmanuel (2019):
Despite constant criticism and occasional sabotage, the Affordable Care Act has successfully expanded health insurance coverage — even though it included individuals with pre-existing conditions — and controlled runaway health care costs. We need to build on its tremendous cost-control success.

Obama’s political calculation in 2009 was that the country was not ready for single-payer universal healthcare and he did not want a repeat of the failed Health Security Act. The Affordable Care Act was not the single-payer system Moore had wanted, which he made that clear in an Opinion piece in which he excoriated the bill for being a Republican model (Moore 2013):

Now that the individual mandate is officially here, let me begin with an admission: Obamacare is awful.

That is the dirty little secret many liberals have avoided saying out loud for fear of aiding the president’s enemies, at a time when the ideal of universal health care needed all the support it could get.

But by the 2016 election, Bernie Sanders led the Democratic Primary debates back to single-payor universal healthcare as one of his signature issues, while Sanders made clear that he was a key author of The Affordable Care Act. Much has been written since about the dire consequences of the 2016 election, which is beyond the scope of this chapter. However, in the Trump era, it’s important to discuss with students how the major attempts to “Repeal and Replace” the ACA, made the law even more popular, leading thousands of Americans—including Michael Moore—into massive protests in the streets in order to keep the law intact. Additionally, Sanders run in the 2020 election focused on “Medicare for All” as did several other democrats running in the crowded primary field that year.

Repeal and Replace

In 2017, repeal and replacement of the Affordable Care Act (ACA) was proposed by the Republican-led Congress and White House with a return to “Sicko-like” insurance with the proposed American Health Care Act (AHCA). Under that proposed law, it was estimated that 24 million Americans who currently have health insurance and access to healthcare, would have lost their coverage. As proposed, the AHCA would have removed the current requirement under the ACA of mandated coverage for “essential health benefits” comprising 10 services: outpatient care, emergency room visits, hospitalization, maternity and newborn care, mental health and addiction treatment, prescription drugs, rehabilitative services, lab services, preventive care and pediatric services. Republicans argued that such coverage leads to higher insurance premiums (Belluz 2017). In short, the AHCA would have removed the requirement to cover what most would define as “healthcare”. Some columnists referred to the proposed bill as “cruel” (Willis 2017). The bill would also allow for non-coverage of pre-existing conditions again (Kodjak 2017). But there were many other problems with the bill that would have removed healthcare access, which included restructuring Medicaid, tax cuts, and eliminating the lubricant that allows the ACA to work in
the first place: the individual mandate (Gebelhoff 2017). Ultimately, only 17% of Americans were in favor of the proposed replacement bill (Bruni 2017; New York Times Editorial Board 2017).

In a second attempt, the Better Care Reconciliation Act of 2017, also a return to “Sicko-Insurance”, would have killed thousands of American citizens by denying them affordable access to healthcare, and dramatically altering Medicaid. Drafted by only white, Republican males, this bill targeted vulnerable populations: the poor, the old—particularly those in nursing homes; the mentally ill, the disabled, pregnant women and their unborn children, and even neonatal patients (Pear and Kaplan 2017; New York Times Editorial Board 2017). The bill would have allowed states to opt out of covering vulnerable populations and essentially defunded Medicaid. It also eliminated caps on what insurance companies could charge people with complex health needs, and would have allowed insurers to at least double what older people pay (Jacobson 2017; Gawande 2017).

The Republican Party argued this bill would have been “better” because it gave “choices”: the freedom to choose from a variety of unaffordable or inaccessible plans that would punish patients for their pre-existing conditions, and punish women for requiring prenatal and maternity care services. Again, only 17% of voters approved of it, and even Republican senators were against it (Bruni 2017; New York Times Editorial Board 2017). The American Medical Association, in a letter to Senators Mitch McConnell and Charles Schumer, stated this about the second repeal bill: “Medicine has long operated under the precept of Primum non nocere, or “first, do no harm.” The draft legislation violates that standard on many levels” (AMA 2017). The bill recalled a poignant line from Sicko: “May I take a moment to ask a simple question? Who Are We?” The law almost passed; one single Senate vote made the difference: the late Senator John McCain, who was dying from glioblastoma at the time, and had refused to vote for the ACA, saved the law and voted against the repeal. When Senator McCain died in 2018, he made specific arrangements to have both George W. Bush and Barack Obama deliver the Presidential eulogies, banning the sitting President from his funeral. Notwithstanding, when the 2018 tax reform law was passed by the Republican Congress, the individual mandate that was integral to the architecture of the ACA was repealed.

Taking Care of 9/11 Responders: The James Zadroga Act (2011)

As mentioned earlier, Sicko is also a 9/11 film. When Moore is filming Sicko, it is 2006, the fifth anniversary of 9/11, and two years after his damning documentary, Fahrenheit 9/11. Michael Moore states in Sicko that we can “judge a society by how it treats its best,” bringing attention to an environmental illness that was plaguing the first responders on 9/11 or anyone with prolonged exposure to Ground Zero or the “pile”. Although there were beginning to be scattered news reports about illness from the World Trade Center dust exposure, the Bush Administration handled it much the
same way the Soviet government handled questions about the air quality from the Chernobyl fiasco (April 26, 1986): they lied about the air quality to quell panic.

*Sicko* called attention to one of the most ethically egregious gaps in healthcare: coverage of illness from 9/11-related dust for first responders and others exposed to the toxic dust that permeated New York City for almost a year after 9/11. The failure of the EPA to accurately report the risks of dust exposure, or to supply the right safety equipment, led to a rolling health disaster caused by environmental exposure to what became known as “9/11 dust”, which comprised diesel exhaust, pulverized cement, glass fibers, asbestos, silica, benzene from the jet fuel, lead, decaying human remains, and burning fires until December 2001 (Rosenthal 2016; Lioy 2010).

**The Pile and Clean up**

Immediately after the collapse of the World Trade Center towers, heroic efforts of first responders in New York City, inspired a “critical mass” of altruistic risk from volunteers who flocked to Ground Zero for rescue and recovery. The complete number of the first responders are unknown, and may have been as high as 80,000. Eventually, 60,000 became the widely used estimate. Workers came from all over the country, including many private engineering and construction workers and contractors, in addition to formal first responder services. There were also many private citizen volunteers never formally registered as recovery workers (Rosenthal 2016). Recovery and clean-up of the site lasted over a year with crews working around the clock in 12-hour shifts. In fact, construction workers found human remains as late as 2006. The worksite was divided into four zones, each with an assigned lead contractor, team of three structural engineers, subcontractors, and rescue workers. The worksite was essentially a “giant toxic waste site with incomplete combustion”.

Between September 12, 2001, and May 30, 2002, (removal of the last column of the WTC), a myriad of occupational and safety issues emerged in which workers were not wearing personal protective equipment such as masks (some viewed it as “unpatriotic”), or were not sufficiently informed about the risks. Additionally, the EPA issued many misleading statements about the air quality throughout the first few weeks after the collapse of the towers (Rosenthal 2016; Lioy 2010).

Previous frameworks for evaluating the dust were not applicable, and studies began indicating health concerns in 2002; workers exposed to the dust began to report symptoms, with many becoming quite ill with “World Trade Center cough” by 2006 (Lioy 2010). Eventually, WTC dust and its health effects became its own separate field of research for study, but there were issues with self-report and sampling. Early symptoms included severe respiratory or sinus symptoms (within 24 hours), sore throats, severe shortness of breath, cough, and spitting grey mucus laced with solid particles of grit. Without adequate health insurance coverage for their symptoms, it became unclear which authority was in charge of taking care of them. There were multiple cases of pulmonary fibrosis, or chronic obstructive pulmonary disease, and as the years wore on, many developed cancers tied to the dust exposure.
James Zadroga was 29 on 9/11. He was an NYPD first responder who was a non-smoker and died in 2006. He couldn’t work beyond October 2002, and died from respiratory and cardiac failure. His autopsy revealed “innumerable foreign body granulomas” on his lungs (Rosenthal 2016). His was the first case in which the autopsy tied his death to the WTC dust exposure. Another common illness related to the dust exposure was sarcoidosis, which spiked in the exposed population of first responders. Beyond the first responders, thousands of residents were exposed as the EPA did not even test indoor air of buildings in the WTC area for five months (Rosenthal 2016). According to Depalma (2011): “Contaminated schools, poisoned offices, and apartments where babies crawled along carpets that could be laced with asbestos remained a problem … Any movement—even someone plopping onto a sofa—would propel the thin fibers back into the air.”

There were a myriad of resident clean-up issues, while the EPA ignored a panel of technical experts regarding minimizing risks. Undocumented workers who got sick were never covered for healthcare at all, while many schools in the area opened prematurely, which caused pediatric health issues in children. Residential clean ups were disorganized and many homes were never properly dealt with. Ultimately, this process dragged on through 2007, when samples were still being taken, and Sicko was released, which brought the problem of dust-related illness to the attention of the American public.

Before the James Zadroga Act was passed, worker compensation claims, and the September 11th Victim Compensation Fund, covered a number of personal injuries and deaths caused by 9/11, but victims had to make claims by December 2003. There were also federal grants to healthcare institutions for the World Trade Center Medical Monitoring and Treatment Program, which provided limited coverage for treatment. In 2006, the James Zadroga 9/11 Health and Compensation Act was proposed but didn’t pass in the Bush era. It finally passed in 2010, and became active on the 10th anniversary of 9/11, four years after Sicko was released. The act expanded health coverage and compensation to first responders and individuals who developed 9/11-related health problems, setting aside $2.775 billion to compensate claimants for lost wages and other damages related to the illnesses. But it required reauthorization, and in 2019, former Daily Show host and comedian, Jon Stewart, a strong proponent for the Act, gave an impassioned speech to Congress to reauthorize it in 2019 (Iati 2019). Ultimately, in addition to all of the respiratory problems, 58 types of cancer were added to the “list of WTC-related Health Conditions” published in the Federal Register.

In one of the final scenes of the film, Moore makes the point that the 9/11 terrorists, including the plot’s mastermind, Khalid Sheik Mohammed, were getting better healthcare than the 9/11 first responders. The scene plays out like this:

MOORE: There is actually one place on American soil that has free universal health care. Which way to Guantanamo Bay?

UNIDENTIFIED MALE: Detainees representing a threat to our national security are given access to top notch medical facilities.
MOORE: Permission to enter. I have three 9/11 rescue workers. They just want some medical attention, the same kind that the evildoers are getting.

In a 2007 interview with Larry King Live, Moore states (CNN 2007):

But the irony of the fact that the Al Qaeda detainees in GITMO, who we accused of plotting 9/11, receive full free medical, dental, eye care, nutrition counseling. You can get the list from the Congressional records of how many teeth cleanings they’ve done and how many colonoscopies – the whole list of this. And I’m thinking geez, they’re getting better care than a lot of Americans. And, in fact, I knew these 9/11 rescue workers who weren’t getting any care at all. They have now respiratory ailments as a result of working down at ground zero…And it just seemed highly ironic to me that the people who tried to save lives on 9/11 weren’t getting help. The people who helped to plot 9/11 were getting all this free help. So I thought why don’t we take them down there and see if we can get the same kind of help.

**Healthcare Ethics Issues**

*Sicko* is about violations of the Principle of Justice with respect to distributive justice, in which the burdens and benefits of societal goods, such as healthcare, ought to be evenly distributed within the population. That means that discussions for a healthcare trainee audience should focus on the ethics of healthcare access, rationing, and health disparities. Foundational philosophical concepts surrounding the Principle of Justice (e.g. materials principles of Justice, such as each according to need, merit, etc.) could be introduced with *Sicko*, but will not be discussed here, with the exception of the Rawlsian theory of Justice (see further), which Moore himself raises in a scene surrounding “patient dumping”: we judge a society by how we treat its most vulnerable.

**Healthcare Rationing**

Distributive justice generally requires rationing, but the rationing framework for commonly available primary care and medical treatment in the wealthiest country in the world (the United States) would need to be based on the Principle of Beneficence—maximizing benefit while minimizing harm, which may place limits on Autonomy. This generally excludes the withholding of emergency care, primary care, pediatric care, or any other medically necessary treatment for a new or pre-existing condition. In the United States, if the insurance model were based on the Principle of Beneficence, this would still ethically justify withholding medically unnecessary or non-beneficial treatments. For example, in critical care frameworks, aggressive therapy in a patient for whom death is imminent, who has no capacity or quality of life and who would not benefit from a surrogate-requested treatment, could be denied on ethical grounds. Rationing based on cost may also be ethically justified in some
cases; for example, in patients with an end-stage cancer, who may live another three months with a tyrosine kinase inhibitor with an average retail price of $15,000 per month, would be denied based on a cost/benefit analysis in both Canada and Britain.

Instead, *Sicko* demonstrates that healthcare rationing in the American system is based solely on income, wealth, and discrimination against people in poor health or with pre-existing conditions, which can be defined as “Wealthcare” and “Healthism”. Such discrimination clearly leads to premature death in the United States. Moore aptly put it this way (CNN 2007):

> We have a tragedy taking place every year now. Eighteen thousand people a year – these are the – these are the actual official statistics – 18,000 people a year die in this country for no other reason other than the fact that they don’t have a health insurance card. That’s six 9/11s every single year in America. Forty-seven million without health insurance.

**Wealthcare**

*Sicko* led to a new definition by healthcare scholars of the U.S. health insurance model, known as “Wealthcare”, which Moore brilliantly puts on full display in the film, with the poignant story of middleclass professionals, Larry and Donna, whose premiums were raised so high when they got sick, they became homeless, which any viewer is forced to conclude is morally indefensible. Initially, the health insurance industry tried to deny this was its model, but the moral distress of industry insiders channeled the famous moral acts of last resort—whistleblowing—which Jeffery Wigand did in the 1990s, when he blew the whistle on Big Tobacco. After *Sicko*, the parallel figure to Wigand—health insurance insider Wendell Potter—validated *Sicko*’s accuracy (Potter 2010). Ultimately, practicing extortion on the insured was “wealthcare”. Larry and Donna’s ordinary tale went something like this: Now that you’re sick, you can stay on your plan, but have to pay us more and more, or else we’ll drop you, and then you’ll never find insurance again. Clearly, “wealthcare”, while an excellent business model, was completely immoral and a form of social Darwinism. Wealthcare is also practiced through drug costs (see further).

**Healthism**

Healthism was another new term introduced by scholars after *Sicko* (Skocpol 1995). Healthism is discrimination against someone in poor health, or against an insured person who gets sick. Here, people with pre-existing conditions are either denied insurance altogether, or coverage of an insured person’s illness is denied if it can be connected—in any way—to a “pre-existing condition”. Healthism is an important definition because it describes discrimination based solely on a health condition, rather than social position or race, or stigma of a particular disease, such as AIDS discrimination (see Chap. 2).
Racism and Health Disparities

Health disparities are multifactorial, aggravated by healthism and wealthcare; rationing based on income is also another way of discriminating against minority groups. Poverty, lack of access to primary care or early screening, and various genetic predispositions lead to health disparities, which then lead to healthism due to “pre-existing conditions”, which then lead to wealthcare due to higher premiums, if insurance is even offered.

_Sicko_ clearly demonstrates rationing based on overt racism and health disparities. In a particularly wrenching health narrative surrounding a mixed-race couple, a grieving white widow describes how her African American husband was abandoned by the healthcare system when he had end stage kidney disease, a disease that is far more prevalent in African Americans due to higher rates of type 2 diabetes and thrifty genes. In this story, a newer evidenced-based drug prescribed was denied, and labelled “experimental”, and his widow stated that she was told her husband’s treatment was also denied based on his race, echoing themes of Tuskegee (see Chap. 1). One is also forced to wonder about the role of racism in two other narratives. In one case, the denial of a cochlear implant for a 3-year-old—the progeny of a mixed-race couple—was probably based on race. In another tale, when an African American little girl is spiking a dangerous fever, her insured African American mother is turned away from the closest hospital and sent to one in a lower-class neighborhood that is in “her network” clearly in violation of EMTALA (see above). The little girl seizes and dies because she did not receive timely emergency care.

Price Gauging and Drug Costs

_Sicko_ demonstrated in 2007 that U.S. drug prices were much higher than any other wealthy democratic country. Countries such as Canada, Britain or France negotiate drug pricing to make them more accessible or reasonably priced. In the U.S., drug prices are not controlled, which can be seen in post-_Sicko_ examples such as the insulin rationing example from 2019 (Fralick and Kesselheim 2019). This reflects the influence of the pharmaceutical lobby. When Moore takes 9/11 first responders to Cuba, one of them cries (Reggie) when she discovers that a $125.00 inhaler can be obtained for five cents, for example. Drug pricing, however, is also entangled with the health insurance lobby. The _British Medical Journal_ had this to say in 2007, when the film premiered (BMJ 2007):

_Sicko_ criticises the US health insurance lobby, which, it says, paid huge sums to the campaign funds of leading politicians—nearly $900 000 to President Bush, for example—to support a bill requiring elderly Americans in the Medicare insurance plan to sign up to one of a confusing number of plans offering drug discounts. The bill, passed in the middle of the night nearly four years ago, prohibited Medicare from negotiating drug prices with manufacturers, leading to higher prices for Medicare users and the Medicare administration.
Ultimately, drug price gauging affects Americans on Medicaid, Medicare, VA benefits or private health insurance, and is another form of wealthcare. The Affordable Care Act significantly improved some of this by mandating that insurance companies cover prescription drugs as one of 10 Essential Health Benefits (HealthCare.gov 2020), which also includes contraception for women (see Chap. 5), leading to religious objections.

“Who Are We”? The Rawlsian Theory of Justice

Towards the end of Sicko, viewers watch egregious examples of immoral healthcare in the United States in which vulnerable patients are dumped, violating the tenets of safe discharge, Moore interjects: “May I take a moment here to ask a question? Who ARE we? They say you judge a society by how it treats its most vulnerable…” At that moment, Moore is summarizing philosopher John Rawls’ “veil of ignorance” argument in his political Theory of Justice (1971), which holds that the test for a just and fair society is whether the architect of such a society would be willing to live on the bottom societal rung. In other words, one must build the society wearing a veil of ignorance regarding whether one is the winner or loser of a genetic or social lottery. According to Rawls, inequalities of a social good such as healthcare is only permitted if to the person who is the “worst off” could still benefit, rather than just be penalized for a social position that is beyond that person’s control, such as being born into poverty or having a “pre-existing condition”.

Veil of Ignorance: How to Build a Good Society

Rawls makes use of a thought experiment other philosophers previously invoked, called the “veil of ignorance”. It goes like this: You are building a just society but don’t know what part you’re playing in that society, so you need to design the society in a way that permits you to enjoy minimum benefits, human rights and dignity should you wind up being the person who is the worst off socially or in the poorest health. According to Rawls (1971): “no one knows his place in society, his class position or social status; nor does he know his fortune in the distribution of natural assets and abilities, his intelligence and strength, and the like”. Designing the society with the “veil of ignorance” means you can’t let conflicts of interest or commitment or bias to interfere with your design. In other words, what society, in 1932, would have been designed by the architect, if s/he risked playing the part of an African American sharecropper in Macon County Alabama (see Chap. 1)? Or waking up as a 14-year-old rape victim who is pregnant in 1972, before abortion was legal (see Chap. 5)? Or waking up as gay male with AIDS in 1982? Or waking up with ALS in 1998, and not allowed to ask for a physician’s assistance to end your suffering and die sooner (see Chap. 3)? Or waking up in New York City on September 11, 2001 as a first responder who then inhales large quantities of toxic dust when the
World Trade Center collapses, and is denied healthcare? Or waking up with any chronic pre-existing health condition in 2007, when *Sicko* was released? Or, in 2020, being hospitalized with COVID-19 (see Afterword) without health coverage. Moore channels Rawls by showing us not only the unjust society that Americans live in, but he shows us the architects who designed it, too, in which conflicts of interest and bribes led to the immoral healthcare system we found ourselves in by 2007.

In *Sicko*, Moore also challenges the costs of higher education, which would enable those who were the least advantaged to maximize their opportunities. Rawls essentially asks us to use a double-blinded method to build a just society; no one knows who they will be when the project is built. In a Rawlsian framework, only when principles of justice are chosen behind a veil of ignorance—or double-blindedness—will it lead to a design where even the worst off have maximum opportunities to at least improve because then even the most selfish would require equal opportunity as the minimum starting point (Rawls 1971).

Rawls' work broke through because it was applied philosophy to overt political problems. It was published just around the time the Tuskegee study was making headlines, and particularly resonated with emerging bioethics frameworks, eventually borrowing from Rawls in articulating the bioethics Principle of Justice. The *New York Times* book review wrote this just two weeks after the Jean Heller story about the Tuskegee study (see Chap. 1) broke (Cohen 1972):

> In the opinion of John Rawls, professor of philosophy at Harvard… it is no accident that the Founding Fathers looked into [social contract theory] for their main philosophical doctrines….But the revival of political philosophy [is] also a response to the moral obtuseness and the debased political rhetoric of our time…. [It] is therefore not surprising that Rawls's penetrating account of the principles to which our public life is committed should appear at a time when these principles are persistently being obscured and betrayed. Rawls offers a bold and rigorous account of them and he is prepared to argue to a skeptical age that in betraying them it betrays reason itself.

The *New York Times* makes clear that Rawls argues against utilitarianism because “[s]uch a philosophy could justify slavery or, more to the present point, a suppression of the very political rights that are basic to our notions of constitutional government.” With respect to *Sicko*, it is Rawls second principle of Justice…(Cohen 1972):

> …which applies to the distribution of wealth and to arrangements of power and authority. In this domain Rawls is not an equalitarian, for he allows that inequalities of wealth, power and authority may be just. He argues, however, that these inequalities are just only when they can reasonably be expected to work out to the advantage of those who are worst off. If, however, permitting such inequalities contributes to improving the health or raising the material standards of those who are least advantaged, the inequalities are justified. But they are justified only to that extent—never as rewards for “merit,” never as the just deserts of those who are born with greater natural advantages or into more favorable social circumstances….The natural and social “lottery” is arbitrary from a moral point of view…There is another way to deal with them. As we have seen, they can be put to work for the benefit of all and, in particular, for the benefit of those who are worst off….
Even if these speculations are sound, however, they cannot justify the inequalities we now accept or the impairment of our liberties that we now endure. For our politics are inglorious and our high culture does not enjoy extravagant support. Whatever else may be true it is surely true that we must develop a sterner and more fastidious sense of justice.

Conclusions

Sicko is one of the most important and influential films made in the post-9/11 era which fundamentally led to enduring healthcare reform resulting in the Affordable Care Act, as well as lifelong coverage for 9/11-related illnesses. However, in a current time frame in which historical amnesia is setting in more quickly, reviewing the socio-political origins of Sicko in a pre-ACA, intensely partisan era will help current students understand and appreciate what it would mean if the law were to be weakened or repealed. Teaching Sicko also helps to inform students about why the ACA is still not “universal healthcare”. And in the wake of the Coronavirus Pandemic of 2020 (see Afterword), the vulnerabilities of the disparities wrought by the American healthcare system have made Sicko only more relevant. Sicko documented what America looked like before the ACA, so that viewers can say “never again”. In 2007, Sicko provided the counter narrative to the lie that the U.S. healthcare system was the best in the world. Moore explained the film this way (CNN 2007):

My feeling is, is that for two hours, I’m going to come along and say here’s maybe another way to look at it. Here’s maybe a story that isn’t told. And so that’s – and that’s what I do with most of my movies….Sometimes I go too far in advance and people aren’t ready to hear it or listen to it. But my contribution to this country is to make these films in the hopes that we can get things right, make them better and aspire to everything that I think that we’re capable of doing here….

Illness isn’t Democrat. It isn’t Republican. And I’ve made a film where I’m hoping to reach out and you saw that in the film, reaching out to people who disagree with me politically but saying to them we can have some common ground on this issue. We should come together on this issue and let’s fix this problem.

Theatrical Poster

Sicko (2007)

Directed by: Michael Moore
Produced by: Michael Moore and Meegan O’Hara
Written by: Michael Moore
Starring: Michael Moore
Narrated by: Michael Moore
Music: Erin O’Hara
Production Company: Dog Eat Dog Films
Distributed by: Lionsgate and The Weinstein Company
Release Date: June 22, 2007
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