

Published on *National Catholic Reporter* (<https://www.ncronline.org>)

November 20, 2009 at 3:05pm

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## It's hard to tell what's sicker

by Joan Chittister

From *Where I Stand*

### **The Shriver Report, Part II**

There's an old children's tale that talks about blind men encircling an elephant trying to determine what kind of beast it is by catching on to various parts of the animal's anatomy. One touches the wrinkled skin, one the trunk and another the rough and hairy tail. They each get a different impression of what they're dealing with: a snake, a wall or rope. It's a lesson in perspective. It's an insight into the truth of the statement that what we see depends on where we stand. But it's hard to tell if people get that message by the way we are inclined to view the really important things of life from one perspective only.

For instance, in the debate on the health care reform bill that is now raging in Congress, most of the emphasis is on the cost of covering people who have never been covered before -- as if those costs are not already being borne by us all but in more subtle, costly ways, as in a lack of personal development that leads to a lack of public resources. The burden of these deficiencies on social service agencies designed to pick up the slack when families break down or children lack care are costs deferred, perhaps, but they are nevertheless real costs.

But health care is about more than money. And it is about more than classism -- as in which classes of society will get it and which won't. It has something to do with sexism, as well.

It took years, for instance, to unmask the fact that very little was known about women as women. A gender blind society, a society that assumed that everything common to males was normative for females, as well, never bothered to test women and men separately for the effects of certain drugs on each. They never examined the differences by which the same disease -- like a heart attack, for instance -- might manifest itself in women as opposed to men. They never noticed the way the distinct life-styles of men

and women caused different stress-related diseases.

Clearly, women live on a planet only recently discovered by medicine -- and yet to be discovered by health care reform.

The lag we face between the way women are treated in the medical community and the way men are treated still lies in decades of research undone. But it lies as well in the kinds of coverage available to women as a result of their very different lives.

The Shriver Report: A Woman's Nation (See my earlier article **The great discovery: It's a human issue, not a woman's issue**) refuses to leave the area unexamined. The findings are chilling.

First, health care -- like everything else in society -- was developed on assumptions drawn from the lives of men. Men, this world view argued, were the breadwinners. Which translated means that in a society where women were expected to be in the home, or at most to work only part time, women had to rely on their husband's health insurance for their own care. Sounds reasonable -- to a point.

But what happens when the husband dies? Or better yet, when the relationship dies in a divorce court? The Shriver Report is distressingly clear: "A full quarter of women," it reports, "still receive health insurance through their husband's jobs." So? So, in this recession, with men losing 73.6% of the jobs since the Great Recession began in December 2007, the report goes on, "14,000 men, women and children are losing their health insurance *each day*."

Worse, women who try to buy their own insurance are required to pay more than men for the same policies and are denied care peculiar to a woman, like maternity coverage and reproductive health care.

For women in their child-bearing years, that kind of discrimination, disregard and out-and-out sexism, can literally be fatal. The kinds of toxic environments women in the workplace face in occupations common to women -- hospitals, chemical plants, laundries -- have effects every bit as serious as men face in heavy industry. The social impact of those largely invisible situations and the healthcare mismanagement that follows from it boggles the mind in terms of the toll society suffers from orphaned children, divided families, increased poverty levels and debilitating illnesses. It begs the question: What money are we really saving by not providing total healthcare coverage for women everywhere?

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To deny women at all levels of the labor force the same facilities and coverage it takes to protect a woman's health is a timebomb set to go off in the very center of the system. Not only is a lack of healthcare benefits for women dangerous to a woman herself, it also promises to be a social problem of major proportions for generations to come as it becomes more and more difficult to repair the social harm that is done when women -- both mothers and breadwinners now -- are left without the support structures common to every other part of the system.

Most disturbing of all, perhaps, is that it is the very women who need support most if they are to bring both themselves and their families to a higher quality of life -- "poor and low income women, women of color and immigrant women" -- who are being least helped and most overlooked.

And as they go, so goes the general level of society in not too many years to come.

What happens to the poorest in society is, at the very same time and for the very same reason, happening

to us. We are digging holes in this society deeper and deeper as we go. We are broadening the base of poverty by the day. We are threatening to become again the very kind of Dickensian society we managed to pull ourselves out of in the early 20th century.

From where I stand, it seems that women are doing more work, getting less pay and given less medical care than men now. You figure it out.

In the meantime, for all our sakes, we better get a more accurate assessment of this elephant of ours before the animal rears up and tramples us all. It's getting harder to tell what's sicker: the people in this country we fail to take care of medically or the health care system itself.

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