

## Healthcare Justice Video Curriculum

“There is widespread acknowledgment today that our current health care system is dysfunctional and broken, and I believe that we have reached a crisis point in U.S. healthcare.” *Crisis in U.S. Health Care: corporate power vs. the common good.*  
*John Geyman, M.D. March 2017*



UUJEC is **Unitarian-Universalists for a Just Economic Community**, founded in 1989 to “engage, educate, and activate UU individuals and congregations, social justice groups, and community partners to fulfill our vision of positive systemic change.” This **Healthcare Justice Workshop Series** promotes several UU principals. The videos promote “the inherent worth and dignity of every person,” show ways toward “justice, equity and compassion in human relations”, and move us closer to “the goal of world community with peace, liberty and justice for all.”

### How to obtain the videos

By clicking <https://uujec.com/EJVideos> you can go to our page and easily download all the videos onto your computer by clicking on each video and saving them all in a file for viewing later. Please do not stream video as it's very undependable and could create a hostile group if/when streaming breaks down.

The video curriculum is divided into six stand-alone workshops. The second workshop is broken down into two parts so the video presentation for each part is a reasonable length. All six workshops can be shown over several sessions or selected workshops can be presented alone. The seventh session is a documentary about the international group “Partners in Health.” Facilitators are encouraged to view the videos before the workshop and develop a few seed questions to stimulate discussion. The workshop sessions begin with the showing of the videos and should be followed by group discussion. To aid in planning, the length of the total video presentation is shown by the workshop session number.

## **Workshop 1: What Condition Is Our Health Care In?**

### **71:41 minutes of Video**

Opening words: "Let us learn the revelation of all nature and thought; that the Highest dwells within us, that the sources of nature are in our own minds."

Ralph Waldo Emerson

1. How Medicine Has Grown to The Point of Being Out of Control, 19 minutes  
[https://www.ted.com/talks/atul\\_gawande\\_how\\_do\\_we\\_heal\\_medicine](https://www.ted.com/talks/atul_gawande_how_do_we_heal_medicine)  
March 2012. Dr. Gawande points out that the paradigm the medical profession is using is based upon pre-penicillin days before 1937 when a doctor could know all there was to know. With the advances in medicine no one doctor can know all there is to know so a team of specialists are assigned to a patient. Yet each specialist is acting like the patient's only doctor. Dr Gawande says a race car pit team approach is what is needed, with each doctor doing his/her part using check lists.
  
2. Bridging What Doctors Do and What Patients Need, 15 minutes  
[https://www.ted.com/talks/leana\\_wen\\_what\\_your\\_doctor\\_won\\_t\\_disclose](https://www.ted.com/talks/leana_wen_what_your_doctor_won_t_disclose)  
September 2014. Dr. Wen started a program "Who's my doctor" which caused her to receive threats from other doctors. She created this program after her mother discovered that her oncologist was receiving large payments for speaking engagements from the pharmaceutical company which manufactured the chemo drugs the doctor was prescribing. Dr. Wen believed that patients had a right to know how their doctor was paid. She believes transparency is the cure for a patient's fear.
  
3. Why Studies Have Impact Faults, 13 minutes  
[http://www.ted.com/talks/ben\\_goldacre\\_what\\_doctors\\_don\\_t\\_know\\_about\\_the\\_drugs\\_they\\_prescribe#98078](http://www.ted.com/talks/ben_goldacre_what_doctors_don_t_know_about_the_drugs_they_prescribe#98078)  
June 2012. Dr. Goldacre found that studies with negative results were far less likely to be published than those with positive findings. This could lead to serious negative outcomes. Dr. Goldacre calls this *publication bias*.
  
4. Why Does U.S. Healthcare Cost So Much, 6 ½ minutes  
<http://www.youtube.com/watch?v=4ZRgVQALFUA>  
September 2017. Money and medicine, with its fee-for-service approach leads to quantity rather than quality of medical care. This translates to excessive treatment, which causes more harm than care.

5. Inequality Is Unhealthy, 17 minutes

[http://www.ted.com/talks/richard\\_wilkinson](http://www.ted.com/talks/richard_wilkinson)

July 2011. This is an excellent presentation by Richard Wilkinson. This TED Talk has been watched by over two-million viewers. The verifiable data show that it is disparity in income which has a detrimental effect on a society in many ways. Not only is the physical health of a country affected but mental health, happiness, upward mobility, and mortality are affected by gaps in income.

Closing words: "People say, what is the sense of our small effort. They cannot see that we must lay one brick at a time; take one step at a time." Dorothy Day

**Workshop 2: Healthcare Through a Racial-Ethnic Lens  
--the Disparities  
48:55 minutes of video**

Opening words: "This we know. The earth does not belong to us; we belong to the earth. All things are connected. We did not weave the web of life; We are merely a strand in it." Chief Noah Sealth

1. Introduction to Racial Disparities in Healthcare, 5 minutes

[https://www.youtube.com/watch?v=Avj\\_YozM12c](https://www.youtube.com/watch?v=Avj_YozM12c)

January 2015. This video is a presentation by Dr. John Ayanian from the University of Michigan. Dr. Ayanian discusses what to do to track the effects of Medicaid expansion on the health and use of healthcare by racial minorities and those in poverty.

2. Addressing Cancer Disparities Among American Indians And Alaskan Native Populations, 3 minutes

<http://www.youtube.com/watch?v=JLRCh8tWwzY>

October 2016. The video is a discussion about the unique challenges American Indians and Alaskan Native populations experience regarding health care. Not only is access to health care an issue but cultural issues exist. Northern Plains Indians have a high rate of lung cancer because

tobacco smoking is considered sacred within the culture. This is just one example of the cultural challenges which face the over 140 recognized tribes. The video points out that to be successful, the cultural aspects of health care need to be addressed in addition to access.

3. Racial Disparities of Health, 21 minutes

<https://www.youtube.com/watch?v=rd-butFSi4Q>

November 2013. This video is a discussion by David William, a Harvard sociologist who offers factual data about race and longevity. The well-made point is that external characteristics, not biological characteristics are the determinative factors for longevity.

4. Black Women Get Killed by Police, 19 minutes

[http://www.ted.com/talks/kimberle\\_crenshaw\\_the\\_urgency\\_of\\_intersectionality](http://www.ted.com/talks/kimberle_crenshaw_the_urgency_of_intersectionality)

July 2016. Kimberle Crenshaw very effectively demonstrates the overlap of being black and female. This overlap causes many acts of discrimination to be missed. She points out that the media focuses on unarmed black men being killed by police while the unarmed black females being killed do not get the same media attention.

Closing words: "Earth teach me stillness as the grasses are still with light. Earth teach me caring as parents who secure their young." From the Ute Indians of North America

**Workshop 3: Healthcare Through a Racial-Ethnic Lens  
--the Impact  
68:34 minutes of video**

Opening words: "There are some things in our social system to which all of us ought to be maladjusted. Hatred and bitterness can never cure the disease of fear, only love can do that." Martin Luther King, Jr.

1. Let's Talk About Race -- To Be Brave Not Color Blind, 20 minutes  
<http://www.youtube.com/watch?v=GNhcY6fTyBM>  
July 2014. This video is an allegory about racism and a solution. The allegory employs garden pots, one with rich soil and one without, red seeds and pink seeds. The red seeds in the rich soil grow strong and are favored and the pink seeds in the poor soil; weak and disfavored. This is our culture. But it is difficult for the privileged to see their privilege. The solution is to mix the soils or make them both as rich. To cause this to happen one must be brave and point out racism where it exists.
  
2. How Racism Makes Us Sick, 17 ½ minutes  
[https://youtube.com/watch?v=VzyjDR\\_AWzE](https://youtube.com/watch?v=VzyjDR_AWzE)  
May 2017. This video is a discussion by Harvard sociologist, David William, who measured racism to study how it impacts health. This is a very good factual based presentation of effect racism and its impact on health and longevity.
  
3. How Children Trauma Affects Health Across Lifetime, 16 minutes  
[https://www.ted.com/talks/nadine\\_burke\\_harris\\_how\\_childhood\\_trauma\\_affects\\_health\\_across\\_a\\_lifetime](https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime)  
July 2014. This video shows a discussion concerning childhood trauma and how it changes the biology of children in ways which adversely affect their long-term health.
  
4. Why Race Based Medicine Is Bad Medicine, 14 ½ minutes  
[https://www.ted.com/talks/dorothy\\_roberts\\_the\\_problem\\_with\\_race\\_based\\_medicine](https://www.ted.com/talks/dorothy_roberts_the_problem_with_race_based_medicine)  
November 2015. Dr. Dorothy Roberts shows that race is used to make false medical predictions. She uses examples of race-based assumptions that result in non-scientific predictions and ineffective and unnecessary medical treatment.

Closing words: "We affirm and promote the inherent worth and dignity of every person." The first UU principal.

**Workshop 4: Healthcare on the Margins**  
**66:15 minutes of video**

Opening words: "I am a single cell in a body of four billion cells. The body is human kind." Norman Cousins

1. Women Are Not Included in Medical Research – Giving Them Inferior Healthcare, 15 minutes

[https://www.ted.com/talks/alyson\\_mcgregor\\_why\\_medicine\\_often\\_has\\_dangerous\\_side\\_effects\\_for\\_women](https://www.ted.com/talks/alyson_mcgregor_why_medicine_often_has_dangerous_side_effects_for_women)

September 2014. Medical research on the effectiveness and adverse effects of pharmaceuticals is done almost exclusively on men. This results in drugs being put on the market in doses which adversely effect women. It is only after a drug has been on the market causing serious side effects to women are they removed from the market or doses changed. Pre-marketing research fails to investigate female responses to pharmaceuticals, placing women at risk.

2. The Single Biggest Health Threat Women Face, 16 minutes

[http://www.ted.com/talks/noel\\_bairey\\_merz\\_the\\_single\\_biggest\\_health\\_threat\\_women\\_face](http://www.ted.com/talks/noel_bairey_merz_the_single_biggest_health_threat_women_face)

December 2011. Cardiovascular disease is the number one killer of women. Since 1984 more women die from heart disease than men. A woman's symptoms and conditions of heart disease differ from men. The diagnostic protocol and treatment address heart disease in men, missing how the disease presents in women. The medical tools fail to effectively diagnose and treat a woman's heart condition because they were designed for men. An angiogram will find a man's blocked artery but fail to see a woman's failing artery.

3. LGBT Healthcare Training Video, 10 minutes

[https://www.youtube.com/results?search\\_query=lgbt+healthcare+training+video](https://www.youtube.com/results?search_query=lgbt+healthcare+training+video)

May 2011. This video focuses on the need for genuine communication between doctor and patient. All doctors must know who their patients are and respect them. This is especially true with something as personal and intimate as a person's sexual orientation. Physicians who make

assumptions about their patient's sexual orientation cannot effectively treat them.

4. Transgender Healthcare Equality, 6 minutes

<http://www.youtube.com/watch?v=DKKKsu8sv-8>

August 2015. The unique medical needs of the transgender population are often missed by doctors. Health insurance companies deny treatments to transgender patients, which would otherwise be approved if the patient's gender matched the gender on the patient's birth certificate. At the time of the video there was little to no training for doctors to address the unique medical needs of the transgender population.

5. Mental Healthcare in This Country, 12 minutes

<http://www.youtube.com/watch?v=NGY6DqB1HX8>

October 2015. John Oliver provides a humorous and impactful discussion on why mental health treatment after a mass shooting is merely a distraction from the gun control issue. The mentally ill are more often the victims of gun violence rather than the perpetrators. He points out that more mentally ill individuals are in jails than are being treated.

6. Healthcare in Jails and Prisons, 3 minutes

<https://www.youtube.com/watch?v=C3AG6AGF3Mk>

July 2013. This is a short news piece about mental health, jail and prisoners needing treatment but not receiving it.

7. Mental Healthcare in Prison, 3 minutes

<http://www.youtube.com/watch?v=G151AUK4Wqk>

March 2015. Jails have become the dumping grounds for the mentally ill. The video points out that 50% of the inmates in the jail and prison system suffer from some sort of mental illness who mostly go untreated. The video highlights San Francisco, where treatment during and after incarceration is implemented.

Closing words: "To live in this world you must be able to do three things: To love what is mortal; to hold it against your bones knowing your life depends on it; And, when the time comes to let it go, let it go." Mary Oliver

## **Workshop 5: Effectiveness and Cost of Healthcare**

### **63:20 minutes of video**

Opening words: "May we be reminded here of our highest aspirations and inspired to bring our gifts of love and service to the altar of humanity."

Anonymous

1. Less Medicine, More Health, 8 minutes

<https://www.youtube.com/watch?v=prNX2CjFF2I>

November 2015. Dr. Gilbert Welch proposes that the focus on early detection has turned medical care into treating "well people," putting patients at risk with unnecessary treatments and increasing costs by performing unnecessary tests. Dr Gilbert Welch said only those in high risk should be early detection patients.

2. Battling Bad Science, 14 minutes

[http://www.ted.com/talks/ben\\_goldacre\\_battling\\_bad\\_science](http://www.ted.com/talks/ben_goldacre_battling_bad_science)

September 2011. Dr. Goldacre shows how pharmaceutical companies distort evidence in studies to promote one drug over another, with misleading results.

3. Using Our Resources (Food, Housing, etc.) To Keep People Healthy Instead of Spending A Fortune on Healthcare, 16 minutes

[https://www.ted.com/talks/rebecca\\_onie\\_what\\_if\\_our\\_healthcare\\_system\\_kept\\_us\\_healthy](https://www.ted.com/talks/rebecca_onie_what_if_our_healthcare_system_kept_us_healthy)

April 2012. Rebecca Onie from Health Leads is an attorney who works with medical professionals in Boston. At the clinic, Rebecca Onie works with doctors who can prescribe what will keep a patient healthy; food, housing, etc., rather than wait until the lack of these resources leads to severe malnutrition or illness.

4. Nurses Role in Healthcare, 11 minutes

[http://www.ted.com/talks/carolyn\\_jones\\_a\\_tribute\\_to\\_nurses/transcript?quote=1267](http://www.ted.com/talks/carolyn_jones_a_tribute_to_nurses/transcript?quote=1267)

November 2016. Carolyn Jones points out that we remember our doctor's name but not the nurse's names. She then profiles nurses from Appalachia, an army hospital and rural Wisconsin, demonstrating how nurses add to the quality of care.

5. Why Your Doctor Should Care About Social Justice, 14 minutes

[http://www.ted.com/talks/mary\\_bassett\\_why\\_your\\_doctor\\_should\\_care\\_about\\_social\\_justice](http://www.ted.com/talks/mary_bassett_why_your_doctor_should_care_about_social_justice)

November 2015. Dr. Bassett recounts her days in Zimbabwe where she applied her technical skills but remained silent about the need to change cultural aspects of society to combat diseases. She considered herself a guest in Zimbabwe and did not feel she had the right to speak out. She now sees the need to speak out to be as important as her technical skills.

Closing words: "Some day, men and women will rise, they will reach the mountain peak, they will meet big and strong and free, ready to receive, to partake, and to bask in the golden rays of love." Emma Goldman

**Workshop 6: Final Closing Video, 1:20:00 minutes**

Opening words: "I want to be with people who submerge in the task, who go into the fields to harvest and work in a row and pass the bags along." Marge Piercy

Dr. Paul Farmer On Human Rights of Healthcare, 1 hour and 20 minutes

<https://www.youtube.com/watch?v=lwy22pXrig8>

March 2009. Dr. Paul Farmer of "Partners in Health" discusses the model they use. Their motto is:

*"we go, we make house calls, we build health systems, we stay"*

His focus on the systems built in Rwanda, Haiti, Cambodia and other countries have greatly improved health care in these areas.

Closing words: "Connections are made slowly, sometimes they grow underground. You cannot tell always by looking what is happening. More than half a tree is spread out in the soil under your feet." Marge Piercy

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