

# Michael Moore's *Sicko*: very limited conceptions, very limited results

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*Sicko*, written and directed by Michael Moore

*Sicko* is documentary filmmaker Michael Moore's critique of the American health care system. Despite the director's undoubted sincerity and flair for showmanship, it's a terribly limited work, weaker than *Fahrenheit 9/11*, his 2004 response to the Bush administration's "war on terror."

One is not unmindful of Moore's past contributions, but he has launched himself into the social and political arena with his films, demanding to be taken seriously, and ought to be judged accordingly. Moreover, a social documentary is nonetheless still a *film* and needs to be considered in that light as well.

Aside from a number of genuinely moving encounters with casualties of the American health insurance industry, the film offers little that is truly revealing. Moore explains at one point early in his new work that he appealed on his web site for "health care stories" and received 25,000 responses. This certainly points to the dimensions of the crisis, but how much additional research and thinking have gone into the film?

*Sicko* is disjointed and uneven, and breaks no new ground; Moore dwells on certain points, especially those he thinks will amuse, often cheaply, while passing far too quickly over major issues. The work is static, beginning and ending at the same intellectual point. Moore doesn't appear to know much more at the conclusion than he knew to begin with, and neither do we. A generally facetious tone prevails, which quickly irritates. This is done, wrongly, in the name of making a wide or "popular" appeal. Even the title is foolish.

Nor is Moore a stranger to the manipulation of audiences, several times moving his camera in for close-ups of tear-stained faces, for example. To make an audience cry is easy to do, to present it substantive food for thought is far more difficult.

During his jaunts overseas in *Sicko*, Moore's posturing as the "innocent abroad," a third-rate Mark Twain, is more than a little stale. The filmmaker is no country bumpkin; he has lived in New York City for years, traveled in highly political circles and is entirely sophisticated about such matters, or he ought to be.

If Moore genuinely takes the American population seriously, why doesn't he challenge it (and himself) with the most complicated questions?

*Sicko*'s first section details the manner in which the US health care industry abuses the sick and the injured, restricting access to decent health care, making people miserable and endangering lives in the process. Corporate whistleblowers and victims of various atrocities are interviewed, including a woman whose husband was denied a bone marrow transplant on the grounds that it was "experimental" and subsequently died.

Moore asks, "Who invented this system?," and in a superficial account, traces the origins of the present for-profit health care set-up to the Nixon administration and its policies in the early 1970s. This is a critical point, and Moore stumbles badly.

To answer his own question, instead of the facile solution of relying on a bit of audiotaped conversation—about the benefit of the "free enterprise" approach to health care—between Richard Nixon and John Ehrlichmann in 1971, Moore should have considered the matter in a more profound manner.

The debate over universal health care has a long history in the US. During the Progressive Era, in the first decades of the twentieth century, a campaign was waged by the reformist American Association of Labor Legislation for health insurance. The effort was defeated by the combined opposition of the medical profession, the insurance companies and the American Federation of Labor, which worried that a government program "would weaken unions by usurping their role in providing social benefits."

President Franklin D. Roosevelt originally intended to include a compulsory health insurance measure in the Social Security bill of 1935, but dropped it out of fear of opposition from the American Medical Association (AMA) and business interests. In his January 11, 1944 State of the Union address, in which he argued for the implementation of a "second Bill of Rights," Roosevelt argued that among those latter were the rights "to adequate medical care and the opportunity to achieve and enjoy good health" and "to adequate protection from the economic fears of old age, sickness, accident, and unemployment."

A national health insurance scheme was never introduced and during the Cold War era the AMA, the insurance industry and others took advantage of the climate to denounce such a measure as "socialized medicine," hinting darkly about the "communist menace."

Moore might have looked, in particular, to the abandonment by the American labor movement in the 1940s of any struggle for radical social programs in exchange for transient wage and benefit gains (most of which have now been erased).

The unions' alliance with the Democratic Party, notes historian Alan Brinkley (in *The End of Reform*) meant that organized workers "forsook the struggle to win a significant redistribution of wealth and power within the industrial economy—the chance to create genuine industrial democracy." All the great questions of social policy and program were taken off the agenda, and the American population has suffered enormously as a result.

A discussion of the historical role of the trade unions and the Democratic Party in America is complex and would take Moore into political territory he would rather avoid. Blaming Richard Nixon for the present situation is far easier.

During his glib historical excursion, Moore pauses momentarily on Hillary Clinton and her proposed "Health Security" plan of 1993. *Sicko* suggests that this was a great opportunity lost, but never examines its contents. The Clintons' bill would have left the role of private insurance companies entirely intact, subsidizing them for offering HMO-type services. Backed by powerful corporate interests, the Clinton plan was more than anything else an effort to reduce soaring medical costs for

American employers.

After establishing the deplorable state of US health care, Moore leaves American soil in search of better systems. His effort to hold up the Canadian, British, French and Cuban health care systems as models is tremendously wrongheaded. Moore resorts to crude comparisons and oversimplification, omitting or concealing important facts and distorting the real picture, and depends almost entirely on personal anecdote, a notoriously unreliable method. A vulgar “left” mythology is no better than any other kind.

Patients, doctors and pharmacists in Canada, Britain and France repeatedly explain to Moore that little or no money changes hands for medical services. Somewhat disingenuously, he responds in each case with amazement.

No doubt the Canadian and European (and Cuban) health care systems are more advanced than the American—they base themselves, at least in theory, on the elementary principle that society has a responsibility for the well-being of all its citizens.

It is impossible, however, to make sense of the limited gains made on this front in Canada and Europe without taking into account the role of socialists and other left-wing elements in the life of the labor movements in these countries, which Moore hardly touches upon. Significant reforms were byproducts of upheavals of the working class, despite social democratic and Stalinist leadership.

It hardly needs to be pointed out that the profit system still prevails in Canada, Britain and France. If government-operated health care systems were established, it was grudgingly done and the systems themselves have been permeated with inequities.

Under conditions today of a global economy and the demise of the welfare state, all these health care programs are essentially under siege. Moore doesn’t treat the actual health care systems in these nations, but some idealized version of them.

To deny the existence of long waiting periods for treatment of even life-threatening medical conditions in Canada, for example, is absurd. The fault doesn’t lie with the “bureaucratization” and “centralization” of a “socialized” health care system, as its right-wing critics claim, but with its chronic under-funding and years of budget cuts, and the desire of private health care operators to set up shop.

The French health care system has been rocked by numerous scandals. Under a Socialist Party government in the mid-1980s, supplies of blood and blood-derived products were revealed to be contaminated with HIV. Some 4,000 to 5,000 people, many of them hemophiliacs, were infected and hundreds died. In 2003 nearly 15,000 people in France, the bulk of them elderly, succumbed during a heat wave. Both official indifference and years of budget cuts, hospital closures and cuts in services, under “left” and right governments alike, were blamed for the horrendous death toll.

Moore holds a conversation with Tony Benn, the former British Labour Party cabinet minister and veteran “left” faker, who asserts that “Before we had the vote, all the power was in the hands of rich people. ... What democracy did was to give the poor the vote, and it moved power from the market place to the polling station, from the wallet to the ballot.” Carrying on in the same vein, Benn later says, “I think democracy is the most revolutionary thing in the world. Far more revolutionary than socialist ideas or anybody else’s ideas.”

Benn’s dismissal of socialist “theorizing,” tailored no doubt to fit what he thinks American audiences will accept, unfortunately strikes a chord with the filmmaker, who practices his own form of anti-intellectualism.

In any event, what is the actual state of affairs in the British health care system—which Benn assures us is a permanent fixture of British life and “as noncontroversial as votes for women”—and his own party, Labour?

Like the Canadian, the French and every other national health care system, Britain’s National Health Service is under assault, both by

government and private enterprise. Beds, wards and entire hospitals are being closed. Tens of thousands of health care workers’ jobs are threatened. Moreover, according to the “Keep Our Hospitals Public” web site, “an unprecedented process of privatization is under way: vital services and precious NHS resources are being handed over to the private sector, including companies run for profit for shareholders here and overseas.”

The Labour Party under Tony Blair and now Gordon Brown has put its social reformist past far behind it. “New Labour” bears full responsibility for the historic crime of the invasion of Iraq and presides over one of the most unequal societies in the world, the result in part of its policies. The 82-year-old Benn has been marginalized in the party where he spent his entire adult life. Moore provides him, in short, with a platform to argue for a reformist strategy that has thoroughly failed.

In the final section of *Sicko*, Moore takes a number of 9/11 volunteer rescue workers, unable to receive adequate medical treatment in the US, on a trip to Cuba. Having heard claims that detainees at the Guantánamo Bay prison camp were receiving top-notch medical treatment, Moore sets off with several American citizens in pursuit of similar care.

We quickly get the joke, it’s poorly made, and it comes at the expense of more profound insight and thought. Moore’s presentation of Guantánamo implicitly legitimizes the argument of the US government that the internment camp is a necessary component of the “war on terror.”

As for the Havana sequence, there is no doubt that the Cuban nationalist revolution has produced certain social gains, in the fields of education and health, for example. But it would be the height of naïveté to believe that the medical treatment provided for the members of the American group during Moore’s well-publicized visit is typical of that received by Cuban working people and the poor. In any event, how is one to know?

All in all, *Sicko* is a poor effort, a less honest and spontaneous work than *Roger & Me*, Moore’s film about the wreckage of Flint, Michigan, or even *Fahrenheit 9/11*. Moore is on the wrong track, dangerously, and a refusal to confront difficult social and historical issues is not a small part of this.

Providing health care in a mass society is itself immensely complex, but, in the end, it is not a matter of fixing health care, but of fixing *everything*. Who can possibly believe that providing decent health care for every American, which would mean taking on some of the most powerful and entrenched financial-corporate interests in the country, will be accomplished by either of the major parties or within the framework of the present political and social set-up?

To imply that health care is “above class and above politics,” as *Sicko* does, is nonsense; it has everything to do with such matters. America offers some of the best health care in the world ... for those who can afford it. No advance will be made in the direction of providing high quality medical treatment for the entire population without a radical, massive redistribution of wealth and change in social priorities. Moore shifts course before these kinds of issues can emerge; his tendency to jump randomly from one situation to another is a means, consciously or otherwise, of avoiding the most pressing issues.

How much does Moore understand about the society he is criticizing? Moreover, for all his renowned “popular touch,” does he really grasp the sharp changes that are taking place in popular consciousness in America?

The filmmaker has the habit, and it is the habit of the entire American left-liberal milieu, of never going to the root of a problem. The lack of depth and seriousness, the extreme limitations of his conceptions are enormously debilitating.



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