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HEALTH

Bloodletting: Life, Death, and Healthcare

By: Latifa Boyce
Minnesota Spokesman-Recorder
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A call for universal healthcare

Blood drips from her finger as Evelyn Sheppard, age 62, is forced to take matters into her own hands. Unable to afford health care, she resorts to bloodletting, an ancient medical practice, to remove an abscess. Instead of going to the emergency room, she takes a heat-sterilized knife from her kitchen, and cuts her finger to rid the infection.

This is the reality of the uninsured in America, as depicted by film director Lorna Green in her documentary, Bloodletting: Life, Death, and Healthcare. A community screening of the film was held at the Resource Center of the Americas in South Minneapolis earlier this month.

Bloodletting contrasts Cuba's and the United States' health care systems. It makes the viewer question why the U.S., one of the richest countries in the world, is unable, or perhaps unwilling, to provide health care coverage to all its citizens, when Cuba, one of the poorest countries, is able to.

In the film, Green travels to Cuba to document their medical system. When she returns to the U.S. to edit her tapes, she and her family are faced with health challenges. Her mother, Sheppard, develops chronic asthma, and an infection in her finger. Her brother, Joseph, learns he has an infected tooth that requires a root canal that is not covered by his employer-based insurance. After going to his boss to ask for better healthcare coverage, he ends up unemployed and homeless.

"I was complaining to a friend about how I just couldn't get anything done, when it occurred to me, I needed to turn the camera on my own family," Green said in an interview with the MSR. "Here we were, all three uninsured, my mom, my brother, and I. That seed sparked the final documentary."

Unlike in Cuba, providers of the U.S. healthcare system are more concerned with profiting from its citizens, then with adequately caring for them, the film shows. Health care is a \$1.4 trillion industry in the U.S., according to the World Health Organization.

In the U.S., health care made up 13.9 percent of the gross domestic product during 2001; however, in Cuba, it made up 7.2 percent of the GDP. Since the U.S. system is driven by profit, health care in

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America is a luxury reserved for the insured, the film states, and not a human, or societal right, as it is in Cuba.

“The system we’re living in is not sustainable,” said Green. “Does it make sense that we are one of the richest countries in the world, but we have 45 million uninsured, [and] 70 percent of those people work every day?”

“Those in our society who are most vulnerable are the least likely to have adequate healthcare,” Green said. “One day in Cuba, and you feel the difference. People in Cuba honor their elderly and their children,” she said. As shown in the film, they also respect and care for the poor and mentally ill.

By bringing the stark realities of the uninsured to the forefront, Green’s film underscores the need for single-payer universal health care in the United States. Single-payer universal health care would provide full-coverage health insurance to everyone, regardless of age, employment, or financial status. The government would pay for it, and private or public corporations would deliver the services.

“I come from a belief that little people in our society matter, and that as a society we need to give back to them,” Green said. “You can’t develop as a society unless people are cared for, and part of that is having adequate health care. How is it fair that my mother, who has been a preschool teacher for 30 years, has no health care whatsoever? Single payer would give everyone, including regular people like my mother, health care,” she said.

Green encourages people interested in viewing the film to contact her to set-up a community screening. She is also looking for support to take the documentary to the big screen. To find out more information about Bloodletting, or to obtain Green’s contact information, visit www.lornagreen.org.

Latifa Boyce is an epidemiologist and a graduate student in health journalism at the University of Minnesota. Boyce welcomes readers’ responses to LatifaBoyce500@msn.com.

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