What happens when you're sick and uninsured in America?

CRITICAL CONDITION
A Film By Roger Weisberg

www.pbs.org/pov
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Dear Viewer,

Critical Condition takes you inside the lives of a diverse group of uninsured Americans as they battle critical illness over a two-year period. I chose a cinéma vérité style because I wanted viewers to vicariously experience the medical, financial and emotional impact of being unable to obtain necessary health care. Instead of interviewing experts or policy makers who would tell you what to think, I wanted these disturbing stories to unfold through the experiences and words of our primary subjects. I believe that these narratives of uninsured patients in the midst of their own medical crises will engage viewers far more effectively than yet another recitation of grim facts and statistics.

No matter how staggering it is to learn that 22,000 Americans die every year simply because they lack health insurance, that number is still only an abstract statistic. However, a single uninsured individual who dies prematurely is a tragedy. Viewers cannot help feeling a sense of outrage while watching a loving husband and father lose his life because he cannot afford the medication or doctor visits he needs to manage his chronic disease.

There are three ways I hope to get ordinary Americans, even those who are satisfied with their own medical coverage, to care about this issue. First, by bringing the stories of extremely sympathetic individuals to the screen, viewers will be forced to empathize with our subjects and realize that an illness or loss of job could land them in a similar predicament. Second, by presenting access to health care as a moral issue, we can bridge the conventional partisan political divide, making viewers feel a collective sense of responsibility for their fellow Americans. Lastly, for viewers who need a hard-nosed cost-benefit rationale for universal health insurance, our stories vividly illustrate the enormous cost in dollars and human suffering that we pay when the public ultimately foots the bill for catastrophic illnesses that could be inexpensively prevented with access to routine primary care.

Many of my previous documentaries have taken viewers inside the health care system, including Sound and Fury, What’s Ailing Medicine, Our Children at Risk, Borderline Medicine, Who Lives—Who Dies, Can’t Afford to Grow Old and Health Care on the Critical List. In making Critical Condition, my principal goal was to build on my previous body of work in order to contribute to this historically significant moment when the nation will consider how to extend health insurance coverage to all Americans.

During just the 82-minute running time of Critical Condition, an additional 377 Americans will lose health coverage. As ever-increasing numbers of Americans become uninsured, this crisis will undoubtedly become the most hotly debated domestic policy issue in the 2008 presidential election, and that’s precisely when this film will be released. We’ve seen how films—for example, the recent An Inconvenient Truth—can become an effective call to action. I hope Critical Condition can play a similar role as the health care reform debate heats up in 2008.

Roger Weisberg
Director, Critical Condition

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Critical Condition, a feature-length (82-minute) documentary, chronicles the harrowing struggles of a diverse group of uninsured Americans as they battle critical illnesses over a two-year period. The four people profiled in this film live in places as diverse as Austin, TX, Bethlehem, PA and Los Angeles, but they face distressingly similar obstacles to surviving without health insurance. It is through their eyes and words that we are taken through the gaping holes in the health care system, in which care is often delayed or denied. Ultimately, the unforgettable subjects of Critical Condition discover that being uninsured can cost them their jobs, health, homes and savings, even their lives.

By putting a human face on this complex policy failure, Critical Condition lays out the human consequences of an increasingly expensive and inaccessible system. As an outreach tool, the film provides a moving opportunity to examine the national debates over how to extend health insurance coverage to all Americans.

Critical Condition is well suited for use in a variety of settings and is especially recommended for use with:

- Your local PBS station
- Groups that have discussed previous PBS and P.O.V. films relating to health care, social justice and/or issues facing U.S. workers, including Waging a Living (also a Roger Weisberg film) and Unnatural Causes
- Groups focused on any of the issues listed under “Key Issues,” including community organizations with a mission to promote access to health care
- High school students
- Faith-based organizations and institutions
- Academic departments and student groups at colleges, universities, community colleges and high schools
- Cultural institutions, for example, historical societies, museums, arts centers and so on
- Civic, fraternal and business groups or clubs
- Community organizations with a mission to promote education and learning, such as your local library

Critical Condition is an excellent tool for outreach and will be of special interest to people interested in the topics below:

- Economic/financial security
- Health insurance
- Health care/health care reform
- Human rights
- Labor policy
- Poverty
- Public policy
- Social justice

**Event Ideas**

Use a screening of Critical Condition to:

- Start a public “speak out” for people who are uninsured or underinsured to tell their stories.
- Invite elected officials and candidates to discuss proposed health care initiatives and pending legislation related to health care reform. Ask for specifics about how each initiative would help the people featured in the film and others like them. Provide ways for the public to share their concerns with their representatives.
- Publicize community organizations that are working to promote the availability of health care for everyone.
This guide is designed to help you use Critical Condition as the centerpiece of a community event. It contains suggestions for organizing an event as well as ideas for how to help participants think more deeply about the issues in the film. The discussion questions are designed for a very wide range of audiences. Rather than attempting to address them all, choose one or two that best meet the needs and interests of your group.

Planning an Event

Not only do screenings of P.O.V. films showcase documentary film as an art form, but they can also be used to present information, get people interested in taking action on an issue, provide opportunities for people from different groups or perspectives to exchange views, and create space for reflection. Use the following questions as a planning checklist to help you create a high-quality, high-impact event.

• Have you defined your goals? Set realistic goals with your partners—what do you want to happen as a result of your event? Are you hoping to increase awareness or knowledge? Change attitudes or behavior? Help people network in ways that spark energy and ongoing connection? Keep in mind that some goals are easier to accomplish than others: Adding to a person’s knowledge base is easier than changing beliefs and behaviors, for example. Being clear about your goals will make it easier to decide how to structure the event (whether as a single meeting or an ongoing project, for example), target publicity and evaluate results.

• Does the way you are planning to structure the event fit your goals? Do you need an outside facilitator, translator or sign language interpreter? If your goal is to share information, are there local experts on the topic who should be present? How large an audience do you want? [Large groups are appropriate for information exchanges. Small groups allow for more intensive dialogue.]

• Have you arranged to involve all stakeholders? It is especially important that people be allowed to speak for themselves. If your group is planning to take action that affects people other than those present, how will you give voice to those not in the room?

• Is the event being held in a space where all participants will feel comfortable? Is it wheelchair accessible? Is it in a part of town that’s easy to reach by various kinds of transportation? If you are bringing together different constituencies, is it neutral territory? Does the physical configuration allow for the kind of discussion you hope to have?

• Will the way that the room is set up help you meet your goals? Is it comfortable? If you intend to have a discussion, will people be able to see one another? Are there spaces to use for small breakout groups? Will everyone be able to easily see the screen and hear the film?

• Have you scheduled time to plan for action? Planning next steps can help people leave the room feeling energized and optimistic, even if the discussion has been difficult. Action steps are especially important for people who already have a good deal of experience talking about the issues on the table. For those who are new to the issues, just engaging in public discussion serves as an action step.
Facilitating a Discussion

Finding a Facilitator

Controversial topics often make for excellent discussions. But by their nature, those same topics can also give rise to deep emotions and strongly held beliefs. As a facilitator, you can create an atmosphere in which people feel safe, encouraged and respected, making it more likely that they will be willing to share their ideas openly and honestly. Here’s how:

Preparing Yourself

Identify your own hot-button issues. View the film before your event and give yourself time to reflect so you aren’t dealing with raw emotions at the same time that you are trying to facilitate a discussion.

Be knowledgeable. You don’t need to be an expert on health care issues, but knowing the basics can help you keep a discussion on track and gently correct misstatements of fact. In addition to reviewing the “Background Information” section in this guide, you may want to take a look at the websites and books suggested in the “Resources” section.

Be clear about your role. You may find yourself taking on several roles for an event, including host, organizer, even projectionist. If you are also planning to serve as facilitator, be sure that you can focus on that responsibility and avoid distractions during the discussion. Keep in mind that being a facilitator is not the same as being a teacher. A teacher’s job is to convey specific information. In contrast, a facilitator remains neutral, helping to move the discussion along without imposing his or her views on the dialogue.

Know your group. Issues can play out very differently for different groups of people. Is your group new to the issue, or have they dealt with it before? Factors like geography, age, race, religion and socioeconomic class can all have an impact on comfort levels, speaking styles and prior knowledge. Take care not to assume that all members of a particular group share the same point of view. If you are bringing together different segments of your community, we strongly recommend hiring an experienced facilitator.

Preparing the Group

Consider how well group members know one another. If you are bringing together people who have never met, you may want to devote some time to introductions at the beginning of the event.

Agree to ground rules regarding language. Involve the group in establishing some basic rules to ensure respect and aid clarity. Typically, such rules include prohibiting yelling and the use of slurs as well as asking participants to speak in the first person (“I think …”) rather than generalizing for others (“Everyone knows that …”).

Try to give everyone an opportunity to be heard. Be clear about how people will take turns or indicate that they want to speak. Plan a strategy for preventing one or two people from dominating the discussion. If the group is large, are there plans to break into small groups or partners? Or should attendance be limited?

Talk about the difference between dialogue and debate. In a debate, participants try to convince others that they are right. In a dialogue, participants try to understand one another and expand their thinking by sharing viewpoints and listening actively. Remind people that they are engaged in a dialogue. This will be especially important in preventing a discussion from dissolving into a repetitive, rhetorical, political or religious debate.

Encourage active listening. Ask the group to think of the event as being about listening as well as discussing. Participants can be encouraged to listen for things that challenge as well as reinforce their own ideas. You may also consider asking people to practice formal “active listening,” where participants listen without interrupting the speaker, then rephrase what was said to make sure they have heard it correctly.

Remind participants that everyone sees through the lens of their own experience. Who we are influences how we interpret what we see. Everyone in the group may have a different view about the content and meaning of the film they have just seen, and each of them may be accurate. It can help people understand one another’s perspectives if speakers identify the evidence on which they base their opinions as well as sharing their views.

Take care of yourself and group members. If the intensity level rises, pause to let everyone take a deep breath. You might also consider providing a safe space for participants to “vent,” perhaps with a partner or in a small group of familiar faces. If you anticipate that your topic may upset people, be prepared to refer them to local support agencies or have local professionals present. Think carefully about what you ask people to share publicly, and explain things like confidentiality and whether or not press will be present.

Who Should Facilitate?

You may or may not be the best person to facilitate, especially if you have multiple responsibilities for your event. Also, if you are particularly invested in a topic, it might be wise to ask someone more neutral to guide the dialogue.

If you need to find someone else to facilitate, some university professors, human resource professionals, clergy and youth leaders may be specially trained in facilitation skills. In addition to these local resources, groups such as the National Conference for Community and Justice and the National Association for Community Mediation may be able to provide or help you locate skilled facilitators. Be sure that your facilitator receives a copy of this guide well in advance of your event.
Basic Facts About the Uninsured

Lack of health insurance coverage among millions of Americans remains one of this nation’s most pressing social challenges, but it is an issue that is often not well understood. Common knowledge about who the uninsured are, why they are uninsured and the difference health coverage makes as well as the impact on all our lives of having a large uninsured population is riddled with misconceptions and myths. Basic facts about the uninsured are essential to understanding how we might address the growing number of Americans without health insurance.

Who Are the 47 Million Uninsured?

- Two-thirds of the uninsured are from low-income families, with incomes less than twice the poverty level.
- Eight in 10 uninsured Americans come from working families. Even among the poor, the majority of the uninsured have at least one worker in their family.
- Eighty percent of the uninsured are adults. Young adults (aged 19–24) are at greatest risk of being uninsured and make up more than a third of uninsured adults.
- The majority of uninsured adults (75 percent) have gone without coverage for a period of at least one year.
- Racial and ethnic minorities make up a greater share of the uninsured because compared with the white majority they are far less likely to have health coverage offered through their jobs or to be able to afford health premiums. Of the uninsured people who are not elderly, minorities comprise 55 percent.
- Among employment-age adults, men are more likely to lack health insurance than women. Twenty percent of such men lack insurance, compared with 16 percent of women. This gender difference is slightly less pronounced in states with a high proportion of uninsured, such as Texas and New Mexico.
- The large majority of the uninsured (78 percent) are American citizens. However, noncitizens have a high uninsured rate because their low-wage jobs are less likely to offer health insurance and because of restrictions on their eligibility for public coverage.

Why Are They Uninsured?

- The large majority of uninsured do not have coverage because they do not have access to affordable employer coverage or because they cannot afford to purchase coverage on their own.
- Seventy percent of uninsured employees work for firms that do not offer health benefits or they are not eligible for their employer’s plan. Most workers enroll in their employer’s health insurance plan if they are eligible; even the majority of low-income employees enroll when coverage is offered through their employer.
- The average total annual cost of employer-sponsored family coverage in 2007 was $12,106—seldom affordable to low-wage workers without sizable contributions from their employers.
- Only 2 percent of uninsured adults report that they don’t have health coverage because they think they don’t need it.
- Three-quarters of the uninsured are not eligible for public coverage. Medicaid covers most low-income children, but unless severely disabled or pregnant, even the poorest adults are generally ineligible if they do not have children.

What Difference Does Health Insurance Make?

- The uninsured use less health care than the insured. Their costs for health services for an entire year are just over half that of those with insurance (roughly $1,600 vs. $3,000 per person). They pay for more than a third of these costs out of pocket.
- Charges for services may actually be higher for the uninsured compared with insured patients, whose insurance companies have negotiated lower fees with providers.
- Less than a quarter [23 percent] of uninsured adults report having received care for free or at reduced rates in the past year.
- Even so, about $40 billion of the cost of caring for the uninsured were unpaid, or “uncompensated,” in 2004. Federal and state tax dollars subsidized $35 billion [about 85 percent] of these costs, and that funding largely goes to hospitals and community clinics.
- The uninsured are more likely to postpone and forgo care, with serious consequences that increase their chances of preventable health problems, disability and premature death.
• About a quarter (23 percent) of uninsured adults report having needed care in the previous year but not getting it due to cost, compared with just 2 percent of those with private coverage or Medicaid/State Children’s Health Insurance Program (SCHIP).

• The research evidence is consistent: The uninsured are less likely than those with insurance to receive services for major health conditions, including traumatic injuries, heart attacks, pregnancy and chronic disease.

• The uninsured are more likely than the insured to develop a disability over time, and even after accounting for health differences they are more likely to die early.

• It is estimated that at least 22,000 Americans die prematurely each year simply because they lack health coverage.

Source:
For additional information, visit www.kff.org

Consequences of Lack of Coverage

• The lost productivity of uninsured Americans costs the economy up to $130 billion a year—more than the estimated cost to cover the uninsured.

• Covering the bills of the uninsured increases the annual health premiums for the average family by $922.

• Hospitals typically charge uninsured patients 2.5 times what they charge privately insured patients.

• Uninsured adults are 4.5 times more likely to go without medical care than insured adults.

• Uninsured cancer patients are nearly twice as likely to die within five years than insured patients.

• More than half a million Americans are currently battling cancer without insurance.

• Among non-elderly adults, the lack of health insurance is the sixth leading cause of death in America.

Sources:
U.S. Government Health Care Programs

MEDICAID
Medicaid is a federal entitlement program that provides free or low-cost health and long-term-care coverage to certain categories of low-income Americans. States design their own Medicaid programs within broad federal guidelines. Medicaid programs cover 59 million people.

MEDICARE
Medicare is a federal entitlement program that provides health insurance coverage to 44 million people, including persons aged 65 and older and younger people with permanent disabilities, end-stage renal disease and amyotrophic lateral sclerosis (ALS, often referred to as Lou Gehrig’s disease).

STATE CHILDREN’S HEALTH INSURANCE PROGRAM
The State Children’s Health Insurance Program is a block grant to states that allows them to cover uninsured children who are not eligible for Medicaid. In 2006, SCHIP covered 6 million children at some point during the year.

Source:
For additional information, please visit kff.org

Social Security Disability Insurance
Social Security Disability Insurance (SSDI) is a monthly benefit for people who have worked in the past and paid Social Security taxes. SSDI benefits are paid to people who are unable to work for a year or more because of their disability.

Source:
FirstStep, www.cms.hhs.gov/apps/firststep/content/ssdi-qa.html#general

National Health Care Plans
In response to the startling statistics about the uninsured presented by numerous health and advocacy organizations, there are currently individuals and groups working to promote universal health care. Although national health care is a complex issue, the majority of proposals are built around three distinct philosophies:

1. Tax incentives for individual market insurance – Proposals that rely primarily on individuals’ responsibility for obtaining coverage, with tax incentives to subsidize purchase of insurance in the individual insurance market

2. Mixed private–public group insurance with shared responsibility for financing – Proposals that build on our current mixed private-public system of health insurance with responsibility for financing coverage shared by the government, employers and households

3. Public insurance – Proposals that would cover nearly all Americans under public insurance programs, such as Medicare, with everyone covered through a single payer

Source:
### 2008 Presidential Candidates’ Viewpoints on Health Care

This side-by-side comparison of the candidates’ positions on health care was prepared by the Kaiser Family Foundation with the assistance of Health Policy Alternatives, Inc. and is based on information appearing on the candidates’ websites as supplemented by information from candidate speeches, the campaign debates and news reports. The sources of information are identified for each candidate’s summary (with links to the Internet). The comparison highlights information on the candidates’ positions related to access to health care coverage, cost containment, improving the quality of care and financing. Information will be updated regularly as the campaign unfolds. This information is current as of August 20, 2008. For updated information, please visit www.health08.org/sidebyside.cfm

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<th>Barack Obama</th>
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<td><strong>Party Affiliation</strong></td>
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<td>Democrat</td>
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<td><strong>Stated goal</strong></td>
<td>Provide access to affordable health care for all by paying only for quality health care, having insurance choices that are diverse and responsive to individual needs, and encouraging personal responsibility.</td>
<td>Affordable and high-quality universal coverage through mix of private and expanded public insurance.</td>
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<td><strong>Date plan announced</strong></td>
<td>October 11, 2007</td>
<td>May 29, 2007</td>
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<td><strong>Overall approach to expanding access to coverage</strong></td>
<td>Remove the favorable tax treatment of employer-sponsored insurance and provide a tax credit to all individuals and families to increase incentives for insurance coverage; promote insurance competition; and contain costs through payment changes to providers, tort reform and other measures.</td>
<td>Require all children to have health insurance, and employers to offer employee health benefits or contribute to the cost of the new public program. Create a new public plan, and expand Medicaid and SCHIP. Create the National Health Insurance Exchange through which small businesses and individuals without access to other public programs or employer-based coverage could enroll in the new public plan or in approved private plans.</td>
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<td><strong>A. Requirement to obtain or offer coverage</strong></td>
<td>No provision. Opposes mandates for coverage.</td>
<td>Require all children to have health insurance. Require employers to offer “meaningful” coverage or contribute a percentage of payroll toward the costs of the public plan.</td>
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<td><strong>B. Expansion of public programs</strong></td>
<td>Give veterans ability to use their VA benefits to pay for timely high quality care from providers in the best locations.</td>
<td>Expand Medicaid and SCHIP. Create a new public plan so that small businesses and individuals without access to other public programs or employer-based coverage could purchase insurance. Plan coverage would offer comprehensive benefits similar to those available through FEHBP (Federal Employees Health Benefits Plan). Coverage under the new public plan would be portable.</td>
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<td><strong>C. Premium subsidies to individuals</strong></td>
<td>Provide a refundable tax credit of $2,500 (individuals) and $5,000 (families) to all individuals and families for the purchase of insurance. Provide income-related premium subsidies, in addition to the tax credit, to individuals enrolled in the Guaranteed Access Plan (see item “F”).</td>
<td>Make federal income-related subsidies available to help individuals buy the new public plan or other qualified insurance.</td>
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| **D. Premium subsidies to employers** | • No provision.                                  | • Provide small businesses with a refundable tax credit of up to 50 percent of premiums paid on behalf of their employees if employer pays a “meaningful share” of the cost of “a quality health plan”.  
• Provide federal subsidies to partially reimburse employers for their catastrophic health care costs if the employers guaranteed that premium savings would be used to reduce employee premiums. |
| **E. Tax changes related to health insurance** | • Reform the tax code to eliminate bias toward employer-sponsored health insurance.  
• Allow individuals owning “innovative multi-year policies” that cost less than the credit to deposit the excess into expanded HSAs (Health Savings Account). | • No provision. |
| **F. Creation of insurance pooling mechanisms** | • Work with states to create a federally-supported Guaranteed Access Plan for people who are denied coverage due to pre-existing conditions. Premiums in the plan would be limited and financial assistance given to those below a certain income level. | • Create a National Health Insurance Exchange through which individuals could purchase the public plan or qualified private insurance plans.  
• Require participating insurers to: offer coverage on a guaranteed issue basis; charge a fair and stable premium that is not rated on the basis of health status, and meet standards for quality and efficiency.  
• Require plans of participating insurers to offer coverage at least as generous as the new public plan.  
• Exchange would evaluate plans and make differences among them transparent. |
| **G. Changes to private insurance** | • Promote competition and individual choice of insurance by allowing insurance to be sold across state lines.  
• Encourage innovative multi-year insurance products. | • Prohibit insurers from denying coverage based on pre-existing conditions.  
• Children up to age 25 could continue family coverage through their parents’ plan.  
• In market areas where there is not enough competition, require insurers to pay out a “reasonable share” of premiums on patient care benefits.  
• Prevent insurers from abusing monopoly power through unjustified price increases.  
• Require health plans to disclose the percentage of their premiums that actually goes to paying for patient care as opposed to administrative costs. |
| **H. State flexibility** | • Give states flexibility and encouragement to experiment with:  
• Use of private insurance and risk-adjusted payments per episode under Medicaid;  
• Alternative forms of access, insurance policies and providers and different licensing schemes for providers. | • Maintain existing state health reform plans if they meet minimum standards of the national plan. |
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| **Cost containment** | **Invest $50 billion toward adoption of electronic medical records and other health information technology.**  
**Promote insurer competition through the National Health Insurance Exchange and by regulating the portion of health plan premiums that must be paid out in benefits.**  
**Improve prevention and management of chronic conditions.**  
**Initiate policies to promote generic drugs, allow drug reimportation, and repeal the ban on direct price negotiation between Medicare and drug companies.**  
**Pay Medicare Advantage plans the same as regular (traditional) Medicare.**  
**Require hospitals and providers to publicly report measures of health care costs and quality.**  
**Promote and strengthen public health and prevention.**  
**Reform medical malpractice while preserving patient rights by strengthening antitrust laws and promoting new models for addressing physician errors.** |
| **Improving quality/health system performance** | **Support an independent institute to guide comparative effectiveness reviews and required reporting of preventable errors and other patient safety efforts.**  
**Reward provider performance through the National Health Insurance Exchange and other public programs.**  
**Address health disparities, promote preventive care and chronic disease management, and require quality and price transparency from providers and health plans.**  
**Require health plans to collect, analyze and report health care quality data for disparity populations, and hold plans accountable.** |
| **Other investments** | **Expand funding to improve the primary care provider and public health practitioner workforce, including loan repayments, improved reimbursement, and training grants.**  
**Support preventive health strategies including initiatives in the workplace, schools, and communities.**  
**Support strategies to improve the public health infrastructure and disaster preparedness at the state and local level.** |

- Adopt malpractice reforms that limit frivolous lawsuits and excessive damages and provide safe harbors for practice within clinical guidelines and safety protocols.
- Promote competition among providers by paying them only for quality and promote use of alternative providers (e.g., nurse practitioners) and treatment settings (e.g., walk-in clinics in retail outlets).
- Invest in prevention and care of chronic illnesses.
- Increase competition and reduce administrative overhead costs of private insurance by permitting sale of nationwide insurance (i.e., not regulated by the states).
- Require drug companies to reveal the price of their drugs; allow re-importation of drugs; and encourage faster introduction of generics and biologics.
- Provide consumers with more information on treatment options and require provider transparency regarding medical outcomes.
- Change provider payment to encourage coordinated care (e.g., pay a single bill for high quality heart care rather than individual services).
- Provide Medicare and Medicaid payments for diagnosis, prevention, and care coordination and bar payments for preventable medical errors or mismanagement.
- Require transparency by providers with regard to medical outcomes, quality of care, costs, and prices.
- Establish national standards for measuring and recording treatments and outcomes.
- Provide consumers with more information on treatment options and require provider transparency regarding medical outcomes.
- Support federal research related to science-based care and cure of chronic disease.
- Promote education of children about health, nutrition, and exercise.
- Support public health initiatives to stem obesity and diabetes and deter smoking.
**Current Legislation**

In response to rising concerns over health care costs and access to quality care, states have led the way in making changes to health care and insurance policies in recent years. Massachusetts and Vermont passed reforms aimed at achieving universal coverage in 2006. Other states have considered similar programs, most recently California, where a bill to provide universal coverage was proposed by Governor Arnold Schwarzenegger, but died in a state senate committee. Recent federal legislation has focused on an effort by Democrats in Congress to expand the SCHIP. The initiative, which would have increased funding and covered approximately 4 million additional children, was twice passed by Congress, but vetoed by President George W. Bush. The president argued that the program would provide publicly subsidized insurance to children from middle- and high-income families who would otherwise receive coverage on their own.

At the same time, as part of a plan to reduce the annual federal budget deficit, the president has proposed cuts in Medicaid and Medicare funding to take effect over the next five years. Bush’s proposals would cut $6 billion from Medicare and $1.4 billion from Medicaid by reducing scheduled increases in payments to health care providers. The increases were intended to adjust reimbursement rates for increased costs of care.

Democrats, who control both the House of Representatives and the Senate, have pledged to resist the proposed cuts. Congressional leaders have said they are likely to pass a Medicare bill before then. Such a bill would also provide lawmakers with a vehicle to propose additional changes.

**Sources:**

Immediately after the film, you may want to give people a few quiet moments to reflect on what they have seen. If the mood seems tense, you can pose a general question and give people some time to themselves to jot down or think about their answers before opening the discussion.

Unless you think participants are so uncomfortable that they can’t engage until they have had a break, don’t encourage people to leave the room between the film and the discussion. If you save your break for an appropriate moment during the discussion, you won’t lose the feeling of the film as you begin your dialogue.

One way to get a discussion going is to pose a general question such as:

- If you could ask anyone in the film a single question, who would you ask and what would you ask them?
- What did you learn from this film? What insights did it provide?
- Describe a moment or scene in the film that you found particularly disturbing, interesting, or moving. What was it about that scene that was especially compelling for you?

Discussion Prompts

THE BIG PICTURE

- Prior to viewing, on a scale of 0-10, rate the level of urgency you felt about making sure that all Americans have health insurance. After viewing, rate the level of urgency again. Discuss any change in your rating and the reasons for the change.
  - What are the greatest strengths of America’s current health care system? What are its most significant weaknesses? Can you think of ways to build on its strengths and mitigate its weaknesses?
  - In the United States, individuals (or their family members) are responsible for providing their own health care. In what ways do the four featured subjects try to take responsibility for their own health? In what ways do circumstances make taking responsibility difficult or impossible? Ultimately, who benefits the most from a system that relies on individual responsibility rather than on a societywide “we’re-all-in-this-together” approach? Who bears the greatest burden?
  - Dr. Dowling says that, in a de facto way, the United States currently rations health care: “People don’t like to hear that, but the truth is we do ration care based on ability to pay.” How else might health care be apportioned? Which structures or systems for delivery of health care would be the most equitable? Would you be willing to pay higher taxes if it meant coverage for everyone? Why or why not?
  - One way to assess the values inherent in the current health care system is to look at “carrots and sticks”—the kinds of behaviors that are rewarded / encouraged and those that are discouraged. What do the “carrots” in the current system motivate people in the film to do? (Possible answers might include smuggling medications from other countries, trying to avoid being a burden on family members, considering divorce and so on). Which of the existing incentives include prevention or early intervention? What kinds of incentives could be offered that would motivate people to stay healthy and that would help people avoid having minor conditions become major emergencies?
  - As you watch the film, look for the ripple effects caused by a lack of health insurance. How does the inability to receive medical care affect people beyond the state of their physical health? What does it do to their ability to care for their children, look for a job, fight for benefits and so on? Beyond subsidizing acute care for the uninsured, what costs are absorbed by their neighborhood, community and society at large? What would change for their families and communities if Hector, Joe, Karen and Carlos had health insurance?
  - Everyone in the film has trouble covering the costs of the medication they need. In your view, should the government regulate the price of drugs, diagnostic procedures, fees paid to doctors and other costs related to medical care? Why or why not?
  - All of the people in the film fight hard for their health, their families and their dignity. In your view, what is the source of their resilience? How do they cope with frustration? In what ways do family members, medical professionals and social service representatives help or hinder their capacity to cope?
  - Brainstorm ways that could help Carlos, Karen, Joe and Hector cover the costs of the medical care they need and...
Discuss the merits and drawbacks of each idea. To start your list, you might consider these questions: Would you be willing to pay more taxes to guarantee coverage for everyone? Should religious, civic and other private groups bear a greater share of the costs to run hospitals and clinics or be required to accept patients who cannot pay?

- Share your reaction(s) to the following statistic from the film:
  — Although the United States spends 50 percent more on health care than any country, it ranks 15th in preventable death, 24th in life expectancy, and 28th in infant mortality.

**HECTOR CARDENAS (LOS ANGELES, CALIFORNIA)**

Hector, a warehouse manager, has diabetes. He opted to amputate his infected foot before losing his job and medical benefits. When his insurance coverage lapses, he struggles to repair his broken temporary prosthesis on his own. He cannot walk properly or earn money without a permanent prosthesis, but he cannot afford the permanent prosthesis without a job that offers basic medical benefits. Adding insult to injury, Hector’s old insurance company retroactively denies reimbursement for his original prosthesis and saddles Hector with a $9,000 bill. He falls five months behind on rent and is forced to move into a single room in a nearby motel. After a year without finding a job, Hector’s perseverance pays off and he is hired as a warehouse manager at a new company. He hopes that he can stay healthy enough to survive the probation period until he qualifies for insurance, but he still worries that the company’s policy will not cover his pre-existing conditions.

- Hector hopes that his insurance policy at his new job will cover his pre-existing conditions and that he will be okay until coverage begins. In what ways is the current market-based insurance system suited or ill-equipped to meet the needs of people with pre-existing and/or chronic conditions? Should the law require insurance to be portable from one job to another irrespective of pre-existing conditions? Why or why not? Should employers who provide health insurance be able to deny employment to people who have pre-existing or chronic conditions? Why or why not?

- Hector faces an impossible choice: receive the treatment he needs to try to save his foot, but lose his job (and medical insurance) for being unable to work for several more months or have his foot amputated in the hopes of keeping his job and having his medical insurance cover the surgery. In light of Hector’s story, assess the benefits and drawbacks of employer-provided insurance. How could a health care system be designed that would not force Hector to choose between treatment (and the resulting poverty) and employment?

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Despite his financial difficulties, Hector is denied service by a county health care facility. He says, “It is frustrating because as a person that’s never relied on social service for anything, the time that I need it, [I expect] it will be there. But to get turned down. Every door I knock on, I get turned down.” In your view, is the government obligated to pay for Hector’s care? Why or why not?

By the time Hector is able to return to work, he is so far in debt that he cannot afford to remain in his home. What kinds of changes to the U.S. health care system could be made that would help keep people like Hector from being driven by medical debt into bankruptcy, poverty or homelessness?

Hector says, “You can’t help anyone if you can’t help yourself, and to be able to help yourself, you’ve got to be in good mental and physical condition. If you don’t have health insurance, you’re not going to make it.” In addition to health insurance, what other things could the government, communities, employers and medical professionals do to help people like Hector help themselves?

Share your reaction(s) to the following statistics from the film:

- This year, 22 million additional Americans became uninsured.
- The lost productivity of uninsured Americans costs the economy up to $130 billion dollars a year—more than the estimated cost to cover the uninsured.
- Sixty percent of uninsured adults had to forgo medical care this year.

JOE STRONAIUOLO (BETHLEHEM, PENNSYLVANIA)

Joe, a doorman for 15 years, loses his finger, then his job and ultimately his health insurance. Unable to afford the medication or doctor visits he needs to manage his chronic liver disease, Joe has to be hospitalized four times in one year, running up bills in excess of $60,000. When he finally qualifies for Social Security Disability (SSD), he discovers a terrible catch-22: His income is too great to qualify for Medicaid, and there’s a standard two-year waiting period to qualify for Medicare. Despite the unflinching support and care of his wife, Dale, Joe’s condition deteriorates, and he passes away just before Christmas. With a grandchild she now must raise alone and medical bills she can never hope to repay, Dale attributes Joe’s premature death to his lack of medical coverage.

Joe’s wife, Dale, says, “A lot of people are dying, and they are dying because they don’t have health care.” If you were looking at our system from a foreign perspective, how would you describe a nation or culture in which those who can’t afford health insurance die prematurely from treatable diseases at much higher rates than those who have insurance?

Joe and Dale can’t understand why they are denied help to pay for the medication that might keep Joe out of the hospital, but they can get partial coverage for very expensive treatment when his chronic conditions become acute. Why would health care coverage be designed to cover major expenses, but not cover treatment that could prevent those major expenses? Who benefits from that approach and who bears the primary financial burden? How else does the current structure of health insurance increase health care costs, and what kinds of public policies could be adopted to mitigate those costs?

Dale asks, “When Joe first got sick he was diagnosed with liver disease. I guess they felt that he just couldn’t do his job no more. So Joe got terminated. Right after that they stopped his health insurance. And now it’s like, what do we do?” How would you answer her? What kinds of policies could be instituted that would help people like Joe, who lose their jobs and their employer-provided health insurance just when they need medical attention the most?

Joe laments that he is too young to receive Social Security and earns just slightly too much to qualify for welfare and Medicaid, yet his medical debt is so high that he sometimes skips taking his medications because the pills are too expensive. As Dale puts it, “If Joe had insurance, he would never have had to skimp on his medication. He would never have used the same needle six to nine times. So yeah, you cut medical corners. It’s like playing Russian roulette with your life.” How would you describe a medical system that forces people like Joe to play Russian roulette with their medication? If you could redesign the system, what changes would you make?

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Share your reaction(s) to the following statistics from the film:

- Hospitals typically charge uninsured patients 2.5 times what they charge privately insured patients.
- Covering the bills of the uninsured increases annual health insurance premiums for the average family by $922.
- Every year, 22,000 Americans die prematurely because they lack health insurance.
Karen loses her insurance because her deteriorating health forces her to quit her job as an apartment manager. She begins experiencing severe recurrent abdominal pains, but the doctors she contacts refuse to treat uninsured patients. A year later, after she finally finds a gynecologic oncologist willing to treat her, she is diagnosed with Stage 3 ovarian cancer, which is almost always fatal. Karen undergoes surgery and chemotherapy, which drives her cancer into remission, but sinks her family deep into debt. She and her husband are forced to sell their belongings and move into a less expensive home, and Karen must forgo expensive treatment and medication. A year after her operation, Karen’s cancer recurs. She passes away in March 2008.

- Did you agree or disagree with Karen when she said, “Medical care is definitely a right”? If Karen is correct, who is responsible for securing that right? What difference would it make if the United States approached health care as right rather than as a private consumption commodity?

- Karen says, “Nobody should be turned away.” In the United States, it is illegal to turn anyone away from an emergency room. But what about primary care, specialty care and chronic disease management? In your view, at what point on the continuum of care, from prevention to a life-threatening emergency, should medical institutions be prohibited from turning people away? What are the financial implications of your recommendation?
Karen says, "I worked like the dickens to keep insurance." But when her pulmonary disease interfered with her ability to be an apartment manager, she lost not only her job, but also the health insurance that would have helped pay for the care she needed to restore her capacity to earn a living. In light of Karen's experience, what are the drawbacks and benefits of a system that relies on employer-based health insurance?

After months of pain, Karen finally seeks help through the American Cancer Society, but only after "a lot of the doctors wouldn’t see me because I didn’t have insurance; ... they actually turned me away." By then, her cancer had progressed long past the point when early detection might have meant less expensive, less invasive treatment and a better long-term prognosis. What could the government, insurance companies, medical institutions, employers and communities do to ensure access to early diagnosis and treatment for people like Karen?

Karen reports, "Our full debt is probably $80,000, and we only made $16,000 last year." What difficulties do uninsured low-wage workers have with medical debt? What role has medical debt played in your own life or in the lives of families or friends? In your view, what would be the most effective way to help people whose medical debt is forcing them into bankruptcy?

At one point, someone suggests that Karen and Ronnie divorce so that Karen’s income would be low enough for her to qualify for Medicaid. In what ways does current health care policy put stress on families?

In Mexico, Karen purchased medicine for $4.95. The cost in the United States was $50. Should the United States change its current policy and permit Americans to reimport prescription drugs from other countries? Why or why not? In your view, are there other things that the government, pharmaceutical companies and others could do to ensure the availability of affordable medication?

Once the government has determined that Karen is too sick to work and therefore qualifies for SSD, she still has to wait two years to receive Medicare, and in the meantime, her disability payments make her ineligible to receive Medicaid. Karen comments, "Honestly, I think they’re waiting for people to die and not have to go into it. That’s why they have the two-year waiting period." How could government policies be crafted to avoid duplication of payments from different agencies while preventing people like Karen from falling into poverty, declaring bankruptcy, or experiencing increased morbidity and mortality?

Share your reaction(s) to the following statistics from the film:

- More than 80 percent of uninsured Americans are from working families.
- Uninsured cancer patients are almost twice as likely as insured cancer patients to die within five years of their diagnosis.
- More than half a million Americans are currently battling cancer without insurance.

CARLOS BENITEZ (LOS ANGELES, CALIFORNIA)

Carlos, an uninsured chef at a French restaurant, has a severe back deformity that has caused him 15 years of unbearable pain and taken seven inches off his height. After learning that the county hospital will not perform surgery, he becomes convinced that the only way to find an affordable cure is to travel to Mexico, where orthopedic specialists recommend he have surgery as soon as possible. Even though the cost in Mexico City is a fraction of what it would be in Los Angeles, he still can’t afford the procedure or the time away from work.

Carlos resigns himself to a life of chronic pain and deformity until he experiences what he calls a miracle. Dr. Patrick Dowling, chief of Family Medicine at UCLA, had seen Carlos at a local health fair where the doctor was supervising his medical students as they offered free checkups to the public. Making a rare exception to the rule, Dr. Dowling is able to arrange for a private orthopedic hospital and a team of surgeons to waive their $300,000 fees for Carlos’s operation. Dr. Dowling is “very pleased that we could help this one individual out,” but laments that “we can’t do endless surgery on uninsured patients. It begs a national solution.”

Carlos had insurance, but was eventually priced out of the system (the cost of premiums increased beyond his ability to pay). If you are insured, how much has the cost of your coverage increased in the past few years? How does the rate of increase...
Discussion Prompts

• Carlos’s wife, Maricela, says that the image of the United States is that it has the very best doctors and latest technology, but that in reality, “if there is no money, there is no cure.” How would you explain the disparity between the image and the reality that Maricela perceives?

• Dr. Dowling notes that public hospitals are overwhelmed by people who are uninsured waiting to get medical care. How have public hospitals in your area dealt with the increasing numbers of uninsured? In your view, what should be done to protect these “safety net” hospitals from becoming so overwhelmed that they cannot effectively serve the community?

• Recognizing that Carlos isn’t getting the care he needs in the public medical system, Dr. Dowling successfully advocates on Carlos’s behalf to find donated private care. As a result, Carlos encounters both sides of a two-tiered health care system, one for the privately insured and one for the medically indigent. In your view, who bears responsibility to ensure a basic standard of care for everybody irrespective of ability to pay, and how should they meet that responsibility?

• Share your reaction(s) to the following statistics from the film:
  — Uninsured adults are 4.5 times more likely to go without medical care than insured adults.
  — Every year, 312,000 Californians seek medical care in Mexico.
Host a discussion on the pros and cons of various forms of universal health coverage, including a single-payer system, individual or employer mandates, tax incentives for individuals to purchase private insurance from companies, and so on. Assess how each of the plans would have changed the situations faced by the people in the film or people you know who have struggled to receive care.

Use the grid on page 22 to evaluate the presidential candidates’ health care plans. Summaries of those plans are available in the “Background” section of this guide.

Convene a support group for medical professionals who are frustrated by having to make treatment decisions based on what a patient can afford rather than on medical need.

Set up a health fair like the one seen in the film that connects local providers offering free or sliding fee scale medical care to the uninsured.

Research the reasons that medical care and prescription drugs are often cheaper in other countries and what could be done to make them cheaper in the United States.

Plan an event in conjunction with Cover the Uninsured Week (April 27–May 3). For more information on this event, visit www.covertheuninsured.org.

Host a screening or a house party to bring visibility to this issue and encourage discussion about health care reform.

Examine eligibility gaps created by age, income, and limits on the length or amount of benefits in existing government health programs (SCHIP, Medicaid, Medicare). Brainstorm ways to close the gaps you find. Share your best ideas with policy makers and elected officials.

Join local community groups and national organizations that are pushing the next president and Congress to move the nation toward health care reform. Learn more about organizations working for change:

**AMERICANS FOR HEALTH CARE**
www.americansforhealthcare.org/take-action

In the “Take Action” section of the AHC website you can sign up to join the ranks of this grassroots health care reform organization, which is backed by the Service Employees International Union. From the AHC, you can receive the latest news and updates; download detailed activist guides, including one on how to share your personal health care experiences with the media; and connect with an AHC state campaign or other local organizations in need of volunteers.

**AMERICAN MEDICAL ASSOCIATION: VOICE FOR THE UNINSURED.ORG**
www.voicefortheuninsured.org/getinvolved.html

Read the AMA’s proposal for changing the health care system and expanding insurance coverage to the uninsured, then register with the Patients’ Action Network to show your support. By registering, your name will be added to the list of tens of thousands of other Americans who want Congress to hear their voice and change the health care system.

**AMERICAN MEDICAL STUDENT ASSOCIATION**
www.amsa.org/grassroots

This AMSA “activism toolbox” is a guide to grassroots action for medical students and provides comprehensive resources for organizing local campaigns, including tips for writing effective newsletters, lobbying and public relations tactics for getting out your message.

**CAMPAIGN FOR AN AMERICAN SOLUTION**
www.americanhealthsolution.org/action-center

Sign up to join the Campaign for an American Solution, a nonpartisan, educational and grassroots initiative of America’s Health Insurance Plans to get updates from Washington on health care reform, share your ideas with lawmakers, and receive news about and information on how to participate in the campaign’s ongoing cross-country “Listening Tour.”
**CODE BLUE NOW! : AMERICA’S HEALTH CARE VOICE**


Read the Declaration of Health for America, then add your signature to the petition for health care reform via an online form. Take an online survey to voice your opinion on the health care system and get tips for writing to your elected officials and resources for starting a reading/discussion group.

**COVER THE UNINSURED**

[http://covertheuninsured.org/whatyoucando](http://covertheuninsured.org/whatyoucando)

The “What You Can Do” section of this project of the Robert Wood Johnson Foundation offers planning guides and everything else you’ll need to organize and promote activities in support of America’s uninsured in your hometown or on your college campus. Materials cover the issue of health care from a wide range of perspectives, including the business community, faith-based organizations, families and college students.

**AMERICAN ASSOCIATION OF RETIRED PERSONS: DIVIDED WE FAIL.ORG**

[www.aarp.org/issues/dividedwefail/resources/activist_resources.html](http://www.aarp.org/issues/dividedwefail/resources/activist_resources.html)

Visit the “Activist Resources” section of the website for this AARP initiative on health care and financial security to take a pledge to support candidates who will take action on these issues. Also find links to materials on writing editorials and letters to the media, reaching out to neighbors, building consensus on health care reform in your community, and using the Internet to spread the Divided We Fail message. The site also puts you in touch with your state AARP office so you can coordinate your efforts with others in your area.

**FAMILIES USA**

[http://ga3.org/campaign/takeaction_email](http://ga3.org/campaign/takeaction_email)

Use this email template to send a message to your senators and representatives urging them to fix the health care system and make quality health care available and affordable for all.

**HEALTHCARE-NOW!**

[www.healthcare-now.org/take_action.html](http://www.healthcare-now.org/take_action.html)

The “Take Action” section of this website offers 27 action ideas and provides the necessary resources, including setting up a meeting with your member of Congress, contacting your state governor and legislators, launching a letter-writing campaign, organizing your own local coalition, and even purchasing a yard sign. You can also read and endorse the proposed bill HR 676, the United States National Health Insurance Act, and sign a petition to encourage Congress to act.

**HEALTHCARE FOR AMERICA NOW!**

[http://healthcareforamericanow.org/page/s/which](http://healthcareforamericanow.org/page/s/which)

Healthcare for America NOW! has an email template form that asks individuals to choose between different health care plans: one in which individuals can keep their current private insurance plan, pick a new private insurance plan or join a public health insurance plan.

**PHYSICIANS FOR A NATIONAL HEALTH PROGRAM**

[www.pnhp.org/action/activism.php#citizen](http://www.pnhp.org/action/activism.php#citizen)

The “Get Active” section of the PNHP website offers ideas and resources for getting involved with the organization’s mission to achieve national health insurance. A guide for citizen activists includes handouts and fact sheets on single-payer health care, templates for writing to your representative and drafting an op-ed for your local news publications, and tips on organizing community group meetings. You can also sign up for action alerts on important health policy issues and new research.
**What Do the Candidates Say About Health Care Policy?**

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<th>Issue</th>
<th>Democrat</th>
<th>Republican</th>
<th>Other</th>
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<td>Once a person is declared eligible to receive Social Security Disability, they must wait two years to become eligible for Medicare. Would the candidate eliminate this waiting period?</td>
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<td>Many drugs that are prohibitively expensive in the United States are available for a fraction of the cost in other countries. Does the candidate support the legalization of the reimportation of drugs from other countries?</td>
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<td>How would the candidate change the current practice of insurers that cover expensive treatments like major surgery, but not drugs or routine primary care that might render the surgery unnecessary?</td>
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<td>How would the candidate ensure that public hospitals—often the safety net for the uninsured—remain solvent and effective in light of the burden of ever-increasing numbers of uninsured patients?</td>
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<td>People whose injuries or illness prevent them from working often lose their jobs and health insurance at the time when their medical bills are at their highest. What would the candidates do to address this catch-22? Is portability included in their plan?</td>
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<td>Once a person loses insurance coverage, it can be difficult to get a company in the individual health insurance market to cover pre-existing conditions. Does the candidate support requiring insurers to cover pre-existing conditions?</td>
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<td>Soaring health care costs have forced employers to raise the employee share of premiums or co-pays, often making coverage unaffordable, especially for low-wage workers. How would the candidates propose to contain soaring health care costs?</td>
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<td>Uninsured people have much higher rates of morbidity and mortality than those who are insured. What would the candidate do to eliminate this disparity?</td>
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<td>Other issues</td>
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P.O.V.’s *Critical Condition* Companion Website

www.pbs.org/pov/pov2008/criticalcondition

The *Critical Condition* companion website offers a streaming version of the entire film for 6 weeks after broadcast; an interview with filmmaker Roger Weisberg; a list of related websites, organizations and books; a downloadable discussion guide and classroom activity; and the following special features:

**ORIGINAL THREE-PART PODCAST SERIES**

This special collection of conversations about health care in the United States is in addition to our regular filmmaker interview podcast with filmmaker Roger Weisberg. Experts will discuss the presidential candidates’ health care plans; the economics of the American health care system and what has happened over the past 10 years; and what options are available for the uninsured and underinsured currently across the country.

**PRESIDENTIAL PLANS IN ACTION**

Watch shortened versions of the characters’ stories, alongside details about how their situations would be affected by either presidential candidate’s plans for health care reform.

**CRITICAL CONDITION VIDEO STREAMING ON THE P.O.V. WEBSITE**

Watch the entire film online or browse by chapter—FOR FREE, until November 11, 2008.

**FREE HEALTH CARE MASH-UP MAP**

This searchable map enables uninsured individuals in the United States to locate health care providers in their communities, including free clinics, community health centers and other health services.

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**Health Care 101**

**2008 Election**

**KAISER FAMILY FOUNDATION**

www.kff.org

In addition to dozens of research reports on health-related topics, the Kaiser Family Foundation provides this handy way to compare health care proposals offered by 2008 presidential candidates.

**PRESIDENTIAL RX**

www.presidentialrx.com

This website created by the Health Care Solutions Group, a nonpartisan health institute focused on supporting improvement in the health care system, attempts to clarify the key issues in the health care debate and provides related headlines, commentary from health policy experts and additional voter resources.

**HEALTH08.ORG**

www.health08.org

A central hub for resources and information about health policy issues in the 2008 election, the Health08 website—operated by the staff of the Kaiser Family Foundation—provides analysis of policy issues, regular public opinion surveys, daily news updates, video of speeches and debates from the campaign trail, original interviews, and more.

**JOHN MCCAIN.COM:**

**STRAIGHT TALK ON HEALTH SYSTEM REFORM**

www.johnmccain.com/Informing/issues

The Republican presidential candidate’s official website outlines his plan for reforming the national health care system and includes a transcript of the speech he delivered on health care reform at the University of South Florida’s Lee Moffitt Cancer Center and Research Institute in Tampa, Florida, on April 29, 2008. The site also offers video of McCain summarizing his positions and photos from that appearance.

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BARACK OBAMA.COM: HEALTH CARE
www.barackobama.com/issues/healthcare
Democratic candidate Barack Obama’s official website presents his plan for health care reform and offers additional information, including Obama’s voting record on health care issues, a link for you to email your thoughts and discussion forums.

NPR.ORG: ELECTION 2008: ISSUES:
TAKING THE PULSE OF THE CANDIDATES’ HEALTH PLANS
www.npr.org
In this short radio piece, NPR health correspondent Julie Rovner explains the major differences between the health care plans being proposed by Barack Obama and John McCain. [July 4, 2008]

ENVISIONING THE FUTURE: THE 2008 PRESIDENTIAL CANDIDATES’ HEALTH REFORM PROPOSALS
www.commonwealthfund.org
This interactive Web feature presented by the Commonwealth Fund, a private foundation supporting independent research on health care issues, allows you to compare the candidates’ plans for health care reform overall and by specific issues, such as tax credits and subsidies, prevention and chronic disease management, and insurance market regulation. Comparisons of former candidates’ plans are also available.

TIME: SWAMPLAND BLOG: THE GREAT HEALTH CARE DEBATE OF 2008 IS FINALLY ENGAGED
www.time-blog.com
This blog post calls attention to the deep philosophical differences between the health care reform plans proposed by John McCain and Barack Obama and the degree to which McCain’s plan is a departure from the system we have now. [April 30, 2008]

www.slate.com/id/2195773
This article looks at the role lobby groups will play in the debate on health care reform by spotlighting two recently launched campaigns created by key opposing groups: the Campaign for an American Solution backed by the insurance companies and Health Care for America NOW! backed by labor unions and other liberal nonprofits. [July 22, 2008]

KQED: YOU DECIDE: SHOULD THE UNITED STATES ADOPT A SINGLE-PAYER, UNIVERSAL HEALTH CARE PLAN?
www.kqed.org/w/youdecide/healthcare
If you think you know where you stand on the issue of health care, think again. This online devil’s advocate quiz created by the interactive division of KQED walks you through the pros and cons of adopting a single-payer universal health care plan, challenging your point of view every step of the way.

Uninsured and Underinsured

ONLINE NEWSHOUR: HEALTH BEAT:
THE UNINSURED IN AMERICA
www.pbs.org/newshour
This in-depth exploration of the uninsured in America includes recent reports on why those in need of care are being left behind, resources including an interactive map of the uninsured by state, and a timeline on health insurance in the United States, as well as articles on how the problem affects businesses and what state and local governments are doing about it. [June 10, 2008]

NOW: SCIENCE AND HEALTH:
AMERICA’S HEALTH IN PERSPECTIVE
www.pbs.org/now/science/healthcare.html
This webpage from the PBS program NOW explores a controversial plan in Maine and provides resources to enable you to find out if your state is working on new health care proposals. [February 24, 2006]
WASHINGTON POST: RISING HEALTH COSTS CUT INTO WAGES
www.washingtonpost.com

This article illustrates how the escalating cost of providing health care benefits for employees is eroding the living standards of American workers. Employers are paying more for health care and other benefits—reaching 30.2 percent of employers’ costs, up from 27.4 percent in 2000—ultimately leaving less money for wage increases. (March 24, 2008)

USA TODAY: INDIVIDUAL HEALTH POLICIES LEAVE MANY BEHIND
www.usatoday.com/news/health

In this article, health reporter Julie Appleby considers two different approaches to reshaping the market for the nearly 18 million Americans who must buy their own insurance. One approach would loosen regulations, and the other would increase government oversight. (July 16, 2008)

ASSOCIATION OF HEALTH CARE JOURNALISTS: TALKING HEALTH: COVERING THE UNINSURED
www.healthjournalism.org/talkinghealth.php

This webcast series presented by the Association of Health Care Journalists, the Commonwealth Fund and the City University of New York Graduate School of Journalism explores the growing problem of the underinsured—those who have insurance but are still at risk for substantial out-of-pocket expenses. Additional resources include links to the presidential candidates’ statements on the underinsured and research on the number of uninsured American adults.

Polls and Opinions

NPR: AMERICANS CUTTING BACK ON MEDICAL CARE, POLL FINDS
www.npr.org

Part of the NPR series Feeling the Economic Pinch, this segment explores growing health care costs and the results of a poll conducted for NPR in the swing states of Florida and Ohio by the Kaiser Family Foundation and the Harvard School of Public Health. Listen to the corresponding radio piece and read the full results of the poll, in which one out of four people—including middle-class people with jobs and health insurance—say they’re having trouble paying their medical bills. (July 23, 2008)

CATO INSTITUTE: VOTERS SEND MIXED MESSAGES ON HEALTH CARE
www.cato.org

CATO Institute senior fellow Michael D. Tanner points out that although polls show that voters consider health care reform one of the top three issues of this presidential election, they also reveal that Americans are confused about exactly what reforms should look like. This column originally appeared in the Orange County Register. (June 13, 2008)

FORTUNE MAGAZINE: WHY MCCAIN HAS THE BEST HEALTH CARE PLAN
http://money.cnn.com

Editor-at-large Sean Tully argues in favor of McCain’s plan, which aims to “junk” the employer-based health care system that has been in place since World War II and to put health care insurance on the free market for Americans to purchase independently based on their health care needs and stage of life. (March 11, 2008)

THE NEW YORK TIMES: OPINION: HEALTH CARE EXCUSES
www.nytimes.com

New York Times op-ed columnist Paul Krugman catalogs and then debunks the most commonly heard “apologies” for American health care, including the idea that the uninsured have adequate access to health care through emergency rooms, that bad eating habits rather than the system are to blame for our health care woes, that we’re paying more for health care because of advances in medicine and, finally, that socialized medicine is a threat to high-quality care. (November 11, 2007)
SLATE.COM: FIXING IT: HEALTH CARE POLICY
www.slate.com/id/2188016
In this article, part of Slate’s 10-part series offering detailed policy prescriptions for the next president, Ezra Klein, associate editor of the liberal magazine The American Prospect, tackles health care reform. Klein advises, “Do it first. Don’t write a bill. Let someone else take the credit.” [April 3, 2008]

History and Background

THE NEW YORK TIMES MAGAZINE:
NOW CAN WE TALK ABOUT HEALTH CARE?
http://query.nytimes.com
In this 2004 essay, Hillary Rodham Clinton writes in-depth about how 21st-century problems, like genetic mapping, an aging population and globalization, are combining with old problems, like skyrocketing costs and a growing number of uninsured, to overwhelm the American health care system. In addition to chronicling the evolution of the modern American health care system, Clinton lays out possible technology-, patient- and provider-driven solutions to curb rising costs, ensure greater coverage for the uninsured and underinsured, and prepare our health care system for the future. [April 18, 2004]

TIME: PLAYING THE HMO GAME
www.time.com
In June 2001, the health-maintenance organization, or HMO, Kaiser Permanente announced that it would not cover the cost of Viagra, the $10 erection pill, for its 9 million members and touched off a debate on managed care. Using this as a jumping-off point, this article traces the history of HMOs and explores how managed care shifted the power to make treatment decisions from physicians to bureaucratic gatekeepers who are paid to question the necessity of nearly every medical procedure or referral. (June 24, 2001)

YOUTUBE.COM: "HARRY AND LOUISE"
www.youtube.com/watch?v=Dt31nhleeCg
These legendary 1994 television spots sponsored by the Coalition for Health Insurance Choices, an insurance company lobby, featured a middle-class married couple lamenting the complexity of the Clinton health care plan. In a September 30, 1994, New York Times article, reporter Robin Toner wrote that "'Harry and Louise' symbolized everything that went wrong with the great health care struggle of 1994: a powerful advertising campaign, financed by the insurance industry, that played on people's fears and helped derail the process."

EH.NET: HEALTH INSURANCE IN THE UNITED STATES
http://eh.net/encyclopedia
This academic article by Melissa Thomasson, associate professor of economics at Miami University in Ohio, describes the development of the U.S. health insurance system and its growth in the 20th century, beginning from the rising price of medical care in the 1920s and 1930s and the birth of Blue Cross and Blue Shield to the enactment of Medicare and Medicaid in the 1960s. EH.Net is supported by the Economic History Association and affiliated organizations, including the Business History Conference, the Cliometric Society, the Economic History Society and the History of Economics Society. [April 18, 2003]

International Angle

REUTERS: U.S. HEALTH CARE COMES UP SHORT
IN SURVEY OF SEVEN NATIONS
www.reuters.com
This article looks at a 2007 report published in the journal Health Affairs by the Commonwealth Fund, a private foundation that supports research on health systems. The report finds that Americans spend double what people in other industrialized countries spend on health care, yet we have more trouble seeing doctors, are the victims of more errors and go without treatment more often. [November 1, 2007]
The companion site for the Frontline series looks at the different ways in which five capitalist democracies, including Great Britain, Japan, Germany, Taiwan and Switzerland, have tackled the issue of health care for their citizens. The site includes a link to the broadcast, a digest of each country’s health care system and interviews with key stakeholders, including politicians, health care experts and economists.

This special report compares the health care realities for patients with similar conditions in the United States, France, the United Kingdom, Germany, France and Switzerland. NPR health reporter Julie Rovner highlights the Swiss health care system, which underwent a major overhaul in 1994, including guaranteeing health care for all and preventing health insurance companies from making a profit. The new model incorporates aspects of reforms being advocated by both Republicans and Democrats in the United States. [July 2008]

In this op-ed from the opinion pages of The Wall Street Journal, David Gratzer, a physician and senior fellow at the Manhattan Institute, writes about a major international study to be published in the August 2008 issue of The Lancet that shows that U.S. medicine bests the cancer treatment available to people in 30 other countries. [July 22, 2008]

This article from the Business section of The New York Times offers an analysis of a July 2008 study released by the Commonwealth Fund, a nonprofit research group, that highlights the stark contrast between what the United States spends on its health system and the quality of care it delivers, especially when compared with many other industrialized nations. [July 17, 2008]

The official website of the controversial 2007 Michael Moore film that took aim at the U.S. health care system includes news on single-payer health care, patient stories, a list of contributions from the insurance industry to 2008 presidential candidates, facts and figures on Canadian medicine, and plenty of resources for getting involved on a national and local level.

The website of this project of the Robert Wood Johnson Foundation includes fact sheets, up-to-date reports on pending legislation and organizing tools.

This report from the nonpartisan Commonwealth Fund, a private foundation working toward a high-performance health care system, explores the current problems with America’s health care system, looks at the different options on the table for health care reform and sets the bar for what its researchers would consider a high-performing system. [October 18, 2007]

Read the 2008 National Scorecard on U.S. Health System Performance, a comprehensive measurement of health care outcomes, quality, access, efficiency and equity in the United States prepared for the Commonwealth Fund as an update to its 2006 Scorecard. [July 17, 2008]
NATIONAL COALITION ON HEALTH CARE:
BUILDING A BETTER HEALTH CARE SYSTEM
www.nchc.org/materials/studies/reform.pdf

Read the health care reform recommendations outlined in this 2004 report from the nonprofit, nonpartisan alliance of America’s largest businesses, unions, health care providers, associations of religious congregations, pension and health funds, insurers, and patient and consumer advocates.

HEALTH INFORMATION TECHNOLOGY
www.rand.org/pubs

This 2004 report from the nonprofit RAND Corporation, which has been cited by Democratic presidential candidate Barack Obama, outlines the estimated potential costs and benefits of widespread adoption of Health Information Technology (HIT), including efficiency savings that could reach $77 billion, increased patient safety and improved preventive care.

THE HERITAGE FOUNDATION: HEALTH CARE REFORM
www.heritage.org/research

The website of this conservative think tank offers research reports and articles that support its position that the United States needs to move from the current “bureaucracy-driven, heavily regulated third-party payment system” of health care to “a new patient-centered system of consumer choice and real free-market competition.”

HOOVER INSTITUTION
www.hoover.org/research

The health care–focused section of the website of the Stanford University–based public policy research center outlines its views on health care policy and politics vis-à-vis the 2008 presidential election debate over health care reform. The site includes links to articles, books and op-eds on the topic by Hoover Institution fellows.

KAISER FAMILY FOUNDATION
www.kff.org/uninsured

Read the October 2007 Kaiser Family Foundation report, “The Uninsured: A Primer—Key Facts About Americans Without Health Insurance.”

CENTER FOR STUDYING HEALTH SYSTEM CHANGE
www.hschange.org

Funded by the Robert Wood Johnson Foundation, this nonpartisan research group provides background investigation and briefings on health policy issues, including insurance coverage and health care costs.

U.S. CENSUS BUREAU
www.census.gov

Find the most recent reports, briefs and data on health insurance in the United States, definitions of the types of health insurance coverage available and links to historical health insurance tables from 1994 to 2006.

NATIONAL COALITION ON HEALTHCARE
www.nchc.org

The website of this nonpartisan, nonprofit organization is a particularly good source for information on the economic aspects of health insurance.

COMMONWEALTH FUND
www.commonwealthfund.org

The Commonwealth Fund is a private foundation that aims to promote a high-performing health care system that achieves better access, improved quality and greater efficiency, particularly for society’s most vulnerable, including low-income people, the uninsured, minority Americans, young children and the elderly.
Advocacy

AMERICAN ASSOCIATION OF RETIRED PERSONS
www.aarp.org
The AARP is the leading nonprofit, nonpartisan membership organization for people aged 50 and older in the United States. It is also one of the four groups sponsoring the Divided We Fall campaign engaging the American people, businesses, nonprofit organizations and elected officials in finding bipartisan solutions to ensure affordable, quality health care and long-term financial security for Americans.

AMERICAN MEDICAL ASSOCIATION: VOICE FOR THE UNINSURED.Org
www.voicefortheuninsured.org
The American Medical Association website includes the organization’s proposal for expanding coverage and choices for all Americans, information on the presidential candidates’ platforms on health care, multimedia stories from uninsured Americans across all demographics and more.

AMERICAN PUBLIC HEALTH ASSOCIATION
www.apha.org
The oldest and most diverse organization of public health professionals in the world, the APHA has been working to improve public health since 1872. Their website provides information about their Public Health Action Campaign (PHACT), which aims to protect all Americans, their families and their communities from preventable, serious health threats and strives to assure community-based health promotion, disease prevention activities and preventive health services are universally accessible in the United States.

BIGGOVHEALTH: AN INITIATIVE OF THE CENTER FOR MEDICINE IN THE PUBLIC INTEREST
www.biggovhealth.org
The Web portal of this nonprofit, nonpartisan organization, which opposes government control in health care, offers news, information, and first-person experiences and views about government-run health care systems.

CAMPAIGN FOR AN AMERICAN SOLUTION
www.americanhealthsolution.org
This website tracks the nonpartisan, educational and grassroots initiative of America’s Health Insurance Plans, the national insurance company trade association, which is planning to travel to states across the country to facilitate conversations about how to expand health care coverage to every American, reduce costs and increase the quality of care.

CENTER FOR AMERICAN PROGRESS
www.americanprogress.org/issues/domestic/healthcare
This progressive think tank’s website explores current topics in health care, including malpractice reform, socialized medicine, tax policy’s role in health care reform, and whether health care reform should be driven by individual states or the federal government.

THE COALITION TO ADVANCE HEALTHCARE REFORM
www.coalition4healthcare.org
A coalition actively working with business leaders and employers who are dedicated to engaging in the debate about healthcare and solving the crisis, the CAHR’s approach to the health care reform policy debate centers around taking action at the state and national level to engage with lawmakers on the substantive issues.

COMMUNITY CATALYST
www.communitycatalyst.org
Community Catalyst is a national non-profit advocacy organization working to build the consumer and community leadership that is required to transform the American health system. The organization’s staff of policy analysts, attorneys, community organizers and communications specialists work with local and national organizations to help them achieve wide-reaching reforms in many areas including Medicaid policy, prescription drug prices and diversity in the health care workforce.

FAMILIES USA
www.familiesusa.org/issues/uninsured
The website of this advocacy organization, which promotes high-quality, affordable health care for all Americans, includes an entire section devoted to the uninsured.
HEALTHCARE-NOW!
www.healthcare-now.org
Healthcare-Now! is a national campaign for a quality, guaranteed, nonprofit, single-payer system in the United States. Check in on grassroots events across the country, sign a petition for the United States National Health Insurance Act and organize your own local “Truth Hearing” about our country’s health care crisis.

HEALTHCARE FOR AMERICA NOW!
http://healthcareforamericanow.org/
The website of the national grassroots campaign for quality, affordable health care launched by labor unions and various liberal nonprofits includes petitions, tools for getting involved, the latest news on the debate on health care reform, and links to advertisements on YouTube that use humor to highlight the plight of the uninsured and underinsured.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
www.hhs.gov/
The HHS is the government’s principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. It is also a sponsor of the Insure Kids NOW! national campaign.

Support Services

NATIONAL ASSOCIATION OF COMMUNITY HEALTH CARE CENTERS
www.nachc.com/resources-helpful-links.cfm
This umbrella organization of centers focused on providing medical care to underserved populations includes a useful set of links to related organizations, government programs and more.

SINGLE STOP USA
www.singlestopusa.org/
This foundation-funded website helps low-income individuals find and connect with public programs that offer assistance, including health care coverage.

MEDLINEPLUS: HEALTH INSURANCE
www.nlm.nih.gov
This website, a service of the National Library of Medicine and National Institutes of Health, offers resources and information on health insurance and coverage.

NATIONAL HEALTH CARE FOR THE HOMELESS COUNCIL
www.nhchc.org
The resources section of the National Health Care for the Homeless Council offers current state-by-state listings of 185 Health Care for the Homeless grantees and more than 300 subcontractors and 64 government and private contractors who provide health services to the homeless.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES: HEALTH RESOURCES AND SERVICES ADMINISTRATION
http://findahealthcenter.hrsa.gov/
Search for federally funded health centers by state or county that offer care to all patients, even those without health insurance.
How to Buy the Film

To order *Critical Condition*, go to www.pppdocs.com/criticalcondition.html

Distribution Directory

For home entertainment:
On DVD September 23, 2008
Available wherever DVDs are sold, or order now at www.docurama.com

For universities, libraries, and all other institutional use:
Filmakers Library
124 E. 40th Street, Suite 901
New York, NY 10016
info@filmakers.com
(800) 555-9815
www.filmakers.com

For foreign television licensing:
Ocule Films
Kirt Eftekhar
822 Valita Street
Venice, California 90291
(310) 399-7937
www.oculefilms.com

For all other markets & territories:
Public Policy Productions
3 Ludlow Lane
P.O. Box 650
Palisades, NY 10964
(845) 398-2119
pppinfo@pppdocs.com
Produced by American Documentary, Inc. and entering its 21st season on PBS, the award-winning P.O.V. series is the longest-running series on television to feature the work of America’s best contemporary-issue independent filmmakers. Airing Tuesdays at 10 p.m., June through October, with primetime specials during the year, P.O.V. has brought more than 250 award-winning documentaries to millions nationwide and now has a Webby Award-winning online series, P.O.V.’s Borders. Since 1988, P.O.V. has pioneered the art of presentation and outreach using independent nonfiction media to build new communities in conversation around today’s most pressing social issues. More information about P.O.V. is available online at www.pbs.org/pov.

Major funding for P.O.V. is provided by PBS, The John D. and Catherine T. MacArthur Foundation, National Endowment for the Arts, The Educational Foundation of America, The Fledgling Fund, New York City Department of Cultural Affairs, New York State Council on the Arts, Lower Manhattan Cultural Council, The September 11th Fund, and public television viewers. Funding for P.O.V.’s Diverse Voices Project is provided by the Corporation for Public Broadcasting. P.O.V. is presented by a consortium of public television stations, including KCET Los Angeles, WGBH Boston and Thirteen/WNET New York.

P.O.V. Community Engagement and Education

P.O.V. provides Discussion Guides for all films as well as curriculum-based P.O.V. Lesson Plans for select films to promote the use of independent media among varied constituencies. Available free online, these originally produced materials ensure the ongoing use of P.O.V.’s documentaries with educators, community workers, opinion leaders, and general audiences nationally. P.O.V. also works closely with local public-television stations to partner with local museums, libraries, schools, and community-based organizations to raise awareness of the issues in P.O.V.’s films.

P.O.V. Interactive

www.pbs.org/pov

P.O.V.‘s award-winning Web department produces a Web-only showcase for interactive storytelling, P.O.V.’s Borders. It also produces a website for every P.O.V. presentation, extending the life of P.O.V. films through community-based and educational applications, focusing on involving viewers in activities, information and feedback on the issues. In addition, www.pbs.org/pov houses our unique Talking Back feature, filmmaker interviews, viewer resources and information on the P.O.V. archives as well as myriad special sites for previous P.O.V. broadcasts.

American Documentary, Inc.

www.americandocumentary.org

American Documentary, Inc. (AmDoc) is a multimedia company dedicated to creating, identifying and presenting contemporary stories that express opinions and perspectives rarely featured in mainstream media outlets. AmDoc is a catalyst for public culture, developing collaborative strategic-engagement activities around socially relevant content on television, online and in community settings. These activities are designed to trigger action, from dialogue and feedback to educational opportunities and community participation.

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