

US - An Hour with Michael Moore on "Sicko", his Trip to Cuba with 9/11 Rescue Workers, the Removal of Private Healthcare Companies & Clinton's Ties to Insurance Companies: "They're into Her Pocket and She's Into Their Pocket And I Don't Expect Much From Her"

Amy Goodman, Democracy Now!

Monday 9 July 2007, posted by [John Malone](#)

Monday, June 18th, 2007 - [Democracy Now! News Program](#) - Michael Moore is on the move. On Wednesday, the Academy Award-winning filmmaker will testify on Capitol Hill. He then heads to New Hampshire to challenge presidential candidates - Democrat and Republican - over the nation's healthcare system.

Oh, and his latest documentary, *SiCKO*, is being released in thousands of theaters next week. The film is a seething indictment of the US healthcare system. It focuses not on the more than 40 million people who don't have health insurance, but on the more than 250 million who do, many of whom are abandoned by the very health insurance industry they've paid into for decades.

Yesterday I sat down with Michael Moore at the Tribeca Cinema here in New York, just after he'd done a sneak preview for 9/11 workers who fell ill after working in the toxic environment at Ground Zero. He was then doing a fundraiser for the Center for Justice and Democracy, a tort reform group. I began by asking Michael Moore what inspired him to make the film.

MICHAEL MOORE: Well, I actually - I had a TV show on back in the '90s called *TV Nation*, and one day I just - I thought it would be interesting to have like a race. So we sent a camera crew to an emergency room in Fort Lauderdale, a camera crew to an emergency room in Toronto, and then one to Havana. And they would each wait until someone came in with a broken arm or a broken leg. And then they were going to follow that person through and see how good the quality of the care was, how fast it was and how cheap it was. And I convinced Bob Costas and Ahmad Rashad, sportscasters, to do the play-by-play of what we called the Healthcare Olympics. And so, it was a race between the US, Canada and Cuba. And to make a long story short, Cuba won. They had the fastest care, the best care, and it cost nothing.

We turn the show in to NBC that week, and we get a call from the censor. They're not called "the censor," they're called Standards & Practices. And so, this woman calls. She's the head of Standards & Practices - Dr. Somebody. I don't know they - she actually had a "Dr." before her name, but I forget her last name now. But she calls, and she says, "Mike, Cuba can't win." I said, "What?" "Cuba can't win." "Well, they won. What do you mean they can't win? They won." "No, we can't say that on NBC. We can't say that Cuba won." "Well, yeah, but they won! They provided the fastest care. They were the cheapest. And the patient was happy, and the bone got fixed." "No, it's against regulations here." I said, "Oh, well, I'm not changing it."

Well, they changed it. They changed it. Two days later, when it aired, they changed it so that Canada won. And Canada didn't win. Canada almost won, but they charged the guy \$15 for some crutches on the way out. So it's bugged me to this day that anybody who saw that episode, you know, where it said, you know,

“and Canada won the Healthcare Olympics,” and in fact it was Cuba, but that couldn’t be said on NBC, because God knows what would happen.

So, anyways, I first started thinking about this issue then, and then when I had my next show, *The Awful Truth*, we followed a guy who had health insurance, but his health insurance company would not approve this operation he needed, which would save his life. So we took the guy to the headquarters of Humana, the HMO down in Louisville, Kentucky, took him in to see the executives there. They gave us the boot. So we went out on the lawn and conducted the man’s funeral, with him present. So we had a priest and a casket and pallbearers, bagpipes and, you know, “Amazing Grace” and the whole deal. And the executives are looking down from the top floor at this and horrified this is going to air on national television. Three days later, they call and tell the guy, “We’ll approve the operation.” And the man is alive today.

And I thought at the time, geez, you know, a ten-minute piece, we saved a guy’s life; what could we do if we did a two-hour movie? And so, that was the sort of the genesis of this, though the movie didn’t end up being a bunch of stories about, you know, saving individual people’s lives, because as I got into this, I figured there’s a much, you know, sort of bigger story to tell about the actual system itself.

AMY GOODMAN: Well, tell us about the 9/11 workers and how you got involved with all of these people who have gotten sick. We just came from one of your first showings before the premiere of the film, with 9/11 emergency responders who are sick.

MICHAEL MOORE: Right. Well, as you know, those of us who in New York here, where, you know, since 9/11, a lot of these workers who ran down there to help on 9/11 who were not city employees or state employees, but were just volunteers – I mean, some people got across from New Jersey and came and helped. They were maybe volunteer firefighters from New Jersey, some were EMT volunteers, and they went down there to help. Some of them stayed there for months in the recovery effort. And they got all these illnesses, respiratory illnesses and things like that, from breathing, you know, the whole, you know – while the EPA was saying, Giuliani was saying everything’s fine down there. You know, go ahead and breathe away. In fact, as we now know, it was very toxic down there. And hundreds, perhaps even thousands, have suffered as a result of the toxicity in the air at the time.

And then to find out that our own government and all these 9/11 funds won’t provide any help to these volunteers, because they weren’t employees of the city. So they’ve been going through all these illnesses – and some of them not even seeing a doctor or can’t afford the operations or the things that they need, the medicines they need, because they don’t have health insurance. And they can’t work now, so they’re disabled, and then they have to go through a whole rigmarole to try and get Medicaid. It’s just – I mean, making them go through hoop after hoop, very sad thing to see. And so, we got to know some of them.

And at the same time, I saw this thing on C-SPAN, where Senator Frist had gone down to Gitmo, because they wanted to show how, you know, we’re taking good care of the detainees, you know, where they’re getting all top-of-the-line prisoner treatment. And one of the things that he wanted to remark on – Mr. Frist – was how good the healthcare was –

AMY GOODMAN: Dr. Frist.

MICHAEL MOORE: Yes, excuse me. Yes, of course, Dr. Frist. There’s another doctor. He then presented this list of, you know – here’s all the colonoscopies that we’ve been doing, you know. And, of course, the first thing I thought when I heard that, I thought, “Colonoscopies? Hey, most of these detainees are, you know, in their twenties and thirties. You know, you’re not really – you don’t necessarily have a colonoscopy ‘til you’re fifty.” So that should have been your first clue right there something was amiss at Gitmo. But he has this whole list, Amy, of how many teeth cleanings they’ve done of the detainees, how many root canals. They do nutrition counseling.

AMY GOODMAN: Do they talk about the force-feedings of fasting prisoners?

MICHAEL MOORE: Yeah, well, of course. That’s what’s called “nutrition counseling.” And so, he made

this as part of this big, you know, thing about how wonderful they're treated there, and we shouldn't worry at all about them. Well, of course, irony built upon irony here, you know. And I thought, well, you know, here we have the 9/11 rescue workers who can't get any healthcare. Here they are trumpeting how they have free universal healthcare, dental care, eye care, nutrition counseling, for the detainees. And I thought, well, why don't we just take our 9/11 workers down to Gitmo and see if we can get some of that free healthcare they're bragging about? And so, essentially, when you see the film - I don't want to give the whole thing away - but that's essentially what we go to do.

AMY GOODMAN: How did you get there?

MICHAEL MOORE: Geez, I wish I could tell you. You know, I'm being investigated now by the Bush administration for this trip I took, which they said that we went to Cuba, but my point is, no, we were going to Guantanamo Bay, which you claim as American soil, so we never really left America. I mean, we pulled out of Miami in the boat, and we ended up in Guantanamo Bay, which you claim as American waters. And so - but, of course, you know, we ended up then in, you know, the actual nation of Cuba. And you'll see in the film the wonderful treatment that the 9/11 rescue workers and the others I took got from the Cuban doctors and the Cuban healthcare system. But, so now they're investigating me.

And I mean, you've been there. Have you ever received this letter threatening civil and criminal action against you? Or -

AMY GOODMAN: I did not.

MICHAEL MOORE: Yeah, see? Well, it's not fair! You're Amy Goodman. You should get the first letter. What are you picking on me for? Anyway, so yeah, so I'm in the midst of this, so I'm not really - I don't want to say publicly yet how we actually got there, but I actually do have a boat in the movie, you see, and we are actually in Guantanamo Bay. And you probably have never seen anybody actually sail into Guantanamo Bay. You will, when you see the movie, see this, you know, for the first time. And, you know, and I'm the skipper.

AMY GOODMAN: Were you afraid of the mines or what you thought might be mines?

MICHAEL MOORE: Yes. Actually, I was more afraid of what they were pointing at us in the guard tower there on the US side of this demarcation line that's in the bay. And I have to say - I want to tell you - I think I can say this much: the Cuban government was not exactly happy with my idea here of sailing into Guantanamo Bay, because they did not want an incident that would provoke the Americans or give them an excuse to do something against Cuba. And especially because it was me, you know, the Cubans perceive that Mr. Bush doesn't like me very much, and so here I am suddenly, you know, tweaking their nose in Guantanamo Bay, and anything could happen. So we had to really actually talk quite a bit to the Cubans to letting us use their waters to get up close to the American waters there in the bay.

AMY GOODMAN: Is that area mined?

MICHAEL MOORE: Well, that's what they say, yes. Yes, yes. Well, they believe the Americans have mined it, you know, so that no Cubans can get in there. I don't know what the Cubans -

AMY GOODMAN: Cubans trying to break into Guantanamo to the prison?

MICHAEL MOORE: Sneak into - yeah. Hey, don't ask me to explain the actions of the US military. I, you know - I don't know what the Cubans - I hate to say this, but, you know, when we were there, it doesn't look like there's a huge Cuban defense force, should the Americans ever decide to actually invade again, at least that route. But I'm sure they've got something planned if the Americans ever did that.

AMY GOODMAN: The emergency workers who you took to Cuba, talk about the healthcare system there.

MICHAEL MOORE: Well, you know, when they say that there's a doctor in every block, that's not a

cliché. I mean, they're really - Cuba, per capita, has so many more doctors than we have. You know, there's been a doctor shortage in America for a long time, and it's been pretty much because the AMA doesn't want anymore students in medical schools here, because they believe that if they keep the number of doctors low, those doctors get more money, as opposed to if we had a whole bunch of doctors, you have to share the pie a little bit more, so...

But the Cuban doctors, the Cuban healthcare system, I was very impressed with it. All the people we took down there were extremely happy with the treatment that they received. But they focus a lot on prevention, and because they do that, they end up not having to spend a lot of money on their healthcare. They don't have the money. It's a very poor country, as you know. And I was very impressed. And, you know, with what little they have to use with their healthcare system, they end up living longer than we do. They have a better infant mortality rate than we do. On a number of issues, they're the same or better than us.

AMY GOODMAN: Oscar Award-winning filmmaker Michael Moore. When we come back, he talks about the candidates, the Democratic candidates for president, and their position on healthcare.

[break]

AMY GOODMAN: We return to our interview with Academy Award-winning filmmaker Michael Moore. His new film *SiCKO* is being released in thousands of theaters next week. I asked Michael about the United States being ranked thirty-seventh in the world for its quality of healthcare.

MICHAEL MOORE: Yes. We're behind Costa Rica, but ahead of Slovenia. And that's according to the World Health Organization. It's pretty pathetic when the richest country on earth is ranked number thirty-seven.

AMY GOODMAN: Michael Moore, you look at three - really four - places: France, Britain, Cuba, you spend time in, and then you go visit your relatives in Canada.

MICHAEL MOORE: Yes.

AMY GOODMAN: Talk about these places and what each one has. You talk to, for example, Tony Benn, the parliamentarian, the MP in Britain. Talk about what they have and how they originated. Then we'll talk about how we got what we have here.

MICHAEL MOORE: OK. Well, the Canadians, they have a very good system that covers everyone, and the people there are very happy with it. Basically, you pay for nothing. You choose your own doctor. You need to go to the hospital, you choose your own hospital. There's freedom of choice. And, you know, you'll hear the critics of the Canadian system here talk about, "Oh, the Canadians, you have to wait in line, you know, before you can get a knee replacement, or you have to wait x-number of number of weeks, you know, where you don't have to wait in America." You know, when I hear that, I think, well, that's what you do when you have to share the pie. Sometimes you have to wait. You know, it's like, I guess that's not in our American mentality, where, you know - to wait. You know, I want it now! Well, you know, sometimes when you - like I said, when you're sharing the pie, you get the first slice, you don't have to wait; sometimes you get the third slice; sometimes you get the last slice. But the important thing to remember is, everyone gets a slice. That's not the way it is here in this country.

Now, the British system is really government-owned, in the sense that the government owns and runs the hospitals, the government employs the doctors. And so, they work for the government, so it's very much a government-owned and -run and -controlled program in Britain. And again, you know, everything is free. And you see the hospitals in the film. People are very happy with it. And, you know, if you know anybody that's ever traveled to these countries, that's had an experience of having to go into a Canadian hospital or British hospital - I mean, like the one woman says in the film, you know, she thought it was going to be some dingy, horrible - you know, like out of a Dickens novel or the old Soviet Union or something. And she went in there, and it was like, "Wow! This is incredible!"

France, though, is probably, if not the best, near the best of what we saw.

AMY GOODMAN: Still on Britain, I want to just play a clip.

MICHAEL MOORE: This guy broke his ankle. How much will this cost him? He'll have some huge bill when he's done, right?

NHS HOSPITAL ADMINISTRATIVE WORKER: Here, no. Just everything is free.

MICHAEL MOORE: I'm asking about hospital charges, and you're laughing.

Even with insurance, there's bound to be a bill somewhere.

What did they charge you for that baby?

NEW FATHER: No, no, no. Everything was on NHS.

NEW MOTHER: This is NHS.

NEW FATHER: It's not America.

MICHAEL MOORE: So this is where people come to pay their bill when they're done staying in the hospital.

NHS CASHIER: No, this is the NHS hospital, so you don't pay that bill.

MICHAEL MOORE: Why does it say "cashier" here if people don't have to pay a bill?

NHS HOSPITAL ADMINISTRATIVE WORKER: ...place, you have - it just means get the traffic expenses reimbursed.

MICHAEL MOORE: So in British hospitals, instead of money going into the cashier's window, money comes out.

MICHAEL MOORE: Yeah, they look at me like I'm from Mars when I'm asking the Brits, you know, how much they paid for this, that or whatever.

AMY GOODMAN: We're talking to Michael Moore. Let's talk about how we arrived at the system we did in this country.

MICHAEL MOORE: Well, you know, my grandfather was a country doctor, actually. He was from Canada. He went to medical school in the late 1800s, which was a year then. You know, it's pretty much what they knew back then. They could teach it in a year. And so, the little village where, you know, I was raised, because my mom was from there, too, because he was there, you know, he was paid with eggs and milk and chickens, and things like that. He didn't do it to make any big money. They didn't make big money then. They were comfortable - the local doctor - but they weren't the rich man in the community.

We got away from the concept of treating people because it was the right thing to do. The nuns ran the hospital that I was born in. The nuns weren't doing this to turn profit and invest in Wall Street. You know, I mean, they did it because they thought that was their duty to serve God and to serve mankind by opening hospitals and delivering babies. We're a long ways from that now. Somewhere we let profit and greed enter into this.

And in the film, I peg a certain date when the HMOs really got their start. And I got very lucky. I had a twenty-three-year-old researcher in my office who worked on the film, who was actually someone I believe that was recommended by Jeremy Scahill, so there's a *Democracy Now!* connection to this moment in the

movie. But he found this Watergate tape – has nothing to do with Watergate, it's one of the Nixon tapes – at the Archives, National Archives, where Nixon and Ehrlichman are discussing whether or not to support this HMO concept. And Ehrlichman says to Nixon, "You're going to love this, because this is private enterprise. This isn't like some freebie thing." Nixon goes, "Oh, I like that. Tell me about it." And then Ehrlichman says, "Well, this is how it's going to work, these HMOs. They're going to make more money by providing less care. The less care they give them, the patients, the more money the company makes." Nixon goes, "Ooh, not bad!" And it's all there on tape.

AMY GOODMAN: And they're talking about Kaiser Permanente

MICHAEL MOORE: Yes.

AMY GOODMAN: And Nixon says he met Kaiser.

MICHAEL MOORE: Yes, yes. Edgar Kaiser.

AMY GOODMAN: He brought him in to explain it.

MICHAEL MOORE: Yes, brought him in to explain the whole thing and the whole – how the scheme would work. And Ehrlichman and Nixon are just kind of rubbing their hands, going, "Oh, this is great." And the very next day, Nixon announces his new healthcare program, which is, of course, going to include these HMOs that Kaiser Permanente wanted to have included. And there it begins. And it's all in the movie. And so, when he – when George first brought this in, I thought, "Boy, do all roads lead back to Nixon?" I mean, I know we lay a lot of stuff at Nixon's feet, but the HMOs, too? I mean, is he ultimately responsible for this modern-day profit-greedy mess that we're in? And the answer is yes.

And these health insurance companies are – they're just – they're the Halliburtons of the health industry. I mean, they really – they get away with murder. They charge whatever they want. There's no government control. And frankly, we will not really fix our system until we remove these private insurance companies. I mean, they literally have to be eliminated. They cannot be allowed to exist in this country.

AMY GOODMAN: Talk about the American who gave the finger to his health insurance company – I mean, gave *his* finger.

MICHAEL MOORE: Oh, literally the finger.

MICHAEL MOORE: This is Rick.

RICK: I was ripping a piece of wood, and I grabbed it right here, and I hit a knot.

MICHAEL MOORE: He sawed off the tops of two of his fingers.

RICK: And it just zipped, and it was that quick.

MICHAEL MOORE: His first thought?

RICK: I don't have insurance. How much is this going to cost?

MICHAEL MOORE: The hospital gave him a choice: reattach the middle finger for \$60,000 or do the ring finger for \$12,000. Being the hopeless romantic, Rick chose the ring finger for the bargain price of \$12,000. The top of his middle finger now enjoys its new home in an Oregon landfill.

RICK: I can do that thing, where, you know, the old man used to like pull the finger off.

MICHAEL MOORE: I mean, if he lived a few hours north in Canada, that question would never be asked

of him. He would never have to make that decision. And, in fact, later in the film, we show a Canadian who has five fingers sawed off, and he gets them all reattached immediately, and it doesn't cost him a thing. But it's one of many examples of this kind of ironic situation that we live in the wealthiest country on earth, and yet people have to go through this.

AMY GOODMAN: Why don't people understand in this country what is offered in other places and that this situation isn't a natural – you know, just the way things should be, that there is a way to change? What is it about the way the government and the media and the insurance companies work that keeps people so isolated from alternatives?

MICHAEL MOORE: It's an enforced ignorance. It's called keeping the American people stupid. Whether it's our educational system or whether it's the mainstream media, it's all about making sure people don't know what's going on in other countries. We know nothing about the rest of the world. I mean, until recently, when they said if you travel to Canada or Mexico you had to have a passport, until then it was 80%-plus didn't even have a passport in this country. So people don't travel. They don't know much. I point out in the film that our high school graduates, when asked where Great Britain is on the globe, 65% couldn't find it. 65% couldn't find Great Britain on the globe. 11% couldn't find the United States on the globe – 11% of eighteen to twenty-five-year-olds, according to *National Geographic*. It's like, OK – you know, we have a problem in this country. We don't want to know about the rest of the world. And, I mean, ask most Americans who the prime minister of Canada is. I mean, seriously. And I don't mean – and I'm not saying this – you know, let's go ask a bunch of dumb hicks out in, you know, Whereverville. I'm saying, if I just looked around this room right now and asked this crew, which I would say this is a more aware crew of people who, you know, follow the news and, you know, they work with you. But, you know, is there anybody that can tell me – do you know the prime minister of Canada?

JOHN HAMILTON: Harper.

MICHAEL MOORE: Whoa! That's good!

AMY GOODMAN: And you didn't even ask the Canadian here.

MICHAEL MOORE: No, I was avoiding the Canadian's eyes. Don't ever look directly in the eyes of the Canadians, by the way, OK? No, but I'm sure that anybody listening to this on the radio or watching this on TV right now just sitting there were probably going, oh, you know, we don't really – most Americans don't know who lives next door to us, and so if they don't know simple things like that, they don't know about their healthcare system. And what we do know about it are all the lies we've been told about the Canadians and the Brits and the French.

AMY GOODMAN: You do talk about Hillary Clinton and what she tried to do under Bill Clinton as president. Explain what she attempted.

MICHAEL MOORE: Well, I think she attempted a very brave thing fourteen years ago. She came in and said there should be healthcare for all; there should be no pre-existing conditions; everyone's covered, no matter what you make, what job you have, or whatever. It was a very bold move on her part. And she was destroyed as a result of it. I mean, they put out I think well over \$100 million to fight her.

AMY GOODMAN: And yet, the big insurance companies liked it, because she wanted to preserve the big five. And others said if she had gotten rid of the insurance companies altogether, single payer, it would have been more clearly explainable to the American people.

MICHAEL MOORE: And that was her fault, that she didn't go the whole hog, the whole nine yards of what needed to happen with this. I mean, it was the same problem really – I mean, just to give you another example, this is where the Democrats – you know, it's like you want to go in there sometimes with a drill and get their – 'cause kind of their heart is kind of on the right track, you know. It's kind of like I think Hillary's heart is in the right place. You know, she wants all Americans covered, but, hey, we can't really get rid of the insurance companies, so let's try and work out a little deal, kind of like what Edwards is

proposing now. It's like Al Gore with the 2000 election: you know, instead of asking for all of Florida to be recounted, which he would have won then, you know, they only want to recount the Democratic counties, where they thought they'd get their votes. And it was like, you know - it's like, come on! You know, why do you only - they take these half-step measures, and we're all the worse for it.

So - but to jump ahead here with Hillary, you know, she's now - or at least last year, in last year's congress - was the second-largest recipient of health industry money, next to Rick Santorum. He's gone now. So she may be number one at this point, for all I know. It's very sad to see that she's very much - they're into her pocket, and she's into their pocket.

AMY GOODMAN: Are there presidential candidates that you do feel are putting forward an alternative?

MICHAEL MOORE: Well, yes. I mean, there's - well, first of all, nobody is being very specific, other than Edwards, in terms of an actual plan, and his is not a good plan. You know, Obama's plan is not as specific, and certainly it's full of the same flaws that the Edwards and the Hillary old plan had. Kucinich is closest to the right idea, and, of course, he keeps, you know, saying "nonprofit," or whatever. But I kind of don't want to use that word anymore, and I wish that Dennis wouldn't use that, because Kaiser Permanente is a nonprofit. Blue Cross is a nonprofit.

AMY GOODMAN: In fact, the *Sacramento Bee* that criticized you said, "Don't you understand that Kaiser Permanente is a nonprofit? So why say this is a for-profit industry?"

MICHAEL MOORE: Well, no. Well, right, yeah. It's not just the for-profit. That's why I say that essentially you don't want any private insurance companies involved and that whether they're for private or nonprofit, because - but when I say "profit," you have these huge nonprofits that are under the guise of nonprofit, but they're all about profit. They're all about making money for themselves and for their executives, and what they make is obscene. And so, I favor the removal of all private insurance companies. I don't know if Kucinich goes that far. I don't know really if any of the legislation that I've read goes that far, because they all have a component where they will allow the private insurance companies to still be involved.

AMY GOODMAN: So you're talking about single payer.

MICHAEL MOORE: Yes.

AMY GOODMAN: Do you see a distinction between single payer and universal coverage?

MICHAEL MOORE: Well, yes. Of course there's a distinction, because first of all, let me tell you, they're all going to say universal coverage. By the time of the election - by the primaries, I'm sure all the Democrats are going to be using that word: universal coverage for everyone, coverage for everyone. Listen, a lot of their plans, all they're going to do is they're going to take our tax dollars and put them into the pockets of these insurance companies.

We need to cut out the middleman here. The government can run this program. They do it quite well in these other countries. You know, if you take the top twenty-five countries, and if we were the only one not doing something of the twenty-five, are we trying to say that the other twenty-four are just screwing up and we're the smart ones here? I don't think so.

I think it's - you take a country like Canada. Their overhead, their administrative cost to run their national program takes up about 1.7% of their whole budget. The average insurance company in this country will spend anywhere from 15% to 30% on overhead, administrative costs, paperwork, bureaucracy. That can be brought way down when the government does it. But, of course, the Republicans and even some of the Democrats have done a good job convincing the American people that government is bad, government will just mess it up. And as Al Franken said a few weeks ago - I heard him say - they run on that platform of the government is bad, will mess things up, then get elected and spend the next four years proving themselves right.

AMY GOODMAN: Michael Moore, his new film is *SiCKO*. When we come back, he goes to a British hospital and visits a doctor's home, and he talks about what he's doing as this film is released, working with Oprah and YouTube and MoveOn and testifying before Congress, and more. Stay with us.

[break]

AMY GOODMAN: As we conclude our interview with Academy Award-winning filmmaker Michael Moore, in this segment, well, we play a clip of *SiCKO*. Michael visits a British doctor in his office at the NHS – that's National Health Service – hospital and at his home.

MICHAEL MOORE: You have like a family practice?

NHS DOCTOR: Yeah, it's an NHS practice. We have nine doctors within that practice.

MICHAEL MOORE: You're paid for by the government?

NHS DOCTOR: Paid for by the government, yeah.

MICHAEL MOORE: So you work for the government.

NHS DOCTOR: Oh, yeah. Absolutely.

MICHAEL MOORE: You're a government-paid doctor. So working for the government, you probably have to use public transportation?

NHS DOCTOR: No, so I have a car that I use and, you know, I drive to work.

MICHAEL MOORE: And old beater.

You live in a kind of a rough part of town, or...?

NHS DOCTOR: I mean, I live in a terrific part of town. It's called Greenwich. It's a lovely house. It's a three-story house.

MICHAEL MOORE: How much do you pay for that?

NHS DOCTOR: 550,000, yeah, so –

MICHAEL MOORE: Pounds?

NHS DOCTOR: Yeah.

MICHAEL MOORE: So, a million dollars.

NHS DOCTOR: Yes, absolutely.

MICHAEL MOORE: So doctors in America do not necessarily have to fear having a universal healthcare?

NHS DOCTOR: No, I think if you want to have two or three million-dollar homes and four or five nice cars and six or seven nice televisions, then maybe, yeah, you need to practice somewhere where you can earn that.

MICHAEL MOORE: Well, the AMA, the AMA in this country, has, you know, got all the doctors convinced, if we go to socialized medicine, you know, they're going to be in the poorhouse. And that just isn't true. The doctors we met in Canada, the doctors we met in Britain, in France, are living quite well. And I even go to the home of one of them in Britain, as you mentioned. He's living in a million-dollar

home. He's driving an Audi. You know, he's living the yuppie life. I hope the doctors that go to see my movie will walk out of there going, "Oh, at least our good life can be protected under socialized medicine." Nobody wants to take away their big house.

AMY GOODMAN: "Skid row," Michael Moore?

MICHAEL MOORE: Yeah, the opposite of the big house doctors live in. Well, as you know - I mean, I think you've covered this - patients in Los Angeles who can't pay their bill at the hospital, hospitals have been dumping them on skid row for some time now. They just get them out of the hospital, sometimes right in their hospital gown, put them in a taxi and tell the taxi, "Take them to skid row and drop them off." And sometimes the taxi drivers are having to push them out of the car. And -

AMY GOODMAN: You got videotape.

MICHAEL MOORE: Yes. We have actual security-cam footage of a Kaiser patient being dumped on the side of the curb by the taxi that Kaiser hired to bring this woman and just dump her with no shoes out in the middle of the street in her hospital gown, very sad. And you sit there and you watch this, and you can't believe this is the United States of America. This is what we - this is how we treat people. I mean, I just - I think when people see this movie, they're going to go, OK, this has gone too far, and these people are going to have to be stopped.

AMY GOODMAN: Michael, in the film, you talk about the AMA, you talk about the pharmaceutical industry, the insurance industry. On your website, you feature there preparations for this film coming out. How are they dealing with *SiCKO*?

MICHAEL MOORE: Well, they, at first - I mean, they've been - I'll go - I'll jump back to just before we started making the movie, where no insurance company would insure me or the film, because they knew it was going to be about insurance. So I had a difficult time just, you know, getting insurance for this thing. Then they started a number things internally that they did to warn their employees: do not talk to Michael Moore; if you talk to Michael Moore, you're going to be in serious trouble. And, in fact, they did training sessions on how to deal with me, should I show up at their company. They had a - Pfizer had a Michael Moore hotline. You dial this number if you see him. I mean, this is all this crazy stuff -

AMY GOODMAN: Have you dialed it?

MICHAEL MOORE: Oh, yeah. In fact, last year I put it on - a couple years ago I put it on the internet, just so - I told people just dial this number, it's the Michael Moore hotline at Pfizer. Just call them up and just say: "He's in the building. He's in the building!" you know, just to - they eventually had to shut the line down, because so many people were messing around with them, but...

AMY GOODMAN: So what do they say? How do they say to deal with you in these memos?

MICHAEL MOORE: Don't run, don't flea, don't put your hand over the camera. They hired a psychological profiler at one of the companies to tell the CEO how my mind ticks - so, in other words, like how to get me off on the subject. So if I happen to show up with a microphone, you know, the psychological profiler said, we've determined if you can just get him to talk about Detroit sports teams, he'll stop talking to you about the HMOs. And I read that, and I thought, that's good. That's pretty good.

So, anyways - but, see, they missed the whole point, because this film was never going to be about me going after a General Motors or a Pfizer, that I wanted to do something much larger here and not just - not just go after one company as if, oh, geez, if we just fixed one company, everything would be fine. There's something much bigger that we need to fix in this country. And, actually, it's bigger than the healthcare situation. It's about how we structure ourselves as a society, how we treat each other, and this American mentality of every man for himself, how that has to stop - this kind of "me" society that we live in has to go to the "we" that the rest of the world lives in.

AMY GOODMAN: You have a man in the film who's hired by the health industry to challenge people who are filing claims. Explain exactly what he does, how he investigates people.

MICHAEL MOORE: The health insurance industry does not like to pay out claims, because they don't make money. The only way they can make a profit is if they don't pay for your operation. If they pay for your operation and your doctor's appointment and your pharmaceuticals, they don't make any money. So their goal is to try and pay out as little as possible, which right away, that just tells you right there, there can't be any room in this healthcare thing for insurance companies, because all it - health should be about helping people. And the decision should never be based on whether or not, hey, we should - how can we save our money here, how can we deny that operation?

So they hire these hit men, what we call insurance company hit men, who, after, let's say - let's say you had to go in, you know, for a broken ankle or whatever, and they get that bill and they go, "Wow, that's like \$5,000 for a broken ankle. That shouldn't have cost more than \$1,000. We don't want to pay all that." So they hire - they have these investigators, they have investigative units at the insurance companies, and they say, "You know what? Go dig into Amy Goodman's past. Go find out if maybe on her health insurance application she didn't tell us about something that she had maybe ten years ago." And they literally will go and get these records, and they'll do this incredible research on your health history to where they can then come and say, "You know what? You didn't tell the truth here. You had a pre-existing condition. You know, we didn't know about this. You didn't tell us. And so, therefore, we want the money back from that operation, or we're not going to pay for it."

AMY GOODMAN: One of the most powerful parts of this film are the people who are coming forward, like the guy who says he couldn't do it anymore, and he hasn't been investigating people for a long time. And then you have Linda Penno.

MICHAEL MOORE: Right, the whistleblowers in the film, especially Linda Penno. She's a doctor from Kentucky. She worked for Humana. She was a medical reviewer there. And it was her job as a doctor to go through claims and approve or deny them. And she tells in the film and in testimony before Congress how she was expected to deny a certain percentage of claims that would come in from patients, even regardless of whether they were true or not. They expected, say, a 10% denial rate. The doctor at the insurance company, the doctor, medical reviewer, who denied the most got like a big Christmas bonus. I mean, it's absolutely, again, crazy that -

AMY GOODMAN: Her salary increased from a couple hundred dollars a week to six figures.

MICHAEL MOORE: To six figures, because she kept denying. She couldn't take it any longer. Her conscience got to her, and she resigned, and then went and blew the whistle to Congress, and that testimony is in the film. It's very powerful, and she's a very brave soul for coming forward.

AMY GOODMAN: How many more people responded in that way? You said 25,000 people responding about all the terrible problems they have had with health insurance, and then you have these people.

MICHAEL MOORE: Right. I'd say we had a couple hundred people within the industry - pharmaceutical industry, hospital corporations, health insurance industry - that wrote to us, wanting to share with us different things. Some wanted to be on camera, some didn't. Some sent us files, some - I mean, it was really amazing how many people were - whose consciences were bothering them, essentially. They just couldn't take it any longer.

AMY GOODMAN: We're talking to Michael Moore, Oscar Award-winning filmmaker. How does this connect to *Fahrenheit 9/11*? How does *SiCKO* link to your previous films and *Bowling for Columbine*?

MICHAEL MOORE: Well, that's a good question. It does - there is a thread, actually, that goes from *Bowling for Columbine* through *Fahrenheit* into this film. Part of it is the use of fear. The reason we don't have a better system is because we've been made afraid of socialized medicine, the Canadian system, whatever, and trying to scare the American people, using ignorance as a way to increase the level of fear

in the country. It's these films - and I've been doing this really since *Roger & Me* - are films about - ultimately about our economic system. We have an economic system, as I've said before, it's unjust, it's unfair, it's not democratic. And until, ultimately, that changes, until we construct a different form of economy in a way that we relate to capital, I don't think that - I think we'll continue to have these problems, where the have-nots suffer and the haves make off like bandits.

AMY GOODMAN: So how are you organizing? As you release this film in thousands of theaters around the country in the next few weeks, you're also working with unions, you're working with YouTube, with Oprah, you're testifying before Congress. Explain.

MICHAEL MOORE: Yes. Yeah, it is kind of a weird convergence. But you know what? It's because this issue affects all Americans. And I'm being contacted by all kinds of groups and people now that want to get involved in this. And so, we are going to have a very strong organizing effort through the California Nurses Association, through Physicians for a National Health Plan. MoveOn is going to be very active and involved in this. So, many of the groups and unions that are on the left are organizing around it. But there's also, you know, things, like you said, like YouTube, people like Oprah, who has decided to make this a very important issue, in terms of something that she's very concerned about. I was on her show a couple weeks ago, and she has asked her fans to post their healthcare horror stories on her website when the film opens. She's going to do a town hall on this issue in the fall. So I -

AMY GOODMAN: YouTube?

MICHAEL MOORE: YouTube, again, is asking for people to videotape their stories and put them on YouTube, and there's going to be a whole section on YouTube of people telling what the insurance company did to them or a family member or a friend, or the hospital or the pharmaceutical company, where they have to pay for drugs or drugs they can't get.

So I think this will have what they call a viral effect, in the sense - and I hope it does - that people, that these people, are given a voice. And people otherwise are sitting in their homes all across the country suffering and not wondering how can I ever be heard. I hope through my website, through the California Nurses Association, through YouTube, through Oprah's site, through others that are going to be coming into this, and I think that we're going to hear what Americans are really going through. And I've got to believe something good is going to come out of this. And we're going to hold the candidates' feet to the fire on this issue, especially the Democrats.

AMY GOODMAN: Are you going to be doing a second film dogging them? Are you going to have a man in a chicken suit following them?

MICHAEL MOORE: Oh, you're referring to our corporate crime-fighting chicken on our old TV show. Oh, it's so nice you remember that chicken. No, but we are actually going up to New Hampshire at the end of this week. And we are going to release information to the public about just how bought and paid for the candidates are that are running for president and for public office.

AMY GOODMAN: How bought and paid for are they?

MICHAEL MOORE: Well, you'll have to wait 'til the end of the week to hear the answer to that. But let me just say it won't be pretty. I hate to say that, but you know what? And again, I mean, I like a lot of the candidates, for a lot of reasons, that are running. But, you know, if we all throw in with them too soon on this without forcing them to take good positions on these issues, I don't think we're going to get anywhere. The Democrats have already proven that since the November election, that, you know, they will drag their feet if at all possible. And so - and, you know, we've already seen what Hillary's position is on this, and, of course, with her position on the war, this makes it very difficult for people who otherwise would like to vote for her, would like to see our first woman president, but simply can't support somebody who supported the war for so long and who is taking such large contributions from the health industry.

AMY GOODMAN: Michael Moore, were you surprised by anything you found in making this film?

MICHAEL MOORE: Yes, I was constantly – here’s one thing that really struck me. When I was interviewing that British doctor and I was asking how much money he makes – you know, he makes like a little under \$200,000 a year – and he said, “But my pay is based on how good of a job I do. If I get more of my patients to stop smoking this year or if I bring their cholesterol down or their blood pressure or their sugar down, I’ll make more money. So it’s actually based on how healthy my patients are. So I have an incentive to actually do good work here to make money.”

And I thought, geez, it’s like just the opposite here. It’s like the more people that smoke or don’t eat well or whatever, who end up with illness and disease, that means more money for the pharmaceutical companies, more money for the doctors, more money for the hospitals. Everybody gains, when you get sick.

And it got me thinking a lot about just myself, personally, because when I was there and I said, you know, maybe one way I should say to people, one way to beat the system, at least this system, is that we should all try to take a little better care of ourselves, and starting with number one here, myself. And so, I started eating fruits and vegetables. I don’t know if you’ve heard of these things, but they come in different colors and they’re crunchy, and, you know, they’re very good for you, if you haven’t tried them. You know, your mother is sitting over there. I don’t know if I should point this out, but your mom is sitting over there, and she looks like she did a good job teaching you the importance of fruits and vegetables.

AMY GOODMAN: She did a great job.

MICHAEL MOORE: Yes. And she said that you were an excellent child, by the way. We missed that off-camera here, but I want your viewers and listeners to know that mom pretty much approves of how you’ve turned out.

And the other thing is, I started going for a walk every day. So I go for a walk for like a half-hour to an hour a day, and I just – I feel 100% better. I’ve like lost thirty pounds. Don’t worry, I’m not going to – you’re not going to see the Jane Fonda workout video from me or anything. I’m just saying, though, that if we just – each of us – if we all just do a couple things just to take better care of ourselves, we can avoid this crazy healthcare system. And you know what? I think it’s better for the planet, too. Again, we’re over-consumptive on so many things as Americans, and we all need to kind of think about that a little bit in how we behave. So – and I say that for myself, start with me.

AMY GOODMAN: Michael Moore, the Academy Award-winning filmmaker. His newest film, *SiCKO*, is going to be in theaters next week, thousands of theaters around the country. This week, he heads to Washington, D.C., to testify before Congress to challenge the healthcare system in this country, calling for single-payer insurance, and then he goes to New Hampshire to challenge the presidential candidates.

This interview was broadcasted during Democracy Now! TV News Program. The text published here is a rush transcript.

<http://www.democracynow.org/article.pl?sid=07/06/18/1326235&tid=25>