In the 1951 movie “The Man in the White Suit,” Alec Guinness plays a well-meaning chemist who invents a cloth that does not get dirty or wear out. At the time, England was still recovering from World War II, and jobs, food, clothing and housing were in short supply. So imagine needing only one suit of clothes and saving money in the household budget.

Our chemist soon learns that his invention frightens labor unions whose members make, ship and sell clothing. The demand for new textiles falls, threatening the owners and profits at the mills. Thousands stand to lose their jobs. Political pressures arise to suppress the new invention.

While the movie is a satire addressing post-war anxieties, its lesson might apply to health care structures in our country. Recent reports indicate that as many as one in nine jobs are related to health care — nurses, physicians, insurance processers, drivers of laundry trucks, drug company representatives and so on. As I write this (June 26), Ohio representatives are pointing to job losses that will come with cuts to Medicaid.

It is not easy to reform health care initiatives without accounting for the influences that shape the legislative deliberations. Accesses to affordable care for individuals and populations are weighed against treatment effectiveness. Add in the costs of required workers.

The Catholic Health Association, among many others, continuously spotlights health care for the needy and underserved. Back in 1919, and every election cycle since, the U.S. Catholic bishops have publicly supported health insurance for everyone. At the end of the First World War, with many survivors of the U.S. Civil War still walking about, the bishops proposed that care should not depend on one’s having a job.

What we are not hearing is also important. In the current federal negotiations, personal behavior is hardly mentioned. While genetics and environmental influences may dictate three-quarters of our wellness or illness, there is still that 25 percent over which we have a say. Multiply that by 300 million people, and we can imagine the economic impact of good or poor decisions over the decades. Many instances of diabetes, obesity and heart problems are preventable with adequately healthy diets and exercise.

About 22 of every 100 adults in Indiana are cigarette smokers, signaling costly health and disability care into the future. Sixteen million Americans live with a smoking-related disease. Budgets that include addiction treatment seem to make good economic sense.

Of course, wellness depends on more than good clinical resources. If a person lives in a “food desert” as I do, fresh fruits and vegetables can be hard to come by. Such a desert is anywhere where fresh groceries are two or more miles away from one’s residence. If a neighborhood is dangerous, exercise — including walking to the market — will not be a healthy option. Some pieces of legislation aim to correct for these obstacles, and the remedies should not be characterized by narrow medical standards and then discarded.

Many of us who have broad health insurances also handicap the whole system. Why? When we don’t follow good medical advice. When we take risks while assuming that insurance will help us recover from bad habits. We demand extraordinary therapeutic means when they are neither curative nor life-prolonging. Legislative and regulatory governments are not equipped to handle

these particularities. But it is worth noting that people with health insurance are shaping the choices for people who lack it, or who anticipate losing it.

Any legislation will have shortcomings. Not everyone will get what they want. But it seems to me that good legislation will not reduce affordable care to the vulnerable while enhancing care and profits to the well-off. This is an argument supported by religion, but also by the science of public health.

And now back to our movie.

I imagine that we can increase access to health care and reduce expenses without simply shifting more burdens to the states. We can lift up the needy, protect the unborn and the vulnerable, and find ways to reduce the level of national spending on care. We can make it unfashionable for the health industry to pay multi-millions to executives and stock holders. When that day comes, I want someone to tell me whether the woman or man whose name gets stamped on “Whatsis Care” is wearing a white suit.