

One of the goals of the Vernon Grounds Institute of Public Ethics is to provide a forum for biblical and theological reflection by evangelicals on pressing societal issues of our day. The choice of healthcare as the theme for 2010 could not have been more timely. This was the year when healthcare legislation has occupied much of the nation's attention

In such a climate it behooved those who claim to be shaped by the Bible in all matters of faith and practice to try to engage the healthcare debate from that perspective. This publication presents such an effort from three committed Christians who are deeply concerned about the state of the needy and the uninsured. Two are medical doctors and the other a pioneer of civil rights and a founder of the Christian Community Development Association.

The venues for the four papers were the various annual activities that are sponsored by the Vernon Grounds Institute: the Kent Mathews Lectures, the Rally for the Common Good and the Salt and Light Seminar. The papers are presented here more in a logical fashion, instead of reflecting the actual order of presentation in these three events. The concerns of the Bible permeate all the essays. Each piece contains a charge to Christians to take this topic seriously and to act.

Chapter One: Breaking the Yokes of Injustice: A Call to Prophetic Engagement
Gary VanderArk

Chapter Two: Medicine Unbounded in a Superstitious World:
Foundations for a Crisis in Health Care
Robert Cutillo

Chapter Three: What Are People Here For? Toward a Christian View of
Health Care in a World of Limited Resources
Robert Cutillo

Chapter Four: Justice and Health for the Common Good
John Perkins

Dr. Dieumème Noelliste is Professor of Theological Ethics at Denver Seminary. He also serves as Director of the Vernon Grounds Institute of Public Ethics

Dr. M. Daniel Carroll R. (Rodas) is Distinguished Professor of Old Testament at Denver Seminary and is adjunct Professor at el Seminario Teologico Centroamericano in Guatemala City, Guatemala.

Justice and Health Care

Noelliste & Carroll R.

JUSTICE *and* Health Care



**Dieumème E. Noelliste and
M. Daniel Carroll R., editors**

JUSTICE *and* Health Care

Dieumème E. Noelliste and
M. Daniel Carroll R., editors



GROUND'S INSTITUTE
OF PUBLIC ETHICS

Monograph Series

General Editors:
Dieumeme E. Noelliste and
M. Daniel Carroll R.

1. Evangelical and Social Responsibility
2. Christians and Political Engagement

TABLE OF CONTENTS

List of Contributors	i
Preface	ii
<i>Mark Young</i>	
Introduction	ix
<i>Dieumème E. Noelliste and M. Daniel Carroll R.</i>	
Chapter One: Breaking the Yokes of Injustice: A Call to Prophetic Engagement	1
<i>Gary VanderArk</i>	
Chapter Two: Medicine Unbounded in a Superstitious World: Foundations for a Crisis in Health Care	13
<i>Robert Cutillo</i>	
Chapter Three: What Are People Here For? A Christian View of Health Care in a World of Limited Resources	39
<i>Robert Cutillo</i>	
Chapter Four: Justice and Health for the Common Good ..	53
<i>John Perkins</i>	
The Vernon Grounds Institute of Public Ethics	65

LIST OF CONTRIBUTORS

Dr. Gary VanderArk is a neurosurgeon with a thirty year practice in the field. He is currently Professor of Neurosurgery at the University of Colorado Medical School where he serves as Director of the Neurosurgery Residency Program. He established and leads Doctor's Care and the Colorado Coalition for the Medically Underserved. He serves on several boards including the Denver Seminary Board of Trustees and the Center for Bioethics and Humanities.

Dr. Robert P. Cutillo is Medical Director of Inner City Health Center in Denver, CO and Assistant Clinical Professor, Department of Family Medicine at the University of Colorado School of Medicine. He is also on the medical staff at St. Joseph Hospital and St. Anthony Hospital. Dr. Cutillo's career includes some 25 years of practice among the underserved and the uninsured of several major cities in the United States. In addition, he served for several years as medical missionary in Kinshasa, Democratic Republic of Congo.

Dr. John M. Perkins is a noted Christian statesman, civil rights activist and trailblazing leader in the field of community development. He is the founder of the John M. Perkins Foundation for Reconciliation and Development, the Voice of Calvary Ministries, and the Christian Community Development Association (CCDA). A much sought-after conference speaker, Perkins is the author of several highly acclaimed books, among them: *A Quiet Revolution* and *With Justice for All*.

PREFACE

John's vision of the grand culmination of God's sovereign plan for all of human history begins, "Then I saw a new heaven and a new earth, for the first heaven and the first earth had passed away, and there was no longer any sea. I saw the Holy City, the New Jerusalem, coming down out of heaven from God, prepared as a bride beautifully dressed for her husband. And I heard a loud voice from the throne saying, "Now the dwelling of God is with men, and he will live with them. They will be his people, and God himself will be with them and be their God. He will wipe every tear from their eyes. There will be no more death or mourning or crying or pain, for the old order of things has passed away." (Revelation 1:1-4; NIV)

"No more death or mourning or crying or pain, for the old order of things has passed away." Although John's vision of the new order gives us hope for a future void of suffering and disease, we live in the old order, where the reality of death and mourning, crying and pain, stalks our every move and intrudes into every relationship. Rather than passively accept our vulnerability to disease as a normal part of human experience, we marshal enormous resources to do battle with the inexorable advance of the deterioration of the body, the diminishment of faculties, the destructive power of disease, and, ultimately, death.

And why not fight the battle? The hope of healing and the quest for survival permeates human experience because, although we recognize the ultimate futility of our efforts--we will all die--we also recognize that death and disease had no place in God's creation before sin entered the world. Thus, we crave the intervention of the Creator to bring health and life to the sick and dying. He is the Giver and Sustainer of life; He is ultimately the true source of all healing.

Jesus' own Messianic identity as the Servant of the Lord who *"took up our infirmities and carried our diseases"* (Isaiah 53:4 and Matthew 8:17), as well as his healing ministry, demonstrate that God's presence brings wholeness and freedom from the bonds of disease. When John the Baptist sought confirmation that Jesus was indeed the Messiah, the Lord told his disciples to report that *"the blind receive sight, the lame walk, those who have leprosy are cured, the deaf hear, the dead are raised and the good news is preached to the poor"* (Matthew 11: 6). Just as the healing ministry of Jesus validated that God was present in a way not seen before, so the ongoing healing ministry of Jesus through his disciples and the apostles validated the gospel message that they preached. (Acts 3:6; 4:10; 5:14).

The Church's commitment to bring healing to the sick and comfort to the suffering has remained a prominent part of its mission since the first century. Sometimes God has chosen to act through miraculous intervention but far more frequently he has brought healing and comfort through the skill and compassion of his people. Two images come to mind from my own personal experience. Dr. Robert Chapman, my father-in-law, moved his young family to Ethiopia in the early sixties to offer medical care to those with no access to it. Working with limited medical supplies and equipment, Dr. Chapman and his committed colleagues did what they could to bring healing and comfort. His daughter, my wife, Priscilla, remembers long lines of Ethiopians waiting patiently in the sun to receive vaccinations never before available to them. She remembers her dad's cramped hands from giving hundreds of injections manually until the supplies of the vaccine ran out.

Fast forward several years and move north from the Ethiopian countryside to the cramped and densely populated Sabra / Shatila slum of south Beirut, Lebanon. There, you would see Dr. Agnes Sanders working with the poorest of the poor in Lebanon, the

outcasts without access to medical care. Several years ago, taking a backpack with medical supplies into that slum, rife with religious and ethnic violence, and speaking only limited Arabic, she started visiting families, sitting down to have tea with them, listening to their stories and compassionately offering whatever assistance that she could. Today, you'll find a medical clinic and an educational center there bringing healing, comfort, and hope to families that the international community has forgotten and the government simply ignores.

Like thousands of other Christian medical professionals working in desperate and diverse settings all over the world, Drs. Chapman and Sanders extended the healing presence of Christ to the suffering and the sick. Why? Simply because they longed to be the healing presence of their Lord among those without hope. The images of Drs. Chapman and Sanders came to my mind frequently in the summer of 2009. That's when the national debate on healthcare reform reached its most disappointing crescendo here in the United States. What a stark contrast between the life message of these two committed Christian medical professionals and the overheated rhetoric of some Christians about healthcare when it dominated the national political scene. Two disturbing experiences highlighted this contrast for me. I've written about them in my blog, dated September 29, 2009. (<http://www.denverseminary.edu/living-inside-out/can-we-talk/>).

After attending a professional baseball game in downtown Denver, we joined the throng of happy fans (the Rockies won!) pouring out of the stadium onto the streets. On the corner of a major intersection stood a middle-aged man who was holding aloft a poster about healthcare reform. I don't remember what was written on the poster but I do remember what he was shouting at the thousands of people passing by: "Obama's healthcare reform is socialism. Socialism always brings oppression and death. Jesus brings freedom and life." Sadly, juxtaposing the president's health-

care reform proposals and the gospel of Jesus Christ diminishes and confuses the gospel. Do we really want those who support the president's approach to think that they cannot believe in Jesus and be in favor of his proposal? Is rejection of the healthcare plan a condition for believing in Christ? Of course not. Yet, that's the message our society hears through this kind of behavior.

A second experience: Driving alone this summer for several hours, I sought something on the radio that would help me stay awake. I landed on a station that described itself as "Christian Talk Radio." The show was hosted by a nationally known evangelical. Of course, the topic was healthcare and the host clearly did not agree with the president's approach. During the time that I listened to the broadcast president Obama was called a socialist, a fascist, a communist and a racist; he was also compared to Adolf Hitler, Joseph Stalin, Mao-Tse Tung, Hugo Chavez, and Kim Jong-Il. Admittedly, most of this language came from callers to the show, all of whom identified themselves as evangelical Christians. The host, sadly, did not refute or repudiate this kind of language. As I listened I kept wondering how 1 Peter 2:13-17 applied to what I was hearing. *"Submit yourselves for the Lord's sake to every authority instituted among men: whether to the king, as the supreme authority, or to governors, who are sent by him to punish those who do wrong and to commend those who do right. For it is God's will that by doing good you should silence the ignorant talk of foolish men. Live as free men, but do not use your freedom as a cover-up for evil; live as servants of God. Show proper respect to everyone: Love the brotherhood of believers, fear God, honor the king."*

Thankfully, some Christians participated in the healthcare debate in respectful and healthy ways. And, thankfully, there are committed Christians on all sides of the debate about healthcare policy in the United States. What's often lost through inflamed rhetoric about policy, however, is the simple fact that the people of God have the privilege and responsibility of extending the heal-

ing care and compassion of the Lord Jesus to any and all who are in need.

In the same blog entry cited above, I wrote: “I believe that we should have a vigorous national debate about healthcare reform and that we should do so on the basis of rigorous research and analysis. The needs are staggering and the solutions must be complex in order to address them adequately. Christians must participate in the conversation; our voice is needed. But we must engage with a bias for truth, compassion for all, and proper respect for everyone, including those that have been granted authority to govern.”

In the pages that follow, you’ll find the work of committed Christians whose lives have demonstrated compassion and brought healing to many. They speak from experience gained through personal cost and sacrifice in bringing healthcare to the medically underserved. Their views on healthcare policy in this country may not resonate with the positions taken by other equally committed Christian healthcare providers. We simply offer their papers as credible voices in the ongoing conversation about healthcare that’s taking place here at the seminary, in the broader Church, and in the national political consciousness. Just as in the broader national context, there are differing views on this critical issue, so at the seminary views vary among our students, staff, faculty and board. In spite of our different approaches to healthcare policy, however, we can say with confidence that the Church’s privilege in extending the healing and hope of Christ to a dying world binds us together for the sake of His name throughout all the earth.

Mark Young, Ph.D.
President, Denver Seminary

INTRODUCTION

The Vernon Grounds Institute of Public Ethics provides a forum for biblical and theological reflection by evangelicals on pressing social issues of our day. The 2010 theme of Healthcare Reform could not have been more timely. This was the year that healthcare legislation occupied much of the nation's attention, even beyond the signing of the Patient Protection and Affordable Care Act by president Barack Obama on March 23, 2010.

Clearly, healthcare reform was and continues to be a disputed issue. We believe that in such a climate it behooves those who claim that the Bible is their authority in matters of faith and practice to engage the healthcare debate from a clearly biblical perspective. This publication presents such an effort from three individuals. All are deeply concerned about the state of the needy and uninsured in this country and are uniquely qualified to speak on the topic. Two are medical doctors: Dr. Gary VanderArk established the Neurosurgery Department at the University of Colorado School of Medicine and is a spokesperson for the Colorado Coalition for the Medically Underserved; Dr. Robert (Bob) Cuttillo is the Medical Director of the Inner-City Heath Center in downtown Denver, an Assistant Clinical Professor in the Department of Family Medicine at the University of Colorado School of Medicine, and a staff member at Exempla St. Joseph Hospital and St. Anthony Hospital. The third is Dr. John Perkins, a pioneer of the civil rights movement and a founder of the Christian Community Development Association (CCDA).

The papers presented in this monograph are some of the messages that were delivered at the annual Vernon Grounds Institute venues: **The Kent Mathews Lectureships** (Dr. Gary VanderArk and Dr. Robert Cutillo), the Rally for the Common Good (Dr. John Perkins), and the Salt and Light Seminar (Dr. Robert Cutillo and Dr. Gary VanderArk). The monograph presents them in a logical rather than the actual order in which they were delivered at these events. Dr. VanderArk offers a passionate call to consider healthcare reform as part of the Christian's obligation to pursue justice on behalf of the disenfranchised. Two thoughtful reflections by Dr. Cutillo follow and expand on the concerns of that opening essay, and explore what it means to be finitely human and what might be an appropriate role for medicine within that more theologically-centered understanding of life. Dr. Perkins closes this volume with another call to consider the centrality of justice for a more accessible healthcare system.

Three common threads connect these four essays. The first is a keen awareness of the harsh realities that cry out for healthcare reform. Our authors are not simply theoreticians; they are practitioners who have constant contact with those in need. The second is the conviction that this issue is, at its most basic, about justice and the value of the human person. Although pragmatic challenges, such as funding, are necessary elements of the broader discussion, these basic values should be what inform and inspire Christians at the deepest level. The concerns of the Bible about justice, compassion, care for others, and the equitable distribution of resources that promotes the well being of the community (cf. 2 Cor. 8:13-15, Acts 4:32-35) permeate all of the essays. Third, each piece contains a charge to take this topic seriously and to act. It is abundantly clear that Drs. VanderArk, Cutillo, and Perkins believe that healthcare should not be left at the level of *an interesting debate issue*; it raises a *moral imperative* to respond on behalf of those who cannot receive proper medical attention and, therefore,

cannot experience the fullness of their humanity. All three contributors want their reflection on the theme of justice and health-care to prompt Christians to engage actively in the transformation of the current system into one that reflects more accurately God's ideals for life in community.

Whatever the reader's position on this complicated issue, it is the hope of the editors that this publication can provide rich food for thought and serve as a constructive motivation to consider what might be done on behalf of the disadvantaged in the name of the One whom we serve.

M. Daniel Carroll R. and Dieumème Noelliste

Chapter 1

BREAKING THE YOKES OF INJUSTICE: A CALL TO PROPHETIC ENGAGEMENT

By Gary VanderArk

Introduction

As we meet here to reflect on the theme of healthcare, a hot and, at times, uncivil debate is raging on that very issue throughout the country. Indeed, in the past few months the debate has reached fever-pitch proportions. We've witnessed it in the lively and passionate showdown that occurred this summer in the town hall meetings. Judging from the conduct of some of the participants at these meetings, one could form the impression that the lines are so fastly drawn that there seems to be no room for compromise. The debate seems dominated by name calling, mischaracterization of opposing views, and even the demonization of the opponent. It reveals intense passion and unmistakable ideological bias.

If the truth be told, I must admit that I, too, enter the discussion with my own passion and bias. In my case, however, the passion is fueled by a firm commitment to an element which, in my view, has not received sufficient attention in the nationwide discussion of the issue. I refer to the question of *justice for the poor*. As a Christian and a physician who has worked with the medically underserved for some 40 years, I have seen firsthand the toll that our current system has taken on those who fall outside of it. This experience has convinced me of the need for a system that is not only more efficient, but one that makes room for the less for-

tunate among us. Based on this conviction, I would like to call on Christians and all people of good will to play their part in the creation of a more just healthcare system for the country. I will make my case by touching on three points: 1) the imperative of justice; 2) the state of our present healthcare system; and 3) the urgency of reform and the need for active engagement by those who take seriously the biblical injunction of justice to the poor.

But before plunging into these topics, I'd like to quote two passages that provide the motif for my reflection: one is biblical, the other, extra-biblical.

I quote, first, the biblical text. Isaiah 58: 6-12 states:

⁶ Is not this the kind of fasting I have required:
To loose the chains of injustice and untie the cords of the yoke,

To set the oppressed free and break every yoke?

⁷ Is it not to share your food with the hungry
And to provide the poor wanderer with shelter-
When you see the naked, to clothe him,
And not to turn away from your own flesh and blood?

⁸ Then your light will break forth like the dawn
And your healing will quickly appear;
Then your righteousness will go before you,
And the glory of the Lord will be your rear guard.

⁹ Then you will call, and the Lord will answer;
You will cry for help and he will say: Here am I.
If you do away with the yoke of oppression,
With the pointing finger and malicious talk,

¹⁰ And if you spend yourselves in behalf of the hungry
And satisfy the needs of the oppressed,
Then your light will rise in the darkness,
And your night will become like the noonday.

¹¹ The Lord will guide you always;
He will satisfy your needs in a sun-scorched land
And will strengthen your frame.
You will be like a well-watered garden,
Like a spring whose waters never fail.
¹² Your people will rebuild the ancient ruins and will raise
up the age-old foundations:
You will be called Repairer of Broken Walls, Restorer of
Streets with Dwellings.

I, now, turn to the extra-biblical passage. The unknown author of this ancient Spanish prayer beseeches:

“O God, to those who have hunger, give bread,
And to those who have bread give the hunger for justice.”

The Imperative of Justice

The theme of justice runs through the whole gamut of Scripture. In Genesis 12:3, God promised to make Abraham a great nation and a channel of blessings for the world. But in Genesis 18:18, 19, he links the fulfillment of that promise to the practice of justice by the Abrahamic family. “I have chosen him so that he will direct his children and his household after him to keep the way of the Lord by doing what is right and just, so that the Lord will bring about for Abraham what he has promised him.” In Galatians 3:29, Paul says that all who belong to Christ are Abraham’s seeds. This means clearly that the injunction to practice justice applies to Christians as well. As we come to Revelation 19, just three chapters before the end of the Bible, Jesus is portrayed as the returning King--the True and Faithful One--who judges with justice (v.12). In his capacity as a righteous King, he will rule with an

iron scepter (v.17).

The language that John uses in this verse echoes what Isaiah says about the Messiah. In Isaiah 11, the prophet says that the reign of the Messiah will be characterized by justice and righteousness. As a ruler, "He will not judge by what he sees with his eyes, or decide by what he hears with his ears, but with righteousness he will judge the needy, with justice he will give decisions for the poor of the earth. He will strike the earth with the rod of his mouth; with the breath of his lips he will slay the wicked. Righteousness will be his bolt and faithfulness the sash around his waist" (vs. 3-5).

In the Wisdom literature, the theme of justice is also underscored. In Psalm 33:4-5, the psalmist applies the theme to God himself. "For the Word of the Lord is right and true. He is faithful in all he does. The Lord loves righteousness and justice; the earth is full of his unfailing love." The word of the Lord that established justice is the same word that created the universe. This means that justice is built in the creation. Ours is a moral universe, not an immoral one. This may explain why justice is such a deep human impulse. One of the first things we hear children say when they object to something is "That's not fair!" This sense of justice is rooted in our Creator and reflects his character.

God is just and he seeks justice for all of creation. God grants to human government the responsibility to maintain justice. Justice must come to the poorest and the weakest among us. When justice is violated, God calls us to restore it and, in doing so, re-establish the peace of the community. This is important, since there can be no peace without justice.

In agreement with the author of the book of Genesis, Isaiah and the other prophets not only talked about justice, they also placed a demand on the people of God to practice justice. In fact, for them the practice of justice is so critical that without justice, worship is considered worthless. In the face of the unjust lifestyle

of a religious Israel, God thunders through prophet Amos: “I hate, I despise your religious feast. I cannot stand your assemblies. Even though you have brought me burnt offering and grain offerings, I will not accept them..... Away with the noise of your songs! I will not listen to the music of your harps. But let justice roll on like a river, righteousness like a never failing stream!” (Amos 5: 21-26). And with this, the prophet Micah fully agrees. Answering his own question, the prophet states forcefully that what God requires of people is not elaborate religious practices, but that they practice justice, love mercy and walk humbly with their God (Micah 6: 8).

The prophet Isaiah takes this idea a step further. In Isaiah 58:6-12 (one of the passages cited at the beginning of this talk), the prophet offers an extensive reflection on the relationship that exists between justice and worship. In this passage, he makes the stunning and provocative claim that the practice of justice itself is an act of worship. He sees it as something that results in a productive and fulfilled life.

Indeed, the Bible links worship and justice so inextricably that if one is missing the other cannot exist. We cannot worship properly if we ignore injustice. The worship that God accepts is the worship that goes hand in hand with the commitment and action to break the yokes of injustice.

The State of the Current HealthCare System

How about health? Does the Bible say anything about that? Judging from the number of healing miracles that Jesus performed, one would have to conclude that health is extremely important to God. Not only that, Jesus never asked his patients whether they had insurance. And his healing never seemed to be contingent on their wealth. Our God is not only just; he is also loving and com-

passionate.

What does all this have to do with health and healthcare reform? We live in a state of 5 million people. Of that total, 800,000 have no healthcare insurance on any given day.¹ If you consider the number of people between the ages of 18-64, that's about one in every four. There are 153,000 children in Colorado with no healthcare coverage. If we consider the nation as a whole, there are 46 million people in the U.S. with no health insurance, and 9 million of them are children. Half of the people in the U.S. say that in the past 5 years they went at least one month without health insurance². Who are these people? They are your neighbors, your friends, your relative, your co-workers, your parents, your students.

Why don't they have healthcare insurance? The simple answer is because they cannot afford it. If your income is \$44,000 for a family of four, you will spend every penny of it for life's essentials and have nothing left over for healthcare. In 2008, a family of four had a health insurance bill that averaged \$13,300. Chances are good that their employer paid more than \$9,000 of that total.

Not having healthcare coverage is not good for your health. More than 20,000 people die each year in the U.S. because they have no insurance; that's one person every 10 minutes.³

Some would object to that last statement. They would say that people are not dying in the streets of the cities of the United States of America. They can always go to the Emergency Room. Have you been there lately? I hope you're not too sick to read a book because it will be a long visit. It will also be a very expensive visit. I ended up in the Emergency Room as a patient a few weeks ago. I brought the book *War and Peace* with me. After I was finally seen, I was there for a couple of hours. My bill was \$2,795. My insurance paid \$450 and my co-pay was \$50. This means that the hospital wrote off \$2,295. Now what would that bill have been if I didn't have insurance? Sure, it would have been \$2,795.

It's no wonder that almost 1 million people in the U.S. declare bankruptcy each year because of healthcare debts.

Now "wait a minute," someone else retorts. We have the best healthcare in the world in the U.S. People come from all over the world to get care here". But this objection misses one important point. Yes, we have the best doctors, the best hospitals, and the best equipment. However, we do not have the best system. When measuring such things as life expectancy, child survival, and health outcomes, the *World Health Organization* says that we rank 37th among the nations- that's right between Slovenia and Costa Rica.⁴ The U.S. is the only industrialized nation in the world without universal healthcare. But we do rank number one in one category. We spend almost twice as much as any other nation on healthcare! We spend more than \$8,000 per year for every man, woman, and child in the U.S. There is also a huge variation in spending in different parts of our nation. Healthcare in Florida costs three times as much as it does in Grand Junction, Colorado. Those geographical areas that spend the most have the worst outcomes. So the answer is not to spend more money!

Last year in Colorado we spent \$28 billion on healthcare. We spent more than \$1.8 billion on the uninsured.⁵ Wouldn't it be better to spend that money on coverage? I think so.

And speaking of spending, do you realize that one third of all spending on Medicare is for the last six months of life? End of life care is a terrible burden on our system. 29% of Americans have a living will.⁶ Yet, sixty percent of those who do never share it with their doctor. You ought to tour the Intensive Care unit of your hospital some time and see all the hopeless patients on ventilators.

But the most shocking statistic on end of life care is that Christians demand more of it than non-Christians do. Among patients with advanced, metastatic cancer, Christians insisted on more than three times the number of ventilators and admissions to the intensive care units than non-Christians.⁷ Why aren't we

talking about our end of life decisions with our families? End of life care is the only thing more difficult to discuss with your children than sex. You need to do it when you're healthy. Forty percent of all hospitalized patients have reduced decision-making capacity and eighty percent of patients with life-threatening illnesses prefer to leave decisions to their families. Why aren't we talking about this in our churches? If you talk about it, you won't have to call your group a "death panel." And then, don't forget to talk to your doctor too.

Why is healthcare an ethical issue? God calls us to be agents of justice and we have no justice in healthcare.

It is unjust that the insured have to pay for the uninsured.

It is unjust for the poor to have to pay more for the same service as the wealthy.

It is unjust for American business to bear an unequal burden in international competition.

It is unjust and inefficient for the uninsured to receive late and expensive care in the Emergency Room or not to obtain preventive care.

It is unjust to neglect other social investments (some of which have strong effects on health) to pay for inefficiencies in the healthcare system.

It is unjust for Black and Hispanic persons not to have the same access to healthcare as whites.

It is unjust that 28% of all non-elderly adults in the U.S. have medical debts.

But what does this have to do with me? What does this have to do with my church? How can the white evangelical church be silent about this horrendous evil? Where is our moral outrage? Is this the kind of fasting you have chosen? Are you active in loosening the chains of injustice? Are you setting the oppressed free? Are you breaking any yokes?

In a recent blog, professor Craig Blomberg of the Denver Seminary hits the nail on the head. He asks, “What would happen if we exercised church discipline over those who did not care for the poor and needy in our midst?” Then he goes on, “I don’t pretend to know what system will give the best healthcare to our growing ranks of uninsured but shouldn’t that be at the forefront of each Christian’s agenda? Or are we still tithing dill, mint, and cumin and neglecting the weightier matters of the law?” There’s no doubt in my mind that Blomberg is right on.

The Urgency of Reform and the Need For Prophetic Engagement

According to the Bible, one of the most common causes of poverty is oppression and injustice. Injustice damages relationship because it violates the person of the victim. But like the rich, the victims of injustice are God’s image bearers; and God is concerned about their plight. And so should we be!

But how do we show such concern? By acting as repairers of justice when it is broken! When justice is broken, we have a responsibility to correct the situation by restoring it. This task of restoration takes a community--a community called the Church. The role of the Christian community is restoring justice is probably best expressed in the Sermon on the Mount that Jesus delivered to the crowd and his disciples (Matt. 5-7). In this text, Jesus uses the metaphors of salt and light to describe the church’s role in the society. Once salt is dissolved, it cannot be seen but it can be felt--it can be tasted. Light makes visible what otherwise would be in darkness. What does this say about the church’s role? It is a role of advocacy and prophecy--salt and light.

Remember the questions Isaiah poses. We are called to prophecy and advocacy. We need to leave the altar and mobilize

an army. Is this the kind of fasting you have chosen? Are you ready to break some yokes? This is a problem we can do something about. Now is the time! Healthcare reform has been on the U.S. agenda since 1912. Yet, some legislators say that we must not be hasty. Many say that we cannot afford it, but I say to you that we cannot *not* afford it. If we don't do anything, we will bankrupt our economy. By the year 2020, more than half of all spending will go to healthcare. So now is the time. You must become prophets and advocates. The cost of doing nothing is high. The moral cost of doing nothing is higher. Speak up on behalf of the poor. Now is the time to become active. Talk about it with your families. Talk about it with your churches. And then do something.

So how do we get prophetic about healthcare? Be critical of what you hear and read. Challenge what you know is not true. The medically underserved are not all illegal immigrants. Universal healthcare does not mean universal abortion. Give hope and imagination! Be relentless. Let everyone know that failure is not acceptable. Be forgiving. On the issue of healthcare, not everyone will share your vision. Be demanding of those who share your vision but lack the courage to act. As Mahatma Ghandi is reported to have said: "We must be the change we wish to see in the world."⁸

Now you're thinking, "Wait a minute. I don't know anything about healthcare." You don't need to be an expert on healthcare. You are experts on injustice. This isn't rocket science. Every industrialized country in the world, except the U.S., already has universal healthcare. Why can't we just learn from the Netherlands, or Switzerland, or Germany, or France, or Denmark, or just about anywhere? We don't necessarily have to have a Canadian mode of healthcare.

We can preserve choice. But we do have to have some new rules for insurance companies. There must be *Community Rating-*

-that is, we are all in the same pot. No one must be excluded because they have some pre-existing disease. There must be *Guaranteed Issue*--that is, your insurance company cannot drop you just because you get sick. There must be a rule that everyone needs a minimum of basic coverage. And the poorest among us will have to be subsidized.

And then we need to change healthcare so that providers always do the right thing, at the right time, for the right patient. Physicians have got to see to it that healthcare is of high quality, safe, and affordable. And while we're at it, we also need liability insurance reform because we waste an enormous amount of money practicing defensive medicine.

The good news is that the Patient Protection and Affordable Care Act was passed by Congress and signed by president Obama this year. We must influence the people we know to make sure that it is carried out with justice and compassion. We need to continue to work for a healthcare system that is universal, sustainable, accountable, and fair. So don't put this off. Now is the time.

In Colorado, we have an organization that is committed to solve this problem. The Colorado Coalition for the Medically Underserved has a mission of access to quality, affordable healthcare for everyone. We are trying to reach this goal through education, facilitation and advocacy. We are rocking the boat. Check us out at www.CCMU.org. There are other organizations in Colorado working on this problem. So get involved! This is a solvable problem. We can't correct this terrible injustice by ourselves. We need your help. We need your involvement.

So I'm offering you a chance to get involved in justice.

Now is your chance to loose the chains of injustice.

Now is your chance to break some yokes.

Then your light will break forth like the dawn.

Then your righteousness will go before you.

Then the glory of the Lord will be your rear guard.

Then your light will rise in the darkness.
Then your night will become like noonday.
Then the Lord will guide you always.

Together we can! We must! We will!

- ¹ Colorado Health Institute, "How Do the U. S. Census Bureau's New Uninsured Numbers Stack Up Against Other Estimates"? <http://www.coloradohealthinstitute.org/Publications/2009/09/CPS-Brief.aspx>.
- ² Medical Expenditure Panel Survey, "The Long-Term Uninsured in America, 2002–2005: Estimates for the U.S. Population under Age 65" http://www.meps.ahrq.gov/mepsweb/data_files/publications/st183/stat183.pdf.
- ³ Kaiser Commission on Key Facts, "Five Basic Facts on the Uninsured" <http://www.kff.org/uninsured/upload/7806.pdf> 2008/09.
- ⁴ World Health Organization Report, "Health Systems Improving Performance" http://www.who.int/whr/2000/en/whr00_en.pdf.
- ⁵ The Lewin Group, "Cost and Coverage Impacts of Five Proposal to Reform the Colorado Health Care System," Appendix B: "Health Spending in Colorado," Prepare for: "The Colorado Blue Ribbon Commission for Health Care Reform" <http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheader=application%2Fpdf&blobheadername1=Content-Disposition&blobheadername2=MDT-Type&blobheadervalue1=inline%3B+filename%3D561%2F158%2FLewin+Report-Appendix+B-Health+spending+in+CO.pdf&blobheadervalue2=abinary%3B+charset%3DUTF-8&blobkey=id&blobtable=MungoBlobs&blobwhere=1191379294263&ssbinary=>
- ⁶ The Pew Research Center for People and the Press, "More Americans Discussing--and Planning--End of Life Treatment", Survey Reports for 2006: January 5.
- ⁷ Phelps A.C, et al., "Religious Coping and the Use of Intensive Life-Prolonging Care Near Death in Patients with Advanced Cancer," *JAMA* vol. 301, no.11 (2009): 1140-1147.
- ⁸ As quoted in "Arun Gandhi Shares the Mahatma's Message" by Michel W. Potts, in *India - West* [San Leandro, California] Vol. XXVII, No. 13 (1 February 2002) p. A34.

Chapter 2

MEDICINE UNBOUNDED IN A SUPERSTITIOUS WORLD: FOUNDATIONS FOR A CRISIS IN HEALTH CARE

By Robert Cutillo, MD

Introduction: The Importance of Medicine

Medicine has always held a revered place in life, because of its closeness to things that matter greatly: the wish to avoid an untimely death, to prevent unnecessary suffering, to be cared for when we hurt. Throughout the ages, while medicine has exhibited a varying ability to satisfy these core concerns of life, its central role in addressing them has remained constant. What we find at the beginning of the 21st century is unparalleled success in the cure of disease on the heels of scientific progress. The advances in medicine in the last 100 years, made through the studious application of scientific discovery to the control of our human biology, have exceeded the collective developments of all preceding generations.

Several examples will suffice to illustrate this tremendous expansion of medicine's powers. Numerous discoveries of the 1800's, particularly in bacteriology and pharmacology, opened the door in the 1900's to painless surgery, antibiotics and the control of infection. This set the stage for advances in surgical technique that produced dramatic results in survival after surgery and the willingness to take on more complicated cases, ultimately leading

to the field of transplant surgery. The first breakthrough came in 1954 with the transplant of a human kidney, followed by a heart transplant in 1967. The second half of the 20th century has expanded the menu: transplanting livers, lungs and corneas, replacing defective parts with artificial implants of pacemakers, joints and cardiac valves, bypassing or ballooning open blocked coronary arteries to prevent heart attacks; the list goes on and continually enlarges.

While these individual medical techniques have, arguably, had small effects on the change in life expectancy in the last century, nonetheless, in concert with the great contributions of public health that have improved the living conditions of the entire population, the average lifespan in the United States has increased from 48 years in 1900 to 78 years in 2000. This 80% gain in life expectancy has dramatically changed our view of what life can give us--in fact what it *should* give us. Advances in assisted reproductive technologies are likewise changing our view of how life begins and what power we can have over our fertility and the next generation. The discovery of the molecular structure of DNA by Watson and Crick was published in 1953 with the famous understatement, "This structure has novel features which are of considerable biological interest." This has opened the door to a genetic frontier whose impact is only now beginning with the mapping of the entire human genome, essentially completed in 2003. The power to change our basic biology is before us in all its seemingly limitless yet paradoxically frightening possibilities.

It would be a rare individual who would wish a return to a pre-modern era of leeches, bloodletting and the four humors of human physiology. While the Hippocratic tradition always sought to care, the fact remains that doctors of past generations often had very little to offer that would change the course of illness. Each of us has reason to be thankful that we live in this age of expanded medical possibilities. In many cases, our gratitude comes from a

personal and intimate experience of life regained, either for ourselves or those we love, knowing that this same life would not have survived in a prior age of restricted medical abilities. Aware of the central role of healing in the ministry of Jesus, we can see the love of God at work in a sick and broken world through the goodness of medicine bringing relief from disease and restoration of bodily disability.

But if new powers bring new opportunities, they also bring new responsibilities and dangers. Looking back at repetitive patterns of history, combined with our deep Christian awareness of human depravity and corruptibility, we know that gains in power never come as a neutral contribution to our social condition. What is the impact of such a growing domination over our human condition? Is it possible that a productive enterprise, the use of applied science to advance medical techniques for the alleviation of sickness, can become counterproductive as we depend more and more on such technology to deliver us from life's limitations? Ivan Illich¹ suggested as much in his analysis of the development of medicine in the 1900's. The critique is wide-ranging, but a central element of his thesis is that all technology is capable of moving from productive to counterproductive as its influence exceeds its proper place. It would be naïve and unwise to assume that technology-based medicine, as a modern power and principality, could escape such secondary influences and remain nothing more than a pure and unadulterated good. We would do well to look at some of the "side-effects" of our dependence on its growing power.

Unintended Consequences of the Growth of Medical Care

The fiscal side effects of a biomedicine that is routinely offering

new options for overcoming the limitations of our human bodies--in most cases at significant new costs--is having far-reaching effects upon the U.S. economy. Health care expenditures in this country have been increasing much more rapidly than the rest of the economy over the last 30 years. The average gap, 2.8% per annum, results in health care's share of the economy doubling every 26 years.² Health care costs represented only five percent of the gross national product in 1950, but now account for sixteen percent of the gross national product, or more than \$2 trillion dollars; by 2016, these costs will consume \$1 of every \$5 of the nation's total output.³ With much of health care publicly funded, constant tensions are inherent in committing greater amounts to this sector of the budget, leaving less for other social goods such as education, housing and transportation.

Equally important is the toll that these escalating costs take on the American family. Every year, the average family is spending more of its disposable income on health care. These costs so adversely affect household finances that, in 2007, they accounted for 62% of personal bankruptcies.⁴

Businesses in the United States also suffer from these financial pressures. Our current system expects most people to receive their health insurance through their employers. Annual increases in health insurance premiums have exceeded inflation for many years--sometimes with double-digit adjustments. Employers, faced with the changing costs of health benefits, restrict expansion and the addition of new employees, increase the employee's contribution for health insurance premiums, or may cease offering health insurance altogether. The results include a swelling in the ranks of the uninsured and an American business sector unable to compete with foreign companies that have much lower costs per worker.⁵

A very different side-effect of medicine's expansion is the rising number of cases of iatrogenic disease, that is, problems caused

by the medical care itself. The Institute of Medicine has documented a growing number of medical errors as the complexity of our technology increases. In 2006, complications of medical care, such as hospital-related infections or adverse reactions of multiple medications, resulted in 1.1 million hospitalizations, costing nearly \$42 billion.⁶ If such negative consequences of medical care were simply the risks inherent in the use of high-powered and very successful treatments, one might find them at least partially acceptable. Unfortunately, many interventions are overused or lack sufficient evidence of effectiveness. With studies finding that in certain contexts perhaps one-third of common medical and surgical procedures may be unnecessary or inappropriate,⁷ much of this iatrogenic harm should be completely avoidable.

Factors Fueling the Expansion of Medicine

Why would we, as a society, give so much of our limited resources to medical care, growing at a rate that has exceeded inflation for years, yet with mounting evidence that more and more of additional medical care is producing less and less of measurable benefit? Without attempting to cover the full range of issues, there are several crucial elements that bear mention.

First, medical decisions are often made in a context that encourages action over caution, though there may be a lack of firm scientific evidence available to support these clinical decisions. The Hippocratic admonition to “First, do no harm” has been re-translated in our contemporary culture as “Don’t just stand there, do something.” A complex set of factors create this environment that inclines medicine to act even when it is not clear what is best to do. The allure of the newest technology often guides the preferences of both doctors and patients, while high touch care that inclines toward a “watch and wait” approach, with emphasis on communication and care, is relegated to a second, more inferior, level.

Financial incentives are clearly at work in many contexts.⁸ The ordering physician may earn more by doing more and may have monetary interests in the entities to which they refer people. Alternatively, there are others that stand to gain from excess testing or interventions, such as those who own the facility or have the patent on the drug or device. Then, again, the commercial industry may heavily influence the research that underlies the evidence used to create standards of care, leaving the physician with guidance that is scientifically questionable.⁹

In other environments, where physicians may be salaried and thus less susceptible to a financial motive, the possibility of not ordering a test, only to find later that the patient had cancer or unknown heart disease that led to a heart attack, inclines the already anxious doctor into practicing “defensive medicine.” Such over-ordering of tests provides a level of protection in case of a bad outcome, when an unhappy patient and a subsequent legal suit precariously place the doctor before a jury that is often encouraged to sympathize with the injured party.

On the other side of the equation is the expectation of the patient. In our current contract with medicine, society increasingly turns to medicine to bandage all its wounds. Medicine as a system has accepted this role in large part, though many individual practitioners of the art of medicine understand it as an impossible role and bemoan the “commodification” of health care as an entity to be sold and a contract to be fulfilled rather than a covenant of care to be honored.

Shuman and Volck have expressed this enlarging role of medicine with particular clarity:

Medicine primarily functions among the powers, we contend, by occupying a revered social position through which it appears to wield nearly sovereign control over life and death... There is no apparent limit to medicine’s am-

bition to control the circumstances of human life and death by bringing them under human control... and few people seem interested in asking whether or to what extent such an aim is appropriate for creatures of a providential God.¹⁰

What is so often unarticulated is that the accommodation of medicine to the role of autonomous savior of the body, rather than its caretaker in union with God, requires that God be displaced. For in order for science to pursue its goals of life control and life enhancement without restraint, unfettered by any moral constraints, as long as freedom is enhanced, it must proceed as if God does not exist, or if he does exist, that he does not matter. Dietrich Bonhoeffer has described this “coming of age” of humanity as proceeding “*etsi deus non daretur*”—as if God were not a given.¹¹ But when God is removed, a faith or belief in some other power is required to occupy the void. We will now turn our attention to some of the superstitions of our culture that step in to fill that void.

The Superstitions of a Modern /Post-Modern Culture

According to the Webster dictionary, a superstition is a belief or practice resulting from ignorance, fear of the unknown, trust in magic or chance, or a false conception of causation, accompanied by a fearful, even idolatrous, dependence on such belief. Most of us in advanced societies think of primitive cultures harboring such ideas. In our arrogance we think we are superstition-free, at least in a supposedly rational society such as ours. Yet, all cultures have superstitions, and some that underlie our “modern” approach to the world are quite potent.

A dominant, if not the most influential, superstition in America, is that we, not God, are in control, or can be if we but expand

our power over nature a bit further with another discovery or the next new technology. The connection between superstitious magic and a misuse of, and overdependence on, science and medicine, is provocatively elucidated by C.S. Lewis:

I have described as a 'magician's bargain' that process whereby man surrenders object after object, and finally himself, to Nature in return for power. And I meant what I said. The fact that the scientist has succeeded where the magician has failed has put such a wide contrast between them in popular thought that the real story of the birth of Science is misunderstood. You will even find people who write about the 16th century as if Magic were a medieval survival and Science the new thing that came to sweep it away. Those who have studied the period know better. There was very little magic in the Middle Ages: the 16th and 17th centuries are the high noon of magic. The serious magical endeavor and the serious scientific endeavor are twins: one was sickly and died, the other strong and thrived. But they were twins. They were born of the same impulse. There is something which unites magic and applied science while separating both from the 'wisdom' of the earlier ages. For the wise men of old the cardinal problem had been how to conform the soul to reality, and the solution had been knowledge, self-discipline and virtue. For magic and applied science alike the problem is how to subdue reality to the wishes of men.¹²

When God is dismissed as an adequate explanation of reality, or rather is seen as a failure at controlling that reality to our satisfaction, humanity seeks to take matters into its own hands. This is a story that is as old as the Tower of Babel. Though magic may have failed as a way to tame reality, we have not given up our su-

perstitutions that we are in control. Biomedicine offers us evolving technologies of immense power to overcome the limitations of our human biology. Our current culture seems willing to make the bargain, though it is a fundamental divergence from our past use of technology. The traditional goal of the Enlightenment Project was progress achieved through the manipulation and shaping of the world around us. But to bring the project to fruition, we are obliged to place human nature on the dissecting table. We become the experiment, for “human nature will be the last part of Nature to surrender to Man.”¹³ To understand why we are willing to take such chances with our own humanity, freeing ourselves to do whatever is possible by a detached view of human nature as plastic and malleable matter, we return to an old heresy, now taking the form of what has been called “Medical Gnosticism.”

Medical Gnosticism

A mechanistic view of humanity that promotes an unfettered biomedical enterprise is rooted in a long history that has persistently sought to divorce our bodies from our spirits. Despite a biblical anthropology that regularly and resiliently has affirmed the goodness of the body in creation and its unity with the spirit, human tendencies have always been to demean the body and seek release from its weakness. The Platonic assessment of the superiority of the spirit over the body, foundational to the Greek heritage of our Western culture, influenced the early Christian church and became a primary heresy formulated in differing forms under the rubric of Gnosticism. Seeing the created order as imperfect, a restriction upon the limitless potential of the spirit, it was impossible, in Gnostic thinking, that God would sully himself by putting on human flesh in the Incarnation. The Docetic representation of this within the church stated that Jesus only “seemed to be”

human. Extending this thinking to our beginnings, even creation itself was not considered “good”, despite God’s repeated statements in Genesis to the contrary. Instead, creation and the fall were both a part of one big mistake. As Philip Lee observes:

The material world itself is the result of a cosmic *faux pas*, a temporary disorder... The ancient Gnostic, looking at the world through despairing eyes, saw matter in terms of decay, place in terms of limitation, and time in terms of death. In light of this tragic vision, the logical conclusion seemed to be that the cosmos itself--matter, place, time, change, body, and everything seen, heard, touched or smelled--must have been a colossal error.¹⁴

Thus emerged a major battle of the early church, most nobly defended by the second century theologian Irenaeus of Lyons. Irenaeus taught that though Jesus was fully God, he did become fully human. Indeed “the Word became flesh.” And although Jesus was crucified, died, and buried, and rose and ascended to the right hand of God, he has not laid down his human nature. It is fortunate that the early church understood the centrality of this oft-neglected Christian belief.

Yet, the Gnostic alternative to Christian orthodoxy was and remains a perennial heresy. To be true, it no longer regards bodily existence as sinful or evil. However, it continues to hold to the idea that our real selves lie hidden within, awaiting liberation from the restrictions of this space and time container that is our bodies. René Descartes modernized the old heresy in his classic split of mind and body, paving the way for our current infatuation with the biotechnical manipulation of our “separate” bodies, in our quest for perfection and permanence. Our American theology has done little to counter this departure from orthodox faith, as Wendell Berry reminds us:

This separation of the soul from the body and from the world is no disease of the fringe, no aberration, but a fracture that runs through the mentality of institutional religion like a geologic fault.¹⁵

This profound partition allows the body to be seen as object, infinitely malleable, an ever-changing product of our own individual and autonomous pursuits. The use of biotechnology for our improvement is limitless in such a redefinition of the self. The result is that each of us pursues our own ends with whatever tools biotechnology makes available publicly, or that we can afford to purchase privately. All this results in a world that is unattached to anything but our own self-interest.

It is of extreme importance that the Christian community understands that this view of ourselves is a critical deviation from a biblical world view rooted in the Creation and the Incarnation. These doctrines loudly affirm the body as good in creation, yet weak and vulnerable in its physicality. It is the essential form through which we live out our days and discover our destiny as dependent creatures of a faithful and loving God.

Once we lose this rootedness and accept this most profound superstition about ourselves, we have the necessary ideology for the development of an important set of additional superstitions:

1. Health is a possession, my right and responsibility.
2. Life and the body are limitless in possibility.
3. All suffering is meaningless, an absurdity that inhibits the pursuits of a free and autonomous individual.
4. Evil is not real, only that which still exceeds our control.
5. Death is avoidable or can be experienced in a controlled fashion.

It follows from these assumptions a set of expectations that biomedicine is asked to fulfill:

1. All illness is curable.
2. All suffering can be relieved.
3. At present, all life can be prolonged to unknown limits.
4. What I don't like about myself can be altered.

Armed with these general assumptions and expectations regarding life, health and death, we can evaluate three active applications of this secular world view as they are being worked out with increasing force in our culture through the power of biomedicine. Each of these directions, when pushed to its limits, leads us to a future that we would not want, especially in the light of biblical revelation and Christian conviction.

The Eradication of Weakness: The Process of Medicalization

On the wave of our unparalleled success in overcoming more obvious limitations to our health and well-being, such as the cure of pneumonia or the reduction in childhood illness through vaccinations, a societal agenda has been forming that looks at all weakness as unhealthy and potentially treatable.

One response that this agenda makes to weakness is through a process called “medicalization,” seen by some as one of the most powerful transformations of the last half of the 20th century in the West. Medicalization is the redefining of a relatively common problem or reality in medical terms, usually as an illness or a disorder. Previously acceptable phenomenon such as baldness, declining sexual function with age, shorter stature or hyperactivity, traditionally seen as within the normal range of variety, albeit of a weaker quality or level, now come to be redefined as a disorder.

This knowledge provides a new power to name, to define what is normal, to say what is good and what is bad, what is

strong and what is weak. And, the person so named also is changed from a regular part of the community to one who has a new name, a new identity as a diseased member, no longer just a person, but now a patient. These new “disorders” almost always come with a treatment option, which further defines the “disordered one” as needing said treatment, and likely poorer for having to pay for it.

Two specific examples will illustrate this phenomenon. In 2007, Horwitz et al, wrote a book whose title is packed with meaning: *The Loss of Sadness: How Psychiatry Transformed Normal Sorrow into Depressive Disorder*. In short, the authors describe a method, strongly advanced in 1980 through the publication of the 3rd edition of the Diagnostic and Statistical Manual of Mental Disorders, in which mental problems are classified according to a set of symptoms regardless of cause. While producing a set of criteria that could be compared across institutions and research programs, the method led to a definition of a patient into rigid categories irrespective of context. One outcome of this has been a “medicalizing” of sadness and melancholy, an increase in the prevalence of the diagnosis of depression to historically unprecedented levels,¹⁶ and the proliferation of pharmaceutical products that have placed several of them in the top ten of most frequently prescribed medications.¹⁷ All the while, the question is asked, “Is it still OK to be sad?”

A similar volume written in the same year by British sociologist, Christopher Lane, is entitled *Shyness: How Normal Behavior Became a Sickness*. His is a particular critique of the pharmaceutical industry. In it, he describes a process, heavily profit-motivated, that names as abnormal various levels of anxiety, especially the kind that comes from a shy and socially uncomfortable nature. Viewed as such, these conditions are said to require treatment to abolish such feelings and return to a more functional state.

While none of the analyses of this “renaming process” are

meant to deny the real suffering of certain categories of anxiety and depression, many of which receive much benefit from proper and reasonable medical and psychosocial intervention, the broad view leads us question where this is taking us. Previous observers of this use of medicine have asked what the world would be like if all the creativity formed out of wrestling with the depths of emotions, seen in such authors as Ernest Hemingway and Fyodor Dostoyevsky, and in such spiritual mentors as St Theresa of Avila and Henri Nouwen, were to be eradicated by medications. Would the world be a poorer place for having pursued this agenda with such vigor?

As we use the renaming powers of medicine to define weakness and then seek to eradicate it, the people of faith are faced with numerous questions: How does God see weakness and neediness? When present in others, does he call us to fix them or to love them? If we come to believe that we are no longer weak, would we still seek God? Or, if we are still able to acknowledge our weakness, but have lost the ability to accept it, then when we seek him, would it be only to use him as another tool to overcome our weakness? It remains to be seen whether the church will lose one day the capacity to discover what Paul had learned from his experience-- that God's power is made strong in weakness. Or, has it already lost it?

The Removal of Risk: Controlling the Future Through Preventive Medicine

Throughout the ages, the prevention of sickness has been considered a wise approach in health and medicine. Generations have been advised with such adages as "An ounce of prevention is worth a pound of cure," (a quote originally attributed to the American founding father, Benjamin Franklin). To a certain ex-

tent, it is simply an expression of a wise and caring stewardship of the bodies, which we have been given as a gift. Beside being sage advice, for quite some time it has also been considered economically prudent, since prevention is a way to use limited resources to maximize health and at the same time save money.

In the 1980's, I received my training as a family physician. One of the concentrations of this specialty is preventive medicine. As persons preparing to care for individuals from "cradle to grave", we were taught to assess the future risk of disease of each person. Usually, this is done at the time of an annual physical exam, and is primarily based on age and gender, but it incorporates, as well, other variables such as race, weight and family history. At that time, our efforts were based on good data that supported screenings for a limited range of potential diseases, mostly cancer and heart disease, using such tests as blood pressure measurements and Pap smears. In this way one hoped to prevent heart disease through control of hypertension or cervical cancer through treatment of cervical cell abnormalities.

From these initial efforts at limited screenings of otherwise healthy and asymptomatic populations has come a whole specialty just for preventive medicine. This came along with numerous organizations designed to educate the public and the medical community about prevention. There was also an explosion in the variety of screening tests offered, and the populations who are to be screened. Tests such as bone scanning for osteoporosis, PSA testing for prostate cancer, newborn screening for a range of metabolic disorders, testing for HIV, sexually transmitted diseases, and viral hepatitis, along with many others, have all been added to the menu of preventive medicine options. Some are very helpful. But their usefulness depends on the pre-test risk of the population screened and the reliability of the screening procedure. For example, a mammogram can be a useful screening test. But given to a low risk population, the probability of a false positive result

that requires additional testing and subsequent negative biopsies is exceedingly higher than the likelihood that a cancer will be found and cured. Yet, many low-risk women receive such screening at a significant cost, including the initial test, the anxiety produced if a positive result is found, the pain of additional procedures, and the economic cost of follow-up testing. For other cancers, such as ovary, lung, and thyroid, there is no reliable screening test available. Yet, many advocate such testing, leading to irrational actions on the part of many to prevent these diseases. These actions are grounded in an overwhelming fear of dying, with cancer being a particularly ominous cause. On the open market, there are whole body scans and coronary artery calcium measurements. These are unproven methods sold to an unsuspecting but worried population who seek to know any risks they may carry that could someday kill them. The latest and greatest on our future horizon will be individual genomic analysis to inform us of a whole range of risks we may harbor in the genetic make-up of each of our cells.

While initially conceived as a method that would reduce health care costs, preventive medicine is increasing costs through an overzealous effort to control our future. Aside from cost, is it truly helpful to know all of the potential risks in our future, most of which will never happen? On the contrary, what health do we lose in having our lives bound up in the anxiety and fear of what might happen? Peter Augustine Lawler has suggested significant harm to our present well-being by this fearful anticipation of the future:

Rich, smart and free Americans may be more anxious and death haunted than any of their predecessors... Unlike the other animals they are obsessed with health and safety, and they plan incessantly to minimize chance or contingency in their lives. They even have difficulty loving their

children in the present, because they are so concerned with protecting them and planning for their futures.¹⁸

In the cultural milieu in which each of us lives and breathes, we have come to believe we can manage our future. In our hyper-individualistic society, each of us rushes to take advantage of every opportunity to achieve that end. Failure to do so may even suggest that we are irresponsible. Yet, responsible action to maintain health and reduce risk of illness gives way to unfaithful, foolish and anxiety-ridden behavior when our fears of the future are unbounded.

If it is an illusion that we can contain all future risk, then a sober and true view of life is needed to discredit it. Life is inherently risky. It begins with a desire to conceive. If all goes well, it continues with a healthy birth and a healthy baby. But such a life is born into a violent and chaotic world, with unknown possibilities for health, wealth and longevity. Our very bodies bear the signature of life's frailty and unpredictability.

This "necessary fallibility" is often forgotten in science and medicine, which believe that the general rules induced from observations of specific and controlled circumstances will unfailingly bear out when applied to a living situation. Yet, when we move from the application of a known medical treatment with well-defined probabilities of success to a living being, the outcome is always risky. Even when probabilities are greater than 95% that a treatment will be effective, or we are 99% certain that no side effects will occur, when applied to an individual patient, results can be surprising. There will be someone in the 1% category who will not do well; someone will die when whole populations are vaccinated against the flu. Each person is full of variables of the particular that cannot be fully controlled, each one with a unique history that affects their reaction in the present. Nothing **always** happens when human beings are concerned. Yet when bad things

happen, we seem to be astonished--even angry. As an important aside, such false hope in an infallible medicine contributes greatly to the current dysfunction of our medical malpractice system and the practice of "defensive medicine" previously mentioned.

To counter our amnesia of a biblical perspective on life, we need to remember that faithful living cannot be undertaken without risk. The person with the single talent failed miserably to please the master because he was adverse to risk (Matthew 25:24-25). Anxieties and worries about the future will choke our ability to be fruitful in this life. We will be as the plants that sprout from seed that was scattered among the thorns (Mark 4:18). If we wish to save our lives, to keep them safe and secure, we really have no other option but to lose them--to surrender our future into the hands of God. Indeed, we cannot let anyone insure our material or spiritual future except the one who truly knows it. Any other dependency is idolatry.

Denial of Death

In confronting the end of life we face perhaps the most profound fear of American society and also a great confusion in the American church. While there is a remarkable contrast between the view of death taught by Jesus in the New Testament and the attitudes of our society toward death, perplexingly, the church often provides a better reflection of what society believes than what Jesus said.

Is it absurd to think that one day we will prolong life indefinitely and avoid death permanently? While the reality of death continues to disrupt our sense of order and control in a most inconvenient way, our attempts to "sterilize" it away in the hospitals and nursing homes where most Americans currently die, along with efforts to "manage" all the elements of death, make death increasingly deniable. With advances in biotechnology, reputable

scientists are pursuing a “cure” for death. From off-label uses of human growth hormone (hGH) for anti-aging purposes, to promises of replacement organs and tissues from stem cell research and discoveries of how the genetic code turns the switch that controls our aging, increasing hope is generated that we can prolong life indefinitely.

According to Leon Kass, M.D., overcoming death is a blunt ambition of the medical agenda:

For truth to tell, victory over mortality is the unstated but implicit goal of modern medical science, indeed of the entire modern scientific project, to which mankind was summoned almost 400 years ago by Francis Bacon and Rene Descartes. They quite consciously trumpet the conquest of nature for the relief of man’s estate, and they founded a science whose explicit purpose was to reverse the curse laid on Adam and Eve, and especially to restore the tree of life by means of the tree of (scientific) knowledge. With medicine’s increasing successes, realized mainly in the last half-century, every death is increasingly regarded as premature, a failure of today’s medicine that future research will prevent.¹⁹

While on the surface, this appears an admirable and noble pursuit, it is, nonetheless, a false hope--a Promethean myth with a profound downside. In contrast to a biblical view of life as gift, and death as the inevitable end of our mortal existence, what is observed as we seek to triumph over death through human effort is an increasing terror of its obstinate presence in our lives. Death is no longer viewed as a necessity to be accepted but an accident to be avoided. Paradoxically, increasing power over death leads to more control of our lives by the fear of death. The final stage, the divinity of death, is well described by Arthur C McGill:

Most Americans (and I include many who regularly go to church) believe that death is the ultimate reality which will finally and permanently determine their existence. The power of death, then, is the true God.²⁰

In the end this hold on our common psyche robs the presence of peace and gives death ultimate rule over our lives.

Results of Idolatry of Life and Worship of Death

While idolatry of any kind is no small matter, and has wide-ranging effects upon society, we will focus upon two significant consequences of our failure to interpret life and death through the lens of Jesus' life, death and resurrection. The first hinders our ability to create justice in health care. And the second results in a weakening of the church as a sign and promissory note of the coming kingdom of God. The latter is a much deeper concern.

No Balance, No Boundaries, No Justice

In such a death-defying and death-denying culture as our own, there are no limits to what we define as "medical need". As long as biomedicine can provide new technologies that offer hope of avoiding death, poured out upon a society that is becoming increasingly convinced that this life is all we have, our need for medical services will have no end. How can a health care budget ever be controlled? What might be precariously balanced today cannot help but consume greater and greater proportions of our finite resources in the future, once again creating a crisis in health care. What will always be lost, if ever we were able to achieve it, is a just distribution of basic and essential health care. Those with power will effectively demand access to whatever is available, essential or otherwise, to protect their personal lives, leaving the sys-

tem unable to cope with the basic needs of the wider community.

An additional way the fruits of biotechnology may contribute to an unjust future is through an increase in disparity created through private purchase of what is unaffordable publicly. Always running alongside efforts to incorporate new technology into a system of health care that benefits everyone, there is now, and will likely always be, the ability to individually purchase these services for personal benefit. Some, today, can purchase additional fertility options, or a new genetic test that predicts areas in which their children are predisposed to excel. There is also an increasing availability of “enhancement” technologies that improve looks or increase mental or physical capabilities, such as the aforementioned use of hGH.

While it is true that for many of these private purchases the consumer is an unsuspecting victim of a “snake oil” sale, there will be unintended outcomes if the power to control our genetics makes good on some of its promises. The future may be laden with technologies that are unaffordable for the community-at-large, yet will be purchasable by the financially able, creating an unfair genetic advantage. The gap between the “haves” and “have-nots” can only increase in such a world, which brings us back to a basic question: “Is this the kind of world we wish to leave to our children?”

The Loss of True Life

Finally, what are the implications for the Christian community if we do not recover a realistic view of life? What will happen if we don’t ground our life in the truth that Jesus Christ took on our human form in the incarnation, suffered in that same human form, and through his resurrection has responded to our deepest needs for hope beyond the finite, frail and fragile body we inhabit? The challenge before us is no different than the age-old choice: what or whom we will serve? If we idolize this life by seek-

ing from it what was not intended by God--control, perfection, and longevity--we will lose true life, leaving us kneeling before medicine and biotechnology--a “magician’s bargain”--a Faustian gain in power at the cost of losing our souls.

As previously noted, what is most perplexing and disturbing is the observation that Christians often exhibit no discernable difference in their use and expectations of medical care. Just as other people, Christians can be obsessed over this life, be dominated by fear for their children’s future, and receive medical services to avoid death as if their belief in life beyond the grave made no difference.

A study published in March 2009 in the *Journal of the American Medical Association*,²¹ analyzing the choices of 345 patients with advanced metastatic cancer who had received but failed every standard treatment to cure their cancer, showed that patients with a working Christian faith expressed a greater desire for an aggressive end-of-life care to prolong life than the patients without such belief. While there are several factors that may explain this behavior, one sad conclusion is that our Christian conviction that God holds our lives in the palm of His hand does not strongly influence our life and death decisions. Shuman and Volck expound on this observation:

Little in the behavior of hospitalized Christians suggest a concern with much more than the doctor’s realm; namely this life and its prolongation, limited, if at all, only by costs and “quality”. Indeed, some Christians exhibit a greater obsession with this life to the exclusion of other concerns than do many non-Christians, fueling accusations that all this talk about a life to come with a loving deity is so much whistling past the graveyard.²²

Our Christian commitment to the protection of life, both ours

and others, as God-given and therefore precious, is a strong and redeeming feature of our faith. Yet, we fail miserably at being salt and light in our society when we translate such commitment into an idolization of this life with a concomitant controlling fear of death.

So far as we reject living as a needy and hungry creature who is constantly being given being by God, so far as we see our identity as wholly in terms of a reality which we can have and which we can securely label with our own name, we live under the dominion of death; we live under the dominion of dispossession. We live in terror of death, of having this bit of reality which we call ourselves, taken from us. Our whole existence is controlled by that terror... (But) God is the enemy of all life by possession.²³

When we ask technology to eradicate weakness in us and in our society, to remove any risk that the future may hold, and to shield us from the reality of death, we part company with the way of our Lord and Savior Jesus Christ. In stark contrast to our efforts to be strong, independent and in command of our lives as a way to manage our fear of death, we have the biblical record of Jesus' life on earth as one who embraced weakness and gloried in his dependence upon the Father. The Gospel of John gives us a unique window into this relationship. In it, we see that the Son never did his own will (6:38), never acted on his own authority (8:28), never offered his own teaching (7:16, 12:49), and never sought his own honor. He always worked for the honor of the one who sent him (7:18). In short, the Son "can do nothing by himself: he can do only what he sees the Father do, because whatever the Father does the Son does also" (5:19). We gain graphic understanding of Jesus' submission to the Father when we observe the last moments of his earthly life on the cross, where he is tempted one

last time to reject his dependence on the Father and take control of his own life. Three times, he is challenged to save himself: first by the Jewish rulers, then by the Roman soldiers, and lastly by one of the criminals hanging on a cross next to him. But it is never the way of Jesus Christ, nor of the Christ-follower, to direct their own destiny and hold onto their own lives. In the final analysis, the possessing of this life could not free Jesus from death, nor can it free us. In his very last words on the cross our Lord honors the relationship he has had since the beginning, and surrenders his spirit into the Father's hands (Lk. 23:35-46).

As a disciple is not above his teacher, so we, too, will be tempted to save ourselves through self-possession and self-sufficiency, which is increasingly made attractive through dependence on modern techniques of deliverance. But the pattern for the disciple of Jesus Christ has been made clear--to live in submission and surrender, embracing weakness and dependence on God. In this way, we will find the answer to our deepest desire and most perplexing dilemma, the innate desire for immortality in the face of a certain death.

Since the children have flesh and blood, he too shared in their humanity so that by his death he might destroy him who holds the power of death--that is, the devil--and free those who all their lives were held in slavery by their fear of death. (Heb. 2:14, 15)

Through Jesus' obedience unto death, "death can still menace, but no longer make good on its threats."²⁴ Delivered from being dominated by fear, we can use the benefits and services of medicine in a balanced and purposeful fashion, helping us not simply to prolong our days, but to live them faithfully, enabling us to fulfill our destiny as God's called and chosen possession. Refusing to conform to a culture that embraces control and independence, we

will follow the way of Christ, where neediness is accepted as the fundamental disposition necessary to receive the love and power of God. Empowered to face suffering and death with both hope and courage, may the church that belongs to Jesus Christ witness to a fearful world what it means to live well even if it does not always mean living long. Certainly then we will have much to say to our lost society about the meaning of life and death and the care of the body in the service of God.

- ¹ Ivan Illich, *Medical Nemesis: The Expropriation of Health* (New York, NY: Pantheon, 1975).
- ² The Long-Term Outlook for Health Care Spending: a Congressional Budget Office Study (November 2007). The Congress of the United States.
<http://www.cbo.gov/ftpdocs/87xx/doc8758/11-13-LT-Health.pdf>.
- ³ J.A. Poisal et al, "Health Spending Projections Through 2016: Modest Changes Obscure Part D Impact," *Health Aff Millwood* 26, (2007): w242-w253.
- ⁴ C.M. Kilo and E.B Larson, "Exploring the Harmful Effects of Health Care," *Journal of the American Medical Association* 302, no. 1 (2009): 89-91.
- ⁵ E.J. Emanuel, "The Cost-Coverage Trade-off," *Journal of the American Medical Association* 299, no. 8 (2008):947-949.
- ⁶ Healthcare Cost and Utilization Project. Agency for Healthcare Research and Quality.
<http://hcupnet.ahrq.gov>.
- ⁷ R.H. Brook, "The Science of Health Care Reform," *Journal of the American Medical Association* 301, no. 23 (2009):2486-2487.
- ⁸ E Ezekiel and V Fuchs, "The Perfect Storm of Overutilization," *Journal of the American Medical Association* 299, no. 23 (2008): 2789-2791.
- ⁹ M. Angell, "Industry-Sponsored Clinical Research," *Journal of the American Medical Association* 300, no. 9 (2008):1069-1071.
- ¹⁰ Joel Shuman and Brian Volck, *Reclaiming the Body: Christians and the Faithful Use of Modern Medicine* (Grand Rapids, MI: Brazos Press, 2006), p. 35.
- ¹¹ D. Bonhoeffer, *Letters and Papers from Prison* (New York, NY: Touchstone, 1997), p. 360.
- ¹² C. S. Lewis, *The Abolition of Man* (New York, NY: HarperOne, 2001), p. 76.
- ¹³ Ibid. p. 59.
- ¹⁴ Philip J. Lee, *Against the Protestant Gnostics* (New York, NY: Oxford University Press, 1987), p. 8.

- ¹⁵ Wendell Berry, "The Body and the Earth," *Present Truth* 38 (1977): 2.
<http://www.presenttruthmag.com/archive/XXXVIII/38-6.htm>.
- ¹⁶ L.A. Pratt and D.J. Brody, "Depression in the United States Household Population 2005-2006." <http://www.cdc.gov/nchs/data/databriefs/db07.pdf>.
- ¹⁷ "The Top 300 Prescriptions for 2005," RxList: *The Internet Drug Index*.
<http://www.rxlist.com/script/main/art.asp?articlekey=79509>.
- ¹⁸ Peter Augustine Lawler, *Stuck With Virtue: The American Individual and Our Biotechnological Future* (Wilmington, DE: ISI Books, 2005), p. 184.
- ¹⁹ Leon Kass, *Life, Liberty and the Defense of Dignity: The Challenge for Bioethics* (San Francisco, CA: Encounter Books, 2002), p. 261.
- ²⁰ Arthur C. McGill, *Death and Life: An American Theology* (Eugene, OR: Wipf and Stock, 1987), p. 44.
- ²¹ A. C. Phelps et al, "Religious Coping and the Use of Intensive Life-Prolonging Care Near Death in Patients with Advanced Cancer," *Journal of the American Medical Association* 301, no. 11 (2009): 1140-47.
- ²² Shuman and Volck, *Reclaiming the Body*, p. 15.
- ²³ McGill, *Death and Life*, p. 54.
- ²⁴ William F. May, "The Sacral Power of Death in Contemporary Existence," in *On Moral Medicine: Theological Perspectives on Medical Ethics*, eds. S. Lammers and A. Verhey (sec. edn; Grand Rapids, MI: Wm. B. Eerdmans, 1998), p. 203.

Chapter 3

WHAT ARE PEOPLE HERE FOR? A CHRISTIAN VIEW OF HEALTH CARE IN A WORLD OF LIMITED RESOURCES

By Robert Cutillo, M.D.

Introduction

In the United States today, we are faced with a puzzle and an impasse which must be overcome if there is to be any justice in health care. How can the richest and most powerful nation in the world spend nearly twice as much on health care as any other country, yet leave over 15% of its population uninsured?¹ Despite such huge expenditures we rank below many other developed countries in many critical health outcomes such as life expectancy and infant mortality.² Put another way, why would an African-American man, living in Harlem, likely die younger than a man living in Bangladesh—one of the least economically advanced places in the world?³

In basic terms, there is a simple answer: We have created a system in which the majority, who has health insurance, is often getting too much health care while the vulnerable minority, with the most need for healthcare, has the least of it. In other words, we have a problem of equity when it comes to access.

This observation is not new. In 1971, a study of the “natural” distribution of health care in Wales led to the formulation of the Inverse Care Law, boldly stating that “the availability of good

medical care tends to vary inversely with the need for it in the population served.”⁴ What makes our situation particularly arresting and disturbing is that every economically advanced country in the world, other than the United States, has developed a system of universal access to basic health care to combat this natural distribution. Without a basic foundation of care, many are left out and lost when common sicknesses arrive at their door. Leaving these illnesses neglected leads to worsening health for both persons and families, eventually creating greater burdens to the health care system when these individuals present to emergency rooms and hospitals with more advanced illness, at higher costs to everyone.⁵ Our current distribution of health care in the United States is neither ethical nor rational.

Elements of a Dysfunctional Health Care System

How did we get here? How did a caring, moral, and capable society such as ours form such an inequitable and irrational system? Numerous factors have been offered to explain this dilemma, including an overdependence on technology, an excessive intrusion of profit in medicine, an unhealthy malpractice environment, or a lack of good science to guide medical decisions. While not wanting to minimize these elements, from a perspective of faith and justice I would like to focus on two additional features, (ways of thinking rather than policy or procedure), which I believe have large and often subconscious influences on why we dispense health care as we do.

First, modern society in general, and American society in particular, has formed a false set of expectations about what our lives are meant to be, and what medicine can reasonably offer. As our scientific accomplishments have given us increasing power over a wide range of sicknesses, society has placed greater and greater

hopes for deliverance from life's contingencies upon the modern medical enterprise. With advances in biotechnology exceeding even the fantasies of science fiction writers of the past, the future seems unlimited. Daniel Callahan explains this well:

Medicine is perhaps the last and purest bastion of Enlightenment dreams, tying together reason, science, and the dream of unlimited human possibilities. There is nothing, it is held, that in principle cannot be done and, given suitable caution, little that ought not to be done. Nature, including the body, is seen as infinitely manipulable and plastic to human contrivance. When the conception of medicine is set in the social context of an individualism which is, in principle, opposed to public consensus about any ultimate human good, it is a potent engine of endless, never-satisfied progress".⁶

But, "it is a strange world of sickness when we look to medicine to deliver us from our finitude, from our mortality and our human vulnerability to suffering."⁷ In fact, to believe that our bodies are "infinitely manipulable," and our lives completely controllable, is an impossible role to ask medicine to play--and it is built on lies. Unlike most of the world, many of life's uncertainties, such as food, shelter, clothing and general safety, have been brought under control--or so it seems--for the majority of Americans. But our health remains an area of annoying insecurity. At the level of our fragile and finite bodies, we still smell the scent of our mortality. Underlying so much hope in medicine's power, is a deep and abiding fear of death as a random and accidental event over which we have little influence. In a culture such as ours, with diminishing images and stories of how a well-lived life ends, this lack of control is an overwhelming terror that we struggle against with irrational fear. This leaves us with almost no space for a rea-

sonable discussion of how much health care is enough. The current development of new cancer drugs illustrates this well. Approvals are given for medicines that may cost \$50,000 per patient just to extend life for 45 days.⁸ But because cancer is such an emotional issue, and mortality remains an unacceptable conclusion to life, the system pays the price, while large areas of lower cost and highly beneficial care remain undelivered.

The second element that has fueled the development of our dysfunctional health care system is a failure to see the importance of community, and the well-being of our neighbor, as integral to health. We have been raised on a steady menu of individual goals and rights as the path to happiness. In discussions of health care and distribution of limited resources, debate has consistently run aground on the shore of multiple partisan interests that seek to maximize benefits to the individual or special interest groups, while the big picture of what can be of greatest benefit to the most people is forgotten. We consistently manifest a pinched view of justice that seeks to maximize my rights and freedoms, as long as it does not restrict the full and expansive exercise of your freedom. Even when we advance a perspective that seeks a fair share of limited resources we still fall short of what is needed. Health will best be enhanced only when we elevate the debate to a biblical view of justice, with its focus on the love of God for a broken world, and its concern for the protection and care of the poorest and most vulnerable. Any system of health care that is just, must provide the greatest care to those with the greatest need. But for this to happen we will have to learn, like Jonah, that the coverage and shade of our own individual vine is not more important than the greater needs of the larger community which is full of lost and forgotten people. God's concern for the whole city will always challenge a blind interest in our personal well-being (Jonah 4:5-11).

Regaining Hope

Despite the illusions of a managed world of our own making, we know that life is full of tragedy. Things such as prenatal losses, childhood cancer, traumatic accidents, and failing hearts, are but a few of the tragic experiences that we encounter all too often. We join in the joy of new techniques that enable patients to regain life, but we are also profoundly aware of the persistent realities of sickness and death. If we acknowledge that it is not the purpose of modern medicine to relieve the human condition of the human condition, we can rediscover what people are here for. True to a biblical anthropology, we see ourselves as created beings. We are an intimate union of earthly dust and divinely imparted breath.

We are made for a purpose, and destined to live out a defined number of days, but with infinite possibilities to love and be loved. When we abandon the notion that life and health are possessions to be owned only for our own ends, we understand that we are made for relationships--with one another, and ultimately with God. And, faithfulness to these relationships is the point and purpose of our creation.

When we remember the reason for our being and existence, we can reclaim an old story of the importance of medicine. We will realize that medicine is a fallible, but immensely beneficial tool, when judiciously used in accord with the proper ends of life, including our personal desires. The ancients knew this well. They knew that life is not just existence and longevity; rather, it is a stage set for the great scenes of a play. On that stage, the actors pursue goodness over happiness. And on it, true virtue is achieved when we are most vulnerable to suffering. The early church knew it too, and at its very beginning it sought ways to minister to broken and hurting bodies. One of the first hospitals in Western civilization, founded in 372 AD by Basil, bishop of Caesarea in Cappadocia, was described in the following way:

Go forth a little from the city, and behold the new city, the treasure house of godliness... in which disease is investigated and sympathy proved... We are no longer to look on the fearful and pitiable sight of men like corpses before death, with the greater part of their limbs dead [from leprosy], driven from cities, from dwellings, from public places, from watercourses... Basil it was more than anyone who persuaded men not to scorn men, nor to dishonor Christ the head of all by their inhumanity towards human beings.⁹

This is a wonderful view of the hospital. It is a place where disease is investigated, healing sought, comfort given, and loneliness relieved. Yet, to this same bishop is attributed a deep understanding of the limitations of the medical arts:

Whatever requires an undue amount of thought or trouble or involves a large expenditure of effort and causes our whole life to revolve, as it were, around solicitude for the flesh must be avoided by Christians. Consequently, we must take great care to employ the medical art, if it should be necessary, not as making it wholly accountable for our state of health or illness, but as redounding to the glory of God.¹⁰

Further still, Basil prophetically discerned that if we lose the understanding of life as a gift of a loving Creator, this could lead to misplaced worship and idolatry--a danger we now face. He wrote:

We ought not commit outrage against a gift of God by putting it to bad use. To place the hope of one's health in the hands of the doctor is an act of an irrational animal. This, nevertheless, is what we observe in the case of cer-

tain unhappy persons who do not hesitate to call their doctors their saviors.¹¹

The same perspective and call for balance is offered by physician Margaret Mohrmann:

Health can never be anything other than a secondary good. God is our absolute good; health is an instrumental subordinate good, important only insofar as it enables us to be the joyful, whole persons God has created us to be and to perform the service to our neighbors that God calls us to perform. Any pursuit of health that subverts either of these obligations of joy and loving service is the pursuit of a false god. Health is to be sought in and for God, not instead of God.¹²

Healthy Connections and the Manna Principle

Beside a return to balance in our individual use of medicine, we will need to recover a view of self that is intimately connected to the lives of others. This understanding is based on the belief that, mysteriously, our own health is intimately linked to the well-being of others. Is it possible that we are only as healthy as our neighbor? When one thinks of communicable diseases, it is easy to see that an influenza virus that infects someone on my street places my health at risk. But what of the lonely person who, while driving under the influence of alcohol, kills a young child walking to school. We can take this one step further. When poor communities are forsaken, anger builds up among those who experience the injustice. This results in outbreaks of violence that tears at the fabric of the wider community and damages the health and well-being of many.

At the deepest level, we are challenged to see health as not just

a physical but also a spiritual reality, leading us to contemplate what Paul meant when he said that when one suffers we all suffer (1 Cor. 12:26). This statement has profound implications that link our lives to other hurting people. The essential embodiment of this truth can be found in our common basic needs for food and shelter, clean air and health, love and caring--what John Perkins has called a "certain haunting equality" in his book *Quiet Revolution*.¹³ I will prefer to call it our "shared vulnerability".

In Luke 10, a highly educated Jew, inquiring of Jesus, "Who is my neighbor?", is told the story of the Good Samaritan. In listening to how the Samaritan helps a bruised and beaten man on the side of the road, he is taught the meaning of love in action, and told to go and do likewise. Yet, before he can identify with the Samaritan (the benefactor in the story), he must first see himself in the place of the half-dead man. Only from this vantage point can he recognize that the Samaritan is his neighbor. Before he could do good for others, he was invited to acknowledge his shared vulnerability with the one in need. This was easy, because it was likely that he too had traveled this road alone before. Yet, it was also extremely difficult, as the Jew would naturally hate the Samaritan and have no category within which to include him as a person of interest or worth. Jesus thus breaks open our world and calls us to consider anyone who crosses our path and shares in this earthly existence as our neighbor.

When we accept that our bodies as frail and limited are the basis of our shared vulnerability to life's uncertainties, our hope for ourselves begins to align with our hope for others. Our bodies may get in the way of individual aspirations, but they are the means through which we most deeply relate to one another. In these relationships are found our greatest hope for health. As Wendell Berry reminds us, "the community ...is the smallest unit of health and to speak of the health of an isolated individual is a contradiction in terms."¹⁴ The power of these familiar verses from

John Donne echoes this truth:

No man is an island, entire of himself; every man is a piece of the continent, a part of the main. If a clod is washed away by the sea, Europe is the less, as well as if promontory were, as well as if a manor of thy friend's or if thine own were. Any man's death diminishes me, because I am involved in mankind; and therefore never send to know for whom the bell tolls; it tolls for thee.¹⁵

Our last conclusion brings us back to our original problem. The health care dilemma in the United States--indeed a root cause of health care disparities all over the world--is that some have too much health care while many have too little health care. When we understand health in its physical and spiritual dimensions, both groups suffer under the current system of inequity. If this true, then clearly the best way to distribute health care is to ensure that everyone has enough and no one has too much. To be honest, we know that by our own natural will and effort this has been and will be impossible. Fortunately, there are resources beyond ourselves.

One day, Jesus faced a problem not unlike our current trouble, when he fed thousands of hungry people, with some very limited resources--basically a young boy's lunch of five small loaves of bread and two little fish. At the end "all had enough to eat" (John 6:1-13). This incident, which relates how Jesus provided for many in a remote place, echoes the experience of the people of Israel in the desert. They, too, were fed by God in the giving of the manna--a form of bread. In this system of allocation, the manna was distributed daily and each person only took what they needed for the day. Taking extra, and hoarding it for tomorrow, was both disobedient and useless, because the manna rotted if kept overnight. Is there a lesson for us in health care distribution?

Returning to the thousands Jesus fed with just a few bits of food, it is surely a mystery and a miracle. Though the problem is similar--tremendous need and limited resources--what does it really have to do with us? The context of the miracle starts with something we will need, if we don't already have it--a deep caring for the problem. When Jesus encountered these huge crowds coming after him, he had compassion. In Greek, the word is *splanchnizomai*. This is the same word used to explain the feeling of the Samaritan for the hurt man on the road. It is a word that many in medicine recognize, because it is the root for "splanchnic", for the nerves and arteries that supply portions of the intestines. As such, it describes the "gut" reaction to suffering, to pain, to people in need. With such a deep feeling for the problem, might we be primed for a miracle?

And, if we were so moved by the needs of others, would it help us to open our hands and share? When the crowd, who had traveled such a long distance to see Jesus, saw the little boy offer his lunch to Jesus, they may have been a bit amazed that he would share his small portion. Maybe, some of them had also packed a lunch because they, too, knew they would be gone a long time. Did any of them, seeing the boy, think about sharing what they had? We will never know if this had anything to do with the miracle of that day. But, the leftovers filled 12 baskets. Can we hope that someday, maybe sooner rather than later, our restricted and hyper-individualistic view of life, fueled by a myth of scarcity, and the need to fight for whatever we can get, will be transformed into a mystery of abundance, when the capacity to care--one for another but ultimately by God--will be unlimited?

Principles of a Just Health Care System

If our view of life can be changed from *how long* we live to *how*

well we live, if we can view life as subservient to the good, and if we can understand that it is to be lived in faithfulness to God and in response to God's abiding concern for the vulnerable, then we have the basis for a sustainable vision for a health care that is technically competent, deeply caring, and justly distributed. In the crafting of such a system, we would be guided by the following ideals and values:

1. We would never take life to relieve suffering; yet, we would not preserve this life at all costs, since we can clearly accept the certain mortality of each person.
2. We would seek relief of avoidable suffering; yet, we would acknowledge some suffering as a part of human nature and would, unreservedly, be committed to never abandon the sufferer.
3. We would not invest in technologies that rob conception, gestation and birth of their inherently given nature. More specifically, we would not seek to manipulate the beginnings of life by destroying what we deem unacceptable or imperfect (taking life made in God's image). Nor would we alter the genetic make-up of future generations to choose gender, or enhance capabilities and attributes (making life in our image). At many levels, this would be an unjust activity, not the least of which is a future in which these technologies would be unfairly distributed, as the rich and powerful would have more if not exclusive access to them.
4. We would acknowledge the divine value of each person, the scarcity of resources, and the need to make tough choices, because no matter how long we live and how much progress we make, we cannot escape a life of limited resources in a world of limitless need. As we live our lives in connection with a loving God, the only po-

- tentially unlimited resource we have is the capacity to care.
5. In an economically advanced society such as our own, a significant portion of poor health is related to unhealthy behaviors; at the same time many unhealthy behaviors are related to unhealthy environments. A wise healthcare system will invest in programs that improve the health of communities and encourage healthy lifestyle, yet, it will not penalize individuals for any specific disease, but care for all regardless of cause.
 6. In the making of tough choices, we would honor God's love for the most vulnerable and exercise a biblical view of justice by placing the needs of the poorest and sickest first in the distribution of limited resources. Given our awareness of global realities, that easily preventable death from curable diseases such as tuberculosis, childhood diarrhea and malaria is occurring daily, and given that research that has helped us to develop some of our treatments has been done amongst these very same populations, our distribution of resources must include these populations as an expression of God's love for the whole world.
 7. Error will occur in medicine, because the application of sound science with high evidence for success can still only remain an experiment, when applied to unique and living beings. We will protect and provide for negligent and avoidable error, but we need to acknowledge medicine as a fallible profession. Yet, despite its fallibility, it is still the means authorized and empowered by society to care for the sick.
 8. The system will distinguish between essential care and optional care, and, in wrestling with limited resources, it will seek to provide a firm base of essential health

- care opportunities that is available to all members of the community, not rationed by the ability to pay.
9. Those who have much may have too much, even more than is good, since an increasing amount of medical care is of marginal effectiveness or not beneficial at all. In order to give the most health care to the neediest, we must be willing to give up some health care as unnecessary, unimportant, or simply unaffordable, unless individually purchased. When we are less frightened of our own mortality, because of our understanding of our finitude, we will be more able to demand less and leave more for others.
 10. Medicine must not be a context in which people's fears and vulnerabilities, especially emphasized when sick, are exploited through the exercise of greed and avarice inherent in many market-based approaches to health care. In addition, the profit motive must not be allowed to influence the process of electing which health care services will be included in a basic and essential package made available to all. A reference may be made to the clearing of the temple by Jesus in John 2:12-17. The exploitation of people's spiritual vulnerabilities had turned the temple into a marketplace, full of stalls of animals for sale, so that people could make ceremonial sacrifices. Jesus' response was indignation at the abuse of such a holy place. Likewise, the relationship of medicine to a sick patient can also be characterized as a holy encounter, one where the "stalls" are full of exploitative practices that must be cleaned out.

- ¹ E. Ezekiel and V. Fuchs, "The Perfect Storm of Overutilization," *Journal of the American Medical Association* 299, no. 23 (2008): 2789-2791.
- ² E Ezekiel, "What Cannot Be Said on Television about Health Care," *Journal of the American Medical Association* 297, no. 19 (2007): 2131-2133.
- ³ A.T. Geronimus et al, "Excess Mortality Among Blacks and Whites in the United States," *The New England Journal of Medicine* 335, no. 21:1552-1558.
- ⁴ Julian T. Hart, "The Inverse Care Law," *Lancet* 7696, no. 1 (1971): 405-12.
- ⁵ S. R. Collins et al, "Gaps in Health Insurance: An All-American Problem," *The Commonwealth Fund* (2006).
<http://www.commonwealthfund.org/Content/Publications/Fund-Reports/2006/Apr/Gaps-in-Health-Insurance--An-All-American-Problem.aspx>.
- ⁶ Daniel Callahan, *Setting Limits: Medical Goals in an Aging Society* (New York, NY: Simon and Schuster, 1987), pp. 60-61.
- ⁷ Allen Verhey, *Reading the Bible in the Strange World of Medicine* (Grand Rapids, MI: Eerdmans, 2003), p. 60.
- ⁸ A. Pollack, "For Profit, Industry Seeks Cancer Drugs," *The New York Times* (2009).
<http://www.nytimes.com/2009/09/02/health/research/02cancerdrug.htm>.
- ⁹ Oration 20. Quoted in William Smith and Samuel Cheetham (eds.), *A Dictionary of Christian Antiquities* (London, 1875), vol. 1: 786.
- ¹⁰ The Long Rule 55. Quoted in Darrel W. Amundsen, "Medicine and Faith in Early Christianity," *Bulletin of the History of Medicine* 56 (1982): 338-39.
- ¹¹ Ibid.
- ¹² Margaret E. Mohrmann, *Medicine as Ministry: Reflections on Suffering, Ethics, and Hope* (Cleveland, OH: Pilgrim, 1955) pp15-16.
- ¹³ John A. Perkins, *A Quiet Revolution: The Christian Response to Human Need, A Strategy for Today* (Pasadena, CA: Urban Family Productions, 1976).
- ¹⁴ Wendell Berry, "Health is Membership". Delivered as a speech at a conference, "Spirituality and Healing," at Louisville, Kentucky, on 17 October 1994. <http://home.btconnect.com/tip-iglen/berryhealth.html>.
- ¹⁵ John Donne, *Devotions upon Emergent Occasions* (1624), Meditation XVII.

Chapter 4

JUSTICE AND HEALTH CARE FOR THE COMMON GOOD

By John Perkins

Introduction

It is a real privilege for me to address the Denver Seminary Community. I am particularly glad to be speaking on behalf of the Vernon Grounds Institute of Public Ethics. I am convinced that the Institute is a worthwhile venture, and I feel privileged to be a part of it. I am really pleased to know that the Institute bears the name of my good and longtime friend, Vernon Grounds. Throughout his life, Vernon has been a great servant of God with a keen sense of social consciousness. I think that it is most appropriate for a venture that endeavors to prompt Christians to be salt and light in the social arena be part of Vernon's legacy.

I will soon be 80 years old. Sometimes people ask me who has been my role model, my mentor, and my discipler. Well, several people have played these roles in my life, and one of them has been Vernon Grounds!

Vernon is one who encourages and affirms. His name could easily have been Barnabas – the son of encouragement. He always focuses on others, and always has something positive and uplifting to say about them. As you all know, I am a third grade dropout. Some 25 years ago, I came to visit the Seminary. I had no idea that I would have an opportunity to speak. When I walked

through the door, Vernon saw me and said, “This is the great John Perkins! How do you do?”

Besides being kind, Vernon has a great sense of humor. As I was preparing to speak, I asked him, “How long do I have to preach?” He said, “Take as long as you want, but stop when you’re finished.” This is a great lesson that all public speakers should learn. Vernon taught it to me, and I will never forget it.

Having made these comments about the man who inspired the vision for the Institute, allow me to move on to address the theme at hand: *Healthcare and Justice*.

I believe that this theme is very timely. As we all know, attempts at healthcare reform have quite a long history--almost a century. This year, with the push being made by president Obama to have Congress pass a healthcare reform bill, it seems that the efforts of yesteryear are about to reach their apogee. The Institute is also on target in bringing together the theme of healthcare and the concern for justice. There is no doubt in my mind that the provision of healthcare is profoundly a justice issue. I hope to make this clear in one section of this talk. But, if I may be allowed to make a suggestion, I would say that the provision of healthcare is not only a matter of justice. At stake is also the promotion of the common good itself. I believe that any country that puts in place a healthcare system that provides coverage for all its citizens is not only acting for the good of the individuals that the system serves; it is also promoting the well-being of the society as a whole. Because of this conviction, I prefer to speak of “*Justice and Jealthcare for the Common Good*.” My talk will be structured around the three main themes which are inherent in our topic: 1) justice; 2) justice and healthcare; and 3) healthcare and the common good.

Justice

What is justice? We are dealing here with a multi-faceted concept. We could spend the whole time talking about it alone. But I will limit myself to the theological and social dimensions of justice. Of course, these concepts are interrelated and cannot, therefore, be divorced one from the other.

I would like to call attention to the aspect of justice that I call *redemptive justice*. Sometimes, we miss this, but we need to understand that it was God's love and justice that motivated him to undertake the mission of redemption. In Psalm 8, the psalmist asks, "What is man that you are mindful of him, the son of man that you care for him?" (v.4). As New Testament believers, we can perhaps rephrase the psalmist's question this way, "What is man that God himself would become a man and visit humanity? What are we that God should come down and become incarnate in order to lift us up?" But when we reflect for a moment on who God is, we are prompted to ask another question, "If God created human beings in his image and entrusted them with the stewardship of the rest of the creation, why wouldn't he be concerned about them? I submit to you that the gospel is an affirmation and a response to that divine concern.

When Adam and Eve sinned in the Garden of Eden, God had a major problem. God created us in his image with so that we may have fellowship with him. But God is absolutely holy and just. How can he look in the face of sinful humanity? If God abandoned humans to their sinful condition, he would forever forfeit the purpose for which he created them. On the other hand, if God winked at humans' sin and continued to fellowship with them anyway, he would compromise his holiness and justice. This is the great theological thought of the Bible. How can God be just and justify you and me?

So what's the solution to the divine dilemma? Redemption!

God had to initiate a redemptive program--a program that would result one day in the satisfaction of his justice. God the Son was the executor of that program. At a time set by God, the Son descended from heaven, lived among us, and demonstrated God's love on the cross by dying in our place. At the cross he cried, "It is finished! It is finished!" and then he breathed his last breath. Paul explains the theological significance of Christ's death this way: "God made him who had no sin to be sin for us, so that we may become the righteousness of God." (2 Cor. 5:21).

This was the great act of redemption which involved an amazing swap between Christ and us. The Son, the Righteous One, assumed our sins and we, the sinful ones, assumed his righteousness. With this done, justice can be satisfied. Now God can forgive our sins. All we have to do is to accept him as Lord and Savior. As Paul says in Romans 3:26, through the cross, God demonstrated his justice by acting both as the justified and the justifier. Through the cross God *justly* brought us into fellowship with himself. Here we see clearly that justification was a powerful motivation for God's redemptive act.

Evangelicals would agree with what I've just said about justice. We say "amen" to it. However, the problem is that too many of us think that the notion of justice ends with the idea of redemptive justice. We often fail to realize that, having been justified, we must become promoters and propagators of justice. Now don't get me wrong. I know we are good at urging others to accept God's provision of justification by faith through the finished work of Christ. That's good! And I applaud it. Paul says that *having been justified and reconciled to God we are to implore others* on Christ's behalf to be reconciled to God (2 Cor. 5:20). But what I think we much too often sorely miss is that God's justice is not intended to remain at the personal level; it is to be extended to the social realm as well. Paul says, "If anyone is in Christ he is a new creation; the old has passed away; the new has come!" (2 Cor. 5:17).

This means that those who have received God's redemptive justice become new creations. In Ephesians 2:10, he says that they are "God's workmanship, created in Christ Jesus to do good works, which God prepared in advance for us to do."

The good works that God has mandated us to do clearly include deeds of justice in the social arena. The apostle John makes a direct connection between the redemption that God performed on our behalf through Christ's death on the cross and his command to us to perform acts of justice as a result. He says, "This is how we know what love is: Jesus Christ laid down his life for us. And we *ought* to lay down our own lives for our brothers. If anyone has material possessions and sees his brother in need but has no pity on him, how can the love of God be in him?" (1 Jn. 3:16-17). For his part, James says that an essential element of the religion that God approves and considers faultless is "to look after the orphans and the widows in their distress and to keep oneself from being polluted by the world" (Jas. 1:27). And, for Jesus, such a demonstration of concern for the vulnerable is very important. In the parable of the sheep and the goats, Jesus clearly says that such concern, or lack thereof, affects him personally and will play a role in people's fate at the end (Matt. 25: 31- 46).

The point of this biblical teaching is clearly about sharing. And most of the sharing that is called for is economic in nature. Justice has a lot to do with the kind of resource management that takes into account the plight of the poor. It is profoundly a stewardship issue. It is rooted in the understanding that the earth and all that is in it belongs to God (Ps. 24:1); and he intends his creation to benefit from his bounty. Justice concerns our management and utilization of the creation. The justice question asks whether or not our management of the divine trust includes the poor. The Mosaic legislation was designed to ensure that the poor were not left out but included in the economic life of the society. This was the point of the regulations regarding the sabbatical year,

the laws about gleaning and the provisions of the Year of Jubilee. Jesus referred to the social legislation on the Year of Jubilee at the beginning of his ministry when he declared, “The Spirit of the Lord is upon me, because he has anointed me to preach good news to the poor. He has sent me to proclaim freedom for the prisoners and recovery of sight for the blind, to release the oppressed, to proclaim the year of the Lord’s favor” (Lk.4:18-19). In making this bold declaration, Jesus intended to convey the idea that he came to bring justice. That is why he went about healing the sick and caring for those who were disadvantaged.

If we take this teaching seriously, I think we can say that to practice a religion that is not attentive to justice is to have a religion that is not worthy of the epithets Christian and biblical. But this is where much of the evangelical church has been. Sadly, most of it has accommodated injustice. This needs to change.

The church is supposed to be the continuation of the work of the incarnate Christ. She was meant to carry out that work here on earth. The things that Jesus did are the things that the church is supposed to continue to do as his body. But we have over-individualized the church. We fail to realize that the church is not one individual. The church is a collective group of people who together constitutes Christ’s body. We are members of his body together. He gives unique gifts to the members of the body so that the body can grow and mature. The gifts are intended to equip the saints for the work of ministry so that they can make an impact first within the body and then within their respective communities. We’ve been duped into thinking that we can do that individually.

Yet, it is precisely this collective feature, this working together that makes the church unique. Ah! If only the church-- black and white--would come together and work in obedience to Scripture! If only we would unite in being a visible demonstration of God’s love just as Jesus did! I am talking about welcoming strangers and

caring for them. I am talking about the ability to love them because this is the most important thing we can give.

But that is what the gospel is all about. The gospel is a visible demonstration of God's love. It is showing others that you love as Jesus loved, or that you love because you have been loved by God, and you can demonstrate to the world that you have been loved by God.

Justice and Healthcare

If my reflection on justice is correct, the connection between justice and healthcare should be obvious. As I speak, there are more than 46 million people without healthcare in America today. Many of them do not have it simply because they can't afford it. Health insurance premiums are simply too high for the level of income they are earning. Because of this, millions go without care when they are sick. Some wait until their situation is critical enough to get them admitted into the emergency room.

Now, there are some in our society who argue that it is the responsibility of the poor to provide their own healthcare. In their view, such burdens should not be placed on the shoulders of taxpayers. Let me state clearly that I am a firm believer in personal responsibility. I believe firmly in self-reliance. That is why I am a community developer. The purpose of community development is to empower people to stand on their own two feet.

Having said this, however, I must hasten to say that the Bible makes it clear that those who have been the beneficiaries of God's redemptive justice have a responsibility to show concern for the needy. People who've been justified by Christ cannot afford to callously leave the less fortunate to their own devices, while they themselves enjoy the best that life has to offer – including healthcare. Redemptive justice demands that we be mindful of the wellbeing of

others. As Paul exhorts the Philippians, “Do nothing out of selfish ambition... Each of you should look not only to your own interest, but also to the interests of others” (Phil. 2: 3-4). It was the concern for others that sent Christ to the cross. And Paul says that we should emulate him by being mindful of others as well.

I believe that, beside salvation, nothing is more basic to human wellbeing than good health. If this is true then there is no better way for Christians to give concrete expression to their concern for others than to ensure that they have what it takes to maintain good health. This would seem to suggest that as Christians we should be the last to object to the idea of contributing a little more of our resources so that others may have access to basic health care. In fact, we should be encouraging the rest of society to do the same. In doing so, we would advocate on behalf of the poor.

Now, in response to what I have said, I can hear someone say, “Wait a minute, even if we were to agree with your argument, we would have to be satisfied that we can afford what you are proposing. And frankly, I don’t believe we can.” I know exactly where those who raise this question are coming from. They are putting the spotlight on the need to be fiscally responsible. And I don’t believe that anyone should downplay the importance of fiscal responsibility, both at the level of government and in the conduct of our private affairs. As a matter of fact, I believe that in recent years we’ve been living beyond our means. Both the American government and the American people have succumbed to runaway consumerism. Wall Street and many mega-companies have succumbed to greed. As a result, they triggered a financial crisis that brought down the whole economic system of our country and the world. And millions of poor people got hurt in the process.

But still, I do not believe that it is fair to make the provision of basic healthcare for the poor the victim of our imprudent indebtedness. Let me explain. Despite its many failings, America has been greatly blessed by God. There has never been a nation that

has been as productive as the United States of America. In more recent times, advances in technology and the economy, in general, have not only increased our prosperity as a nation; they have also transformed many of us into millionaires and even billionaires. To me, this means that God has blessed us in order to enable us to provide something as basic as healthcare for the poorest among us. Nations which are less well-off than we are have done it. And somehow, I believe we know this. That's why we've been talking about healthcare reform for almost a century. I believe the problem is that we have used a good chunk of our prosperity for other things. And to this, we must add waste and the opposition of special interest groups, who want to keep their share of the huge healthcare pie.

What I am saying is that the question of affordability is not really a question of lack of means. Rather, to me, it is a question of the misguided use of our resources. It is a problem of wrong-headed distribution of what God has graciously given us. Let me use a family analogy to explain what I mean. Suppose a father has a job, earns a good wage, squanders the money in gambling, and then says that he cannot afford to meet the basic needs of his children because he's broke. What would we say to him? Without a doubt we would all hold him responsible because we know that such a behavior is wrong and even unjust.

Healthcare and the Common Good

The point I have been stressing so far in this talk is that to provide basic healthcare to the citizenry is right and just. But now I would like to suggest that there is more to the matter than justice. Certainly, it is not a question of feeling sorry for the poor. If we look at the issue more deeply, we discover that what is at stake is the welfare of society itself. Let me offer two reasons for what I have

just said.

My first argument is economic. For a good part of my life I have worked in holistic community development. So I know something about economic life. I know that people are more productive when they are healthy than when they are sick. And when people are more productive, businesses are more profitable and government receives more revenue from taxes. On the contrary, when people are sick and they do not have the means to recover promptly, businesses suffer because employees are forced to take days off--and sometimes with pay! If they do not get paid, this results in a reduction of their purchasing power, which in turn adversely affects business and tax revenue. Moreover, because our laws demand that everyone who shows up in an emergency room gets treatment, many sick persons wait for their condition to worsen to avail themselves of this means of care. Invariably, this ends up costing the society deeply. So, it seems to me that to put in place a system that is intended to reduce these incidences makes good economic sense.

No one would deny that a nation is much better off when its citizens reach their full potential than when they wallow in misery and wretchedness. If that be the case, then anything that removes obstacles to human development and flourishing is beneficial to the common good.

My second reason concerns the nation's faithfulness to its creed. Our founding fathers knew that, to a large extent, the greatness of our nation depended upon its adherence to certain values. To this end, our founding document states: "We hold these truths to be self-evident, that all human beings are created equal, that they are endowed by their Creator with certain inalienable rights, that among these are life, liberty and the pursuit of happiness." Sadly, our history shows that this great creed has not been applied consistently and impartially. That's why we had slavery, segregation, and Jim Crow laws for centuries. I myself was the

victim of this appalling inconsistency--some would even say hypocrisy. As a black man, living in Mississippi, I was beaten almost to the point of death by the police. As a nation, it took us years and a bitter struggle to realize that slavery and segregation were blatant aberrations. These things made a lie of our creed, and they denied who we claim to be. But, although it was hard, when we finally mustered enough courage and conquered these monsters through the abolition movement of the 1800's and the civil rights movement in the 1960's, most of us felt good about it. By getting rid of these things that blemished our history, we felt that our nation has become a better place and has acquired a nobler character. That's why we hold in high esteem leaders, such as Abraham Lincoln, Rosa Parks and Martin Luther King, Jr., who led us through this difficult process.

I maintain that just as it was with these old issues, so it is with the healthcare question that dominates the mind of the nation even as I speak. Just as millions of us, black people, could not live a life that reflected the ideals of the American creed when we were held in slavery and were treated as second class citizens, before the advent of the Civil Rights Act of the 1960's, so too, the millions who, today, have no access to basic healthcare find themselves at a severe disadvantage in their pursuit of the American dream. Health is basic to a quality life. The pursuit of happiness is futile without life, and where the quality of life is poor, it is highly questionable that one could ever achieve happiness.

I believe that, once again, in this healthcare debate, the character of the nation is being tested. If it acts in a way that ensures that none of its citizens are disadvantaged in pursuit of their potential, it will have acted in a manner consistent with its fundamental creed and thus will show itself to be a nation of noble character. This, I submit, will enhance its moral standing and will earn it high praise from posterity.

INTRODUCTION TO THE VERNON GROUNDS INSTITUTE OF PUBLIC ETHICS

In every age, God raises persons who not only have a keener sense of his ideals for life in community than their contemporaries, but who also have the courage and foresight to pursue these ideals for themselves and the ability to lead others to do the same. For more than a generation Vernon Grounds has played such a prophetic and catalytic role in the arena of social ethics within the evangelical community. In doing so, he has established a legacy of Christian witness in the social domain that has been hailed by many as epoch-making and pace-setting.

It is to perpetuate Vernon's legacy of a vigorous Christian engagement in the public domain that the Vernon Grounds Institute of Public Ethics was established at Denver Seminary, where he has given a lifetime of dedicated service.

In embracing this task, and keenly aware of Dr. Grounds' lifelong stance, the Institute makes several bedrock commitments. First, it is committed to always anchoring its teaching and position in the Word of God. Second, it will endeavor to remain true to the Christian world view and the evangelical understanding of Christian faith. And, driven by the passion to see these resources brought to bear on social reality with a view to transforming it for the better, it further commits itself to pursuing an ethical agenda that will seek to be as all-embracing as its means allows.

From what has been said so far, it should be clear that VGI's

arena of endeavor is social ethics. But it needs to be said that, in laboring in that realm, its mission is mainly educational. More precisely, what it aims to do is provide an environment, resources and tools with a view to sensitizing, educating and training Christians in a broad array of ethical issues so that they may be empowered and equipped to fulfill the biblical mandate to be “salt” and “light” in a morally decadent world (Matt 5:13-14, Phil. 2: 15-16). As used here, the term ‘Christian’ is meant to embrace several groupings: students in training, Christian leaders, lay persons and the broader Christian community.

In the pursuit of the this educational mission, VGI intends to employ a variety of delivery modes, including lectures, workshops, seminars, informal discussion, and the printed page. Being keenly aware of the enormity of the task and of its own limitations, VGI welcomes partnership with others who are also interested in a comprehensive and a robust Christian witness in the public square for the glory of God.

Dieumème Noelliste
Director of the Vernon Grounds
Institute of Public Ethics
Professor Theological Ethics
Denver Seminary