


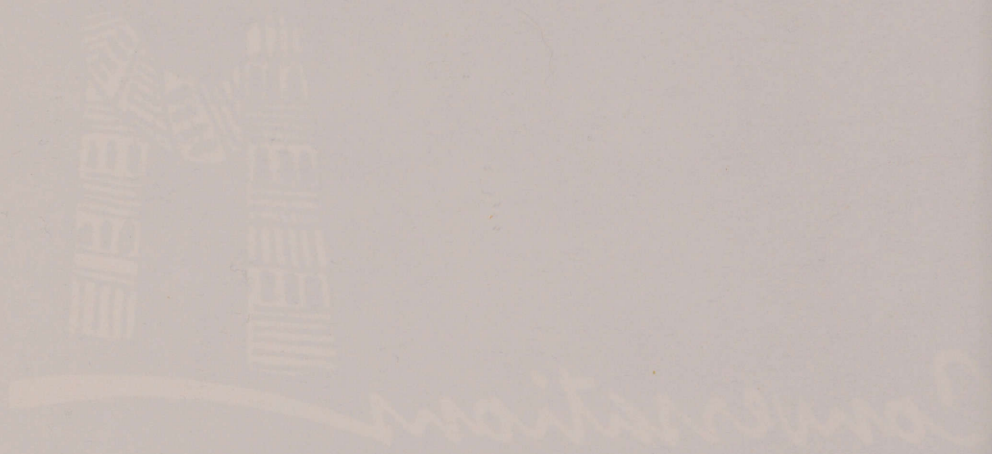


Conversations

Ecumenical Leadership
and Public Policy

II





II

Political Leadership
and Public Policy



Staccato Powell*

FAITH PERSPECTIVES ON THE DEEPENING
U.S. HEALTH-CARE-COVERAGE-CRISES:
UNINSURED AND UNDERINSURED

Introduction

The prophet Jeremiah has a poignant passage in the concluding verse of chapter eight where he raises rhetorical questions that employ an imagery regarding health care. As new-age prophets, we must echo the sentiment of yesteryears' sage: "Is there no balm in Gilead?" Is there no physician there? As if the response is known, the prophet then raises the operative inquiry: "Why then is there no healing for the wound of my people?"

We catch a glimpse of the contemporaneous nature of this raging debate regarding the health disparities that continue to plague people. There is both balm and physician in the land. However, those who most need the medicine and doctors cannot afford them due to the lack of the necessary insurance. Or, there are those who may be able to afford the doctor's visit but cannot purchase the prescribed medication because they are underinsured.

People who are medically uninsured or underinsured face a number of obstacles to both their financial and medical well-being. These include higher out-of-pocket costs for care, poorer health outcomes than their insured counterparts, and a greater likelihood for easily treatable ailments to go untreated and become serious medical problems. Rural communities are faced with the task of ensuring the health of their citizens with fewer options for care. It is important for policymakers and service providers to understand issues facing the uninsured and underinsured in

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rural communities and how communities may work toward reducing this problem among rural citizens.

"About 85 million Americans went without health insurance for all of or part of the two year period 2003-2004. . ." ¹ All others are underinsured. There were 1.96 million under the age of 65 who spent more than 10 percent of their pre-tax income on direct health care costs: premiums, deductibles, co-payments, co-insurance, and in covered services including bills that were later written off as charity care after failure to collect. ² Of the 1.96 million, 1.69 million have health insurance, but are underinsured. The Institute of Medicine estimates that a lack of health insurance leads to at least 18,000 deaths annually. ³ In 2005, an estimated 1.3 million people will be diagnosed with cancer and over a half a million will die of the disease that year. ⁴ Estimates of the premature deaths that year that could have been avoided through screening could be as high as 35 percent. ⁵ Again, these are those without health care or are underinsured.

As per the 2005 U. S. Census Bureau, Texas leads the nation at 25.1 percent in the percentage of the people who lack health insurance. ⁶ According to the State Center of Health Statistics, 17 percent of North Carolina adults have no insurance. ⁷ Among those eighteen-twenty-four, with less than a high-school educa-

¹Michale L. Berney, "Uninsured Stats Continue to Climb," *PA Health Care Cost Containment Council (PHC4)* no. 29 (April 21, 2005): [1].

²Ibid.

³Institute of Medicine, *Insuring America's Health: Principles and Recommendations* (Washington, DC: National Academies Press, 2004), 46.

⁴Kirstin R. Matthews [project director for the task force, "Access to Health Care in Texas: Challenges of the Uninsured and the Underinsured"], 2006 report, chap. 3, *Code Red: The Health of Texas*, http://www.codered-texas.org/flier/Report_chapter_03.pdf (accessed June 12, 2006).

⁵Ibid.

⁶Ibid.

⁷Paul A. Buescher, "Running of Numbers," *North Carolina Medical Journal* 66, no. 2 (March/April 2005): 165.

tion and less than a household income of \$25,000, approximately 30 percent have no insurance.⁸ Sixty five percent of Hispanics have no health insurance.⁹

Forty one percent of uninsured adults reported that there was a time in the last twelve months when they needed to see a doctor but could not due to cost.¹⁰ Fifty one percent of uninsured adults reported they have no personal doctor or healthcare provider.¹¹ Families with two full-time workers, married couples, and the employed are also at greater risk of being uninsured if they live in a remote rural county; there is no difference in uninsured rates among the rural unemployed and the urban unemployed.

A Case Study: Wal-Mart

Recent reports have highlighted the severity of the renewed national crisis in health care. Several years of double-digit-health-care-inflation with no end in sight have reduced many employers to reduce or eliminate health coverage for their workers or pass along greater cost to them. Most of Wal-Mart's workers are low-wage employees who probably lack the necessary resources to otherwise provide for adequate, reliable medical coverage. At Wal-Mart, less than one-half of the company's employees are insured under the company plan, between 41 and 46 percent.¹² Wal-mart's benefits policies—to some extent—deny employees coverage—too expensive to purchase. Full-time workers at Wal-Mart earn \$8.23 per hour, which brings them well below the poverty guidelines for a family of four.¹³

⁸Ibid.

⁹Ibid.

¹⁰Ibid.

¹¹Ibid.

¹²*Wall Street Journal*, "Retail," October 9, 2006.

¹³United Food and Commercial Works International Union, "Wal-Mart Wages," http://www.ufcw.org/press_room/factsheetsandbac_ground/walmart/wages.cfm (accessed June 12, 2006).

Wal-mart's average hourly wage is so low that many workers are eligible for food stamps. The out of pocket deductible for an employee's benefit plan ranges from \$350 - \$1000. This does not include their co-pay.¹⁴ A single Wal-mart employee, choosing the cheapest coverage available may still have to spend as much as \$6,396.50 out-of-pocket, about 45 percent of annual wages for full-time (thirty-four hours a week).¹⁵ The employee then has to decide between healthcare and/or other necessities.

Selected Faith Statements about Uninsured, Underinsured

Of all forms of inequality, injustice in health care is the most shocking and inhumane.¹⁶

-Dr. Martin Luther King, Jr.

From the dawn of human history, God has created loving souls and blessed each with the *imago dei* (the image and likeness of God.) By grace, God endows those in the health-care professions with the means and methods of healing. Only through a just system of health care can Jesus' promise of life abundant (John 10:10b) be visited upon all persons.¹⁷

-Dr. Bob Edgar, General Secretary

(National Council of the Churches of Christ in the USA, [2002])

¹⁴Ibid.

¹⁵Ibid.

¹⁶Single-Payer Action Network Ohio. "A Local Physician Writes on Diversity and Single Payer Healthcare Reform," <http://www.spanohio.org/wyderski%20essay.pdf> (accessed March 1, 2006).

¹⁷Faithful Reform in Health Care, "Quotes," <http://www.faitfulreform.org/index.php/quotes> (accessed March 1, 2006).

The health of a society is truly measured by the quality of its concern and care for the health of its members. . . The right of every individual to adequate health care flows from the sanctity of human life and that dignity belongs to all human beings... We believe that health is a fundamental human right which has as its prerequisites social justice and equality and that it should be equally available and accessible to all.¹⁸

*-Imam Sa'dullah Kahn,
Islamic Center of Southern California*

To be without insurance in this country means to be without access to medical care. But health is not a luxury, nor should it be the sole possession of a privileged few. We are all created *btzelem elohim* (in the image of God), and this makes life as precious as the next. By "pricing out" a portion of this country's population from health-care coverage, we mock the image of God and destroy the vessels of God's work.¹⁹

*-Rabbi Alexander Schindler, past president,
Union of American Hebrew Congregations, 1992*

Every person has the right to adequate health care. This right flows from the sanctity of human life and the dignity that belongs to all persons, who are made in the image of God.... Our call for health care reform is rooted in the biblical call to heal the sick and to serve the "least of these," the priorities of justice and the principle of the common good. The existing patterns of health care in the United States do not meet the minimal standard of social justice and the common good.²⁰

*-Resolution to Health Care Reform,
U. S. Catholic Bishops, 1993*

¹⁸Ibid.

¹⁹Ibid.

²⁰Ibid.

American Baptist Policy Statement on Health, Healing, and Wholeness

Situational Analysis²¹

Among current social phenomena that challenge all Christians are the widespread problems of substance abuse, the rapidly increasing numbers of chronically ill persons, a new openness to the care of the dying and a greater willingness of many people to take active responsibility for their own health. Medical science continues to offer new capabilities, including the means of sustaining biological life beyond natural limits. Efforts to alter the genetic "code" and new understandings about how thought processes relate to the sense of well-being force us to venture into areas of uncertainty. In addition, technological advances contribute to the rapidly escalating costs of health care, complicating the issue of equitable access to care.

As a reaction to traditional health care, which is often viewed as narrow, cold, and impersonal, movements such as holistic medicine have emerged to offer a warmer, more human alternative. As American Baptists, we do not subscribe to any holistic belief that claims that the source of life is centered within our own individual being, although we do agree that a person is an integration of spirit, mind, and body.

The idea of healing is too often linked only with the physical dimension of our being. Certainly, it is within the physical dimension that deceptive healing practices have been most visible. This abuse is one reason why many congregations are reluctant to discuss healing openly or even consider healing a viable

²¹American Baptist Church USA, "American Baptist Policy Statement on Health, Healing, and Wholeness," <http://www.faithandvalues.com/tx/00/00/01/17/17261/index.html> (accessed June 12, 2006).

ministry of the church. Many of us have lost sight of the role of the church in healing. We fail to recognize that healing is also the mending of broken relationships, the recovery from chemical dependence, the acceptance of God's gift of salvation, the control of physical and psychological symptoms of ill-health through medication, etc. When physical or mental healing does occur without apparent human intervention, it is discussed in whispers if it is acknowledged at all. A sense of embarrassment overcomes joy; murmurs of excuse replace expressions of praise.

Our faith should lead us to a different understanding of health, healing and wholeness; namely, that to be healthy or achieve wholeness does not mean a final or perfect state of being. Wholeness involves the realization and continuous acceptance of the limitations of being a finite creature in a divinely created but fallen order. Being whole means integrating pain, sickness and death into life's meaning. Becoming healthy and whole is a difficult passage where good and evil, suffering and joy, sickness and being well are all intertwined. No matter what degree of health we might display, all of us are wounded. There is no such thing as a person who is completely free from illness, incompleteness and injury to body or psyche. Health and disease are not separate states or opposing qualities. Rather, health and illness are part of a process—a continuum. The sick can be healthy; there is a healthy way to live with a disease. The way we define these terms will determine how we care for health and how we treat illness.

People are searching for the source and the avenue to that perfectly balanced blend of spirit, mind and body that we call wholeness. As Christians, we know and proclaim that source of wholeness to be God and its avenue to be the surrender of spirit, mind and body to God through Jesus Christ.

Theoretical Framework²²

We exist in a world of accelerating change, of evolving patterns . . . of world hunger, technological advances, damaged environment, diminishing resources, political realignments. These developments require that we re-examine the ways we express our intent to care, to cure, and to love.

Traditionally, society has defined health, healing, and wholeness in two ways. The technological model defines health, healing and wholeness functionally. Health is robust physical fitness, whereas disease is a breakdown, an invasion or corrosion of the physical system. Healing is functional restoration, the conquering of an alien destroyer; repair is the goal. Wholeness lacks definition in this scheme—an inherent weakness of the technological model.

The holistic model defines health and wholeness as the balance of body, mind, and spirit. Disease is the disruption of that balance. Healing is the restoration of balance. An inordinate emphasis on the individual's own life as the source and sustainer weakens the holistic model.

Both the technological and holistic models are devoid of essential Christian elements. Thus, there is a great need for setting forth the Christian perspective of health, healing, and wholeness.

A Christian model involves health, healing, and wholeness, and defines health as the state of a person in Christ, a new creature made whole by spiritual conversion (a dramatic turning point or change of heart). True healing is a process that may include repair and/or restoration of balance, but must include or be based on conversion. Wholeness is a dynamic conversion process, incorporating repair, restoration of balance and the

²²Ibid.

transformation of perspective through the power of the Holy Spirit that leads creation closer to the reign of God.

We believe there is an urgent need to live out a Christian model of health, healing and wholeness more fully, especially in light of the current situation, in both the faith community and society.

Biblical/Theological Review²³

Our Judaic-Christian tradition has viewed health, healing and wholeness from a variety of perspectives. These perspectives are rooted in interpretations of the Old and New Testament Scriptures as well as in basic Christian doctrine.

Health in the Old Testament

The concept of health occurs throughout the Old Testament. In fact, health was viewed as the state of well-being, completeness, and wholeness that resulted from being in a right relationship with God. This state of health was expressed in obedience to God's law, which produced strength and long life.

Health as Wholeness. The Hebrew word that comes nearest to summing up the Old Testament idea of health is *shalom*. English versions often translate this as "peace," but the Hebrew word meant more than the absence of war. It meant a dynamic condition of wholeness and fulfillment in every aspect of life: physical, mental, and spiritual, as well as individual and communal.

Health as right relationship with God. Basic to health in the Old Testament was the concept of righteousness. God is righteous (Ps. 129:4; 145:17), and knows the ways of the righteous (Ps. 1:6). Health as *shalom* resulted from a right relationship

²³Ibid.

with God (Isaiah 32:17). "Righteousness and peace (*shalom*) will kiss each other" sang the psalmist, using a vivid metaphor for this intimate connection (Ps. 85:10 RSV).

Health as obedience to God's law. There is substantial Old Testament evidence that faithful obedience to God's law resulted in God's blessing. This faithful action brought about health (*shalom*), while disobedience resulted in liability to disease (Ex. 15:26, 23:20-26; Lev. 26:14-16, 23-26; Deut. 7:12-15; 28:27-29, 58-62; and Prov. 3:7-8).

Health as strength and long life. One mark of health in the Old Testament was strength, which was equated with *shalom* (Ps. 29:11). While this strength included physical health, it extended to every aspect of being. A second indication of health was longevity. God promised Abraham both *shalom* and "a good old age" (Gen. 15:15 RSV). "Length of days," was God's reward for those who kept God's law (Deut. 6:2; I Kings 3:14; Ps. 34:12-14; Prov. 3:1-2; 9:10-11).

Health and Healing in the New Testament

The word health appears only twice in the New Testament (Acts 3:16, III John 1:2). But the Old Testament's encompassing perspective on health continues in the New Testament concepts of abundant life, blessedness, holiness, maturity, and especially, healing.

Health as abundant life. The statement by Jesus in John's Gospel, "I came that they might have life, and have it abundantly" (John 10:10 RSV), has often been taken as a description of health. The life Jesus offers is eternal life, without limits of time or space. Relationship with the living God, evidenced in believers, produces wholeness in an ultimate sense.

Health as blessedness. In the Sermon on the Mount, Jesus

pictures spiritual well-being (Matt. 5:3-12). The Beatitudes present the qualities of the citizens of the reign of God that are a complete reversal of earthly values. Health as blessedness is defined by God-given standards that cannot be conformed to earthly values.

Health as holiness. Paul's prayer for the Thessalonians can be read as a definition of health: "May the God of peace . . . sanctify you wholly, and may your spirit and soul and body be kept sound and blameless at the coming of our Lord Jesus Christ" (I Thess. 5:23 RSV). This verse is unique in the New Testament in bringing together body, soul and spirit in the light of God's holiness. The God of *shalom* makes health holy and maintains wholeness.

Health as maturity. In Paul's letter, he declares it is his aim as a pastor to bring believers to a state of maturity or completion in Christ (Col. 1:28). The standard of full-spiritual development is Christ himself (Eph. 4:13). Paul acknowledges that he himself has not yet fully arrived at maturity, but is still growing (Phil. 3:12). By implication, health is seen not as static, but as dynamic movement toward God's design for us.

Healing in the New Testament. The New Testament gives dramatic attention to healing. Of the narrative passages of the Gospels, healing stories account for up to 40 percent of the biblical material. The Gospels describe the healing of twenty-six individuals. Luke, a physician, records the healing of eight persons in Acts (if exorcism and the raising of the dead are included). In addition, the Gospel writers often mention that Jesus healed groups or crowds of people. Likewise, in Acts, Luke attributes healings to Peter, Paul and Philip. It is clear that Jesus healed the sick that he commissioned his disciples to heal (Matt. 10:5-8; Luke 9:2; 10:9) and that the early church continued this ministry.

Health in Christian Doctrine

A theological basis for church policy and practice in the area of health can be found in a review of central Christian teachings—including creation, good and evil, and redemption. In the Genesis accounts, male and female are created in the image of God. God declares that all creation is good (Gen. 1:1-31). Though we acknowledge our sinfulness and separation from God, we also acknowledge God's original appraisal of the created order. As the people of God we experience God's ongoing creation. This creative process is a journey toward wholeness. Our participation in it reflects our essential worth as human beings and brings with it the responsibility to promote all of God's creation as worthy of our care. We can only achieve wholeness when all of God's creation lives in concert.

Good and Evil. How can an all-good, all-powerful God allow evil? This theological puzzle has no easy answer. Neither does the question of Job's friends, "What sin caused your suffering?" (Job 22:5). Nor does that of the disciples, "Who sinned, this man or his parents, that he was born blind?" (John 9:2). While we know our God is not a harsh God who punishes every sin with sickness, we cannot ignore the truth that some sickness clearly can be traced to sinful individual and corporate choices. We live with paradox and with complexity in faith that God's power is made perfect in our weakness (II Cor. 12:9).

Redemption. For the purposes of this statement, redemption includes justification, repentance, reconciliation, salvation, and sanctification. Peter's address on the day of Pentecost interpreted the events of the crucifixion and resurrection of Jesus as God's provision for the salvation of believers from sin (Acts 2:14-40). Repentance toward God and faith in the saving work of Christ restores the relationship between believers and God,

frees believers from the fear of death and transforms the believer's outlook on life from one of selfish preoccupation to one of stewardship and service to God and others.

The experience of conversion has positive value for human health. Believers accept their bodies as mortal, but also as temples of God's spirit. Therefore, they feel responsible to care for themselves, for others and for God's creation. In addressing the sick, then, Christians seek both restoration of physical well-being and a spiritual transformation of values and relationships that are those of the reign of God.

The Policy²⁴

We affirm a belief in the need for a Christian model of health, healing, and wholeness. Such a model is vital to creation's survival and is our only answer to our search for health, healing, and wholeness.

In order for us fully to realize and attain the benefits of a Christian model of health, healing, and wholeness, there must be a call to repentance leading to conversion in the Spirit that will open up all persons to a transformed perspective. We believe Christian conversion to be the route that leads to wholeness.

Churches must demonstrate collectively, actively, and visibly to a fragmented, searching world the certain hope of wholeness which is found only in God and must offer help through the process of multi-dimensional healing.

In order to fulfill our ministries of health, healing, and wholeness we call upon

²⁴Ibid.

1. All American Baptist congregations and clergy to:

- educate, encourage, and empower church family members to live out a Christian model;
- facilitate discussion of health-related issues with other fellowships and clergy within and across denominational lines;
- seek opportunities for service on health agency administrative boards;
- incorporate Christian model principles into home and hospital visitation programs;
- participate in the development of ethical frameworks for health-care facilities;
- provide information about and access to health services in the community; and
- advocate for the availability of, access to, and funding for quality health care for all persons.

2. All American Baptist regional offices and their associations to:

- join with other regions and associations to provide educational programs and open forums for constituency and community;
- capitalize on annual health-related calendar events;
- facilitate the dissemination and interpretation of the ABC/USA definition of health, healing, and wholeness to the community at large;
- establish committees to address health-related issues;
- advocate for availability of, access to and funding for quality health care for all persons; and
- advocate for legislative health-care measures.

3. All American Baptist Churches' program boards, colleges, and seminaries and other related organizations to:
 - include a Christian model of health, healing, and wholeness in curricula and programming;
 - promote community-based wellness programs; and
 - provide resources on health, healing, and wholeness for use by groups and individuals in local communities.
4. All American Baptists to pray for the health, healing, and wholeness of all creation.

Adopted by the General Board of the American Baptist Churches
- June 1991

Conclusion

Now, more than at any time in the past decade, there is an opportunity to make a difference. Now, more than at any time in the whole history of the health care for all agenda, there is the need for voices of faith to speak out and call for justice. Strong messages *emphasizing the moral imperative for health care for all* will expose the absence of political will for reform and help transform that resistance into political possibilities. Faith-based advocacy will be integral to making health care for all a reality in the United States. Let the voices of faith be heard!

