

ERSP FORUM

Evangelicals and Health Care

by Tony Richie, Timothy R.A. Sherratt, Derek Tidball
and Michael Wilkinson

The aim of the ERSP Forum is to provide an arena that allows Evangelical scholars to express their views without the constraints and cumbersome nature of debates normally carried out in academic journals. Contributors are therefore invited to comment briefly on a given topic and do not see the responses of their fellow contributors prior to publication.

In light of U.S. President Obama's policy to reform his country's healthcare arrangements, which has caused considerable (and often heated) debate among Americans, including Evangelicals, in this edition of the journal the Editors asked contributors to respond to the following question: "From your perspective as an Evangelical, what role do you believe the state should play in the provision of healthcare for its population?" Given the diverse experiences of healthcare provision from country to country, views were sought not only from across the Evangelical spectrum, but also from scholars in several countries with different experiences of health care provision and legislative reform.

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What is government's role in providing health care for its citizens, if any? How do Evangelical political philosophy and theology apply? While a minimalist government promoting good and discouraging evil is valuable

for the vulnerable (Rom 13:2-4), also the case is that the vulnerable need governmental leadership to take an active role in promoting justice and righteousness, with a special focus on the poor and needy (Ps 72:4, 12-14). Broad responsibilities of government toward its citizens include providing laws that protect, security that ensures personal safety, trade opportunities that enable prosperity, an infrastructure that encourages stability, risk management regarding insurance, health coverage, and emergency relief, a social safety net that provides a line of defense against hunger and homelessness, and education opportunities that empower responsible contribution to and enjoyment of a healthy society. Accordingly, good government does bear responsibility for the health care system of its citizens. American democracy particularly should protect and preserve individual liberty in a context of communal responsibility. Surely, strongly socialist leaning systems are ill advised. In tune with the Liberating Spirit (2 Co 3:17), Evangelical Christians can concur with government involvement in health care only to the extent it doesn't frustrate its citizenry's freedom.

One shouldn't indulge in naiveté. There are common pitfalls to avoid if they aren't to eventually undermine effectively caring for the vulnerable, including reforming the health care system of the U.S. Paternalism, or just giving a temporary or permanent handout, may be well intentioned, but it actually harms its intended beneficiaries by robbing them of opportunities for advancement and improvement. Entitlement mentality can develop out of unwise government assistance, displacing initiative. Fraud may even occur among some who disrespect the rules in a mad, wild attempt to "get all they can grab," so to speak. Futility can overwhelm conscientious caregivers when they sense the limitations of any person or program to completely eliminate the evils of poverty and hunger, or to establish world peace, or prevent the terminally ill from dying. Displaced initiative when the vulnerable are encouraged to be helpless and to perennially await rescue not only fails to offer real help but actually offends human dignity.

Although there are strategic differences consensual agreement on four foundational values is attainable among most Evangelicals: first, the Christian responsibility to contribute to the care of the vulnerable; second, the dignity of every human being as created in the image of God (Genesis 1:27); third, the economic sustainability of solutions is preferable to those

that require continual subsidies from either the public or private sectors; and finally, faith-based initiatives, or the appropriateness and effectiveness of qualified faith-based organizations to partner with government in alleviating human suffering. Arguably, these consensus principles suggest Evangelical involvement in the nation's current debate on health care reform is critical and should be guided by compassionate concern, but also should be cautious about economical and political pressures exerted by powerful individuals and groups whose interests are quite apart from preeminent Christian concerns.

I offer a few very general suggestions regarding health care reform. American Evangelicals should: first, fight for reform for the sake of fellow human beings; second, evaluate reform by the standards of Evangelical faith; third, defend democracy in devotion to the spiritual and moral case for and cause of freedom; fourth, finance reform in a responsible rather than reckless manner; and, fifth, view the preservation of Christian witness as the chief value to present and protect throughout the entire process. For a watching world to see faith in Christ making a positive difference in all life's affairs is vital. (Cf. Clive Calver and Galen Carey, "Caring for the Vulnerable," eds., Ronald J. Sider and Diane Knippers, Toward an Evangelical Public Policy (Grand Rapids: Baker, 2005), 227-44.)

TIMOTHY R.A. SHERRATT, Ph.D.

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I am positively disposed towards government requiring citizens carry health insurance, which may be provided by either government and private insurers, or a combination of both.

I argue for universal coverage on human dignity grounds. Humans' membership of one another (I Cor. 10:16-21) and our bearing of God's image are foundational to our being. The irreducible social dimension of

human dignity should be heeded by government, which is ordained by God (and not by democratic acts, or at least not originally by those acts) to do public justice.

As a prudential matter, I support a government mandate for members of society to carry insurance so as to spread the risks through a large pool of subscribers and to enable the insurers, governmental or otherwise, to provide coverage irrespective of pre-existing condition.

As to the delivery of healthcare services, I prefer that government contract with non-governmental providers, rather than hiring healthcare workers to be government employees. I argue for contracting healthcare delivery on the grounds of prudence and principle. The Catholic principle of subsidiarity affirms that governments are well suited to equitable raising and distributing of revenues, but have no special aptitude for curing sickness or extending hospice care. This brief article will concentrate on insurance coverage, however.

This “Christian pluralist” perspective, with its roots in the Catholic and neo-Calvinist traditions, finds little traction in the United States. However, arguments that support universal coverage with a government mandate may be found even within the American tradition.

In 2009, private US health insurers offered a market-based argument for a health insurance mandate. The insurers wished to avoid competition from a government provider by guaranteeing to cover persons without regard to pre-existing conditions, in return for a government mandate and no “public option” (competition from government as an insurer). The government mandate would enlarge the client pool so that risks would be spread and insurers’ profits would be protected. The simplicity of this plan belied one decidedly non-market feature, namely the lack of competition among private insurers in some states—the chief reason for a public option in the first place. But it addressed one of the more heinous injustices in the American system, whereby a person contracting a serious health condition may be denied coverage, forcing that person to spend tens of thousands of dollars in the private marketplace, risking the family’s entire assets, etc.

There is also an equality-based argument in the American tradition that goes as follows: While equality of condition is neither necessary nor desirable, for reasons of the work ethic and the danger of intrusive government, equality of opportunity is highly desirable—the so-called

“level playing field.” Government may develop infrastructure—free public education, for example—to lend legitimacy to competitive individualism. Universal health insurance coverage fits readily under this rubric.

This logic is reflected in the reality that a substantial percentage of American health insurance coverage is already provided by government and funded by tax revenues. In the 1960s, Medicare (for the elderly) and Medicaid (for the poor) came into being and, despite recurrent criticism, have endured.

American individualism may keep government at bay, but it treats Christ’s command to love one’s neighbor as a luxury rather than a basis for action, governmental or otherwise. Individualism undermines a Christian understanding of solidarity. Most Americans have health insurance through employers, and express satisfaction with coverage, although costs are rising, in the form of high deductibles before the plans pay, and of limits to annual coverage for various treatments. These cost concerns serve as a partial surrogate for solidarity with the millions who lack coverage, but have so far failed to translate into votes and policy.

In conclusion, a biblical view of persons is the preferred foundation for considering healthcare policy, but it cannot be expected to dictate the details. Evidence on the performance and costs of existing health care systems shows the United States performing poorly on such measures as infant mortality and life expectancy—with costs twice as high as systems in other advanced democracies. No democracy should long tolerate both ineffectiveness and inefficiency. But however these values are taken into account, the competitive individualistic culture of the United States will exercise a lot of influence on policy. A prudential starting-point might take the private insurers’ offer as a starting-point for a just, effective and efficient settlement. If costs do not decline as predicted by a government mandate that people buy coverage, then government may reasonably be expected to broaden its competitive role in the healthcare marketplace.

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At first sight it seems a long way from Leviticus 19:9-10 to the National Health Service, but the gap isn't as big as we think. Israel was commanded: 'When you reap the harvest of your land, do not reap to the very edges of your field or gather the gleanings of your harvest. Do not go over your vineyard a second time or pick up the grapes that have fallen. Leave them for the poor and the foreigner. I am the Lord your God.'

*We need to know two things about the laws in Leviticus. First, they were both about personal purity before God but they were also about community well-being. Many of them are about building and maintain a healthy society, one which was at ease with itself and had, as contemporary sociologists would term it, plenty of social capital. Secondly, the laws were given in two different forms, as Richard Bauckham has pointed out in *The Bible in Politics* (SPCK, 1989). Sometimes they were expressed as grand principles and sometimes they were couched in the language of specific illustration. These laws were not like contemporary legislation and statute. They were meant to be windows onto a way of life — a way which would please God and be healthy for the community.*

So, here, the command not to reap one's crops to the nth degree was designed to say those who were poor among them needed to have access to food. Leaving some of the crop behind so that they could reap if for themselves would be a way of feeding them. Today, it would just be a nuisance to our neighbours and a waste. Then, it served as an appropriate system of welfare. We don't obey this law by slavish literalism but rather by observing its principle and translating that into our more complex societies.

To me this means that we should devise ways, appropriate to our context, to ensure that all people have access to support when needed, both economically and in terms of health. It may not be the whole picture. We might debate why people are poor and, in our individualistic cultures, our first step is often to analyse and attribute responsibility. 'The poor only have themselves to blame!', we say. The Bible is not above analysing causes, as in Proverbs. But that's not where it starts. Responsibility for one

another, whatever the cause of poverty, is the foundation. We can argue about the rest later.

One example of the outworking of Leviticus 19:9-10 leads me to think that, whatever the structure and mechanics, some form of health service that provides basic health care for all, no matter what their economic situation is, should be the norm of a healthy society.

The British National Health Service is far from perfect. It suffers from being over-bureaucratized and often poorly administered. It can be abused by emotionally needy, rather than sick, patients. At the same time it faces the challenges of success as medical science has advanced and more and more 'cures' are available, while limited resources mean that choices have to be made. No society can afford everything. But, thank God, we care enough for each other to provide basic care, at least. Without that, it is the poor who would suffer, and God has a heart for the poor.

I should declare an interest. My wife had a problematic pregnancy and our only son was born very prematurely. No insurance we could have afforded would have been able to save his life and provide care for him as the NHS did. We thank God for the joy of having a healthy son as a result. We're a pretty healthy family. We've probably gone to the doctors far less than many. Yet we've more than recouped any National Health Insurance we've contributed over the years. Doing things together has made this possible in a way in which smaller units of people buying individual health care would not have made possible.

Let's put Leviticus 1:9-10 into practice, not just in health care, but in other areas of our common life too.

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In 2004 the Canadian Broadcasting Corporation (CBC) asked Canadians to cast their vote for the Greatest Canadian. Ten candidates were highlighted on the television programme and over a period of six weeks 1.2

million votes were made for the top position. On November 29th it was announced that Tommy Douglas was the greatest Canadian. What many readers may not know is that Tommy Douglas was a social reformer, preacher, and the “father of universal Medicare” in Canada. He was shaped by his theology but also by social unrest during the Winnipeg Strike of 1919, two World Wars, and the Great Depression which had an impact on his ministry as a Baptist pastor.

After graduation from Brandon College, Douglas was ordained in 1930 and began pastoral duties in the Canadian Prairies. Shaped by the Social Gospel, Douglas believed his faith required political and social action and so he became active while advocating on behalf of the people in his church and community. The Social Gospel represents the particular application of theological ideas to the social ills of industrialization and urbanization in Canada, especially among the Protestant churches. These Protestants were also known as the inheritors of 19th century evangelicalism; an irenic group of Christians with a holistic vision of faith and society.

While the Social Gospel movement lost currency among these evangelical Protestants, along with a re-evaluation of their role in society by the 1960s, the task was left for a new generation of evangelical Protestants to consider the relationship between faith and social action in Canada. And yet, there is currently no enduring theological engagement among evangelical Protestants and universal health care in Canada.

Like Douglas, I believe the State ought to play a role in the provision of healthcare. I support universal health care in Canada. Likewise, I believe the churches ought to play a role. However, while most Canadians have a high view of universal health care, this does not mean the system is not in need of reform. Furthermore, evangelical Protestants in Canada have not offered a coherent vision of reform or a justification to support a public health system. For one, evangelical Protestants in Canada do not vote for any one political party so consensus on this issue will be difficult to gain. Second, evangelical Protestants in Canada tend to be more concerned about personal sexual ethics and not social issues like health care. Even the Evangelical Fellowship of Canada, which has a number of position papers on a wide range of issues, does not offer a rationale for universal health care. Either it does not see health care as an issue for its

constituents or it simply reflects the belief among most Canadians that universal health care is good.

A theological rationale for universal health care needs to consider the following. What role does the kingdom of God play in our understanding of Christianity, health, and the state? For example, might health be a sign of the Kingdom of God in Canada? Second, how might a theology of healing support a Christian vision of health care? Here is where some reflection needs to consider issues like health, disease, disability, and healing. Third, is health a social justice issue and if so, might evangelical Protestants offer a clear viewpoint? For example, is health care the good news of the Kingdom of God? If so, what is the message? The implications of theologizing on health, the gospel, and society even in Canada which supports universal health care are sorely needed. The theological views of early evangelical Protestants and the context in which they theologized are relevant. However, in light of contemporary pressures on the Canadian health care system ongoing evaluation is required. Evangelical Protestants must draw upon the past but not be limited by it as they consider a theology of health, healing, and the Kingdom of God.