Health Care and the Poor

The plight of the poor has been a major bone of contention in the health care debate for months now. The morality of various approaches has also been hotly debated from all sides of the political universe. A recent statement I made at the National Press Club regarding abortion and what I called “a form of genocide” within the black community, has sparked a great deal of controversy among clergy. In fact, I have been labeled by some African-Americans as unconcerned about the needs of the poor.

Nothing could be further from the truth. I have a great deal of concern for the poor. I take the scriptural admonitions to take care of widows, orphans and the impoverished in our midst very seriously. In fact my convictions and beliefs on health care are clearly spelled out in the book *Personal Faith, Public Policy* – which I co-authored with Tony Perkins of the Family Research Council. Time will not permit me to share our entire health care chapter with you, but allow me to briefly share my background and position.

Growing up in South Avondale, the inner city of Cincinnati, I am inextricably linked to the experiences and struggles of working class families. The lack of medical coverage among the working poor has escalated since the days of my youth. This lack of access to coverage is often most acute in communities of color, like the one in which I grew up. Health care reform is in a state of emergency. I believe that the Obama administration’s goal of ensuring access to health insurance for those without it is an important and necessary one.

It is my stance that the community and the church have a social and moral responsibility to play an active role in caring for the sick and the elderly. Jesus told us to care for the “least of these” and that’s what we are called to do. Non-

governmental organizations such as Red Cross, Habitat for Humanity, Catholic Charities, and the local church itself have a unique role in meeting the needs of their respective communities. These groups have an understanding of the needs and goals of their neighborhoods, in real time and can adeptly act to address them. The government's role should be to assist in making it easier for the system to work, not control it.

I believe a potential unintended consequence of decreasing insurance coverage costs is a decrease in the quality of care. The proposed bills have not been transparent about the mechanisms they will employ to ensure that a decrease in cost will not lead to a decrease in quality. In 2005, I entered a near fatal battle with esophageal cancer. Through high quality medical treatment and the grace of God, I am two years in remission. Excellent, expedited care facilitated my recovery.

It is not enough to provide insurance coverage without ensuring quality care. I believe churches and the community can function as an avenue to ensure that those in need of treatment and prevention have the opportunity to improve their life chances.

Under the proposed plan, I am concerned that others in dire straights will not be able to receive the speedy life saving care to which I was afforded. As we discuss the importance of providing affordable access to medical insurance for the millions who do not currently have it, I hope we do not lose sight of the fact that doctors and surgeons also need to be in a position to provide the best treatment measures for their patients.

Our responsibility, as pastors, is first to preach a holistic healing message to our members and then to provide services to our broader communities that promote wellness and prevention.

The message of the Gospel must enrich the mind, soul and body.

The Encyclopedia Britannica tells us that: The modern concept of a hospital dates from AD 331 when Constantine, having been converted to Christianity, abolished all pagan hospitals and thus created the opportunity for a new start. Until that time, disease had isolated the sufferer from the community. The Christian tradition emphasized the close relationship of the sufferer to his fellow man, upon who rested the obligation for care. Illness thus became a matter for the Christian church.

Europe's first medical schools came out of the church. Not surprisingly, most cities still have hospitals that are attached to the faith community. The involvement of people of faith in this arena is both historic and pervasive. The development of hospitals in America followed a very similar path as the Christian community helped establish infirmaries that developed into hospitals. Although no biblical directive about modern health care, many Christians believe that concern about health care falls under the general principle of "loving your neighbor."

With the community in mind, I would advocate a health care system that responsibly reaches out to the poor and needy. Unfortunately, the administration's proposals (as it now stands) would result in lessening the overall quality of care. While this sounds acceptable in theory, it is impractical. The delay or denial of surgery or treatment for some patients would become a death sentence.

Let's be responsive to the needs of the poor and advocate for a health care plan that includes both quantity and quality.