

## **“Why Now”**

James 1:17-26, Mark 7:1-8

Rev. Rob MacDougall

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This morning I want to focus our time on the great opportunity of health care and health insurance reform. I believe people of faith need to engage this opportunity because we are called by God in Christ to minister to people who are in need of healing and we are called to address injustices that arise when people become secondary to the accumulation of wealth by the powerful.

As people who follow Christ, we are called to heal individuals and we are called to transform our social, economic and political systems so that they neither add to people's burdens nor turn people away in times of need. In his own time Jesus said, "Render unto Caesar what is Caesar's and unto God what is God's." With these words Jesus both legitimized political leaders and he also proclaimed their powers were/are limited. Jesus did not codify the legitimate role of political leaders or governments, what he did do was lift up God's ways that superseded governments. And then Jesus freely authorized people to discern the role and limits of political systems.

The assumptions I had when I began a more active engagement with health care reform was that government has a legitimate role in the provision of health care in our country, and I trust that government involvement can positively improve our health care system for the wellbeing of children, the elderly and all men and women in between. My assumptions I hope, are based in experience. During the course of my lifetime I have seen great abuses of our government's power that have led to suffering for many people, but I have also seen good policy developed regarding civil rights, senior citizens, setting aside public lands, protecting the abused, addressing the needs of people with disabilities and more.

I am not a person who adamantly supports the rights of individuals and personal ownership over the concerns or strength of our larger society. I would argue if we want the benefits of living in our country then we need to contribute to our country, not just our own desires. And I would argue that the biblical adage "to those whom much is given much is expected" offers sound moral direction when it comes to strengthening our nation and world. Of course the teachings of our Christian faith would have us recognize that we have all have been given gift upon gift, and our response is that of gratitude and generosity.

As a pastor who serves in a church and denomination of "congregational" heritage, I am well aware that the early Anglo settlers and founding leaders of our nation came to north America, at least in part, to throw off the tyranny of political oppression and religious ostracism. I hear in the cries of people who reject government involvement in shaping national health care policy something of the fear of government tyranny. But these libertarians have little grasp of the pilgrim's desire for community, just systems of government and personal sacrifice for one's neighbor. They hold so tightly to the dogma of government being the problem that they cannot entertain the legitimate role of government to promote the public good.

I say these things at the outset of my sermon because some of the arguments about what health care/insurance policy will look like has to do with how people view the role of government in national economic systems and the accumulation of personal wealth. I want you to know something of my perspective on the role of government regarding the welfare of our citizens.

### The Case for Reform

I didn't begin feeling the urgency for health care reform with any set solution in mind, and because I am neither a legislator nor a medical professional the solutions I support are generated by others. The urgency for reform that I feel emanates from studies, research and my own observations about troubling trends in people's access to care and its costs.

My concern rose when the number of fundraising events in Menomonie for people needing medical procedures seemed to be happening every weekend. Members of our community were/are experiencing impoverishment because their child needs cancer treatment, or a kidney transplant, or a father needs heart surgery, or a mother has diabetes. While I applaud community efforts to raise funds to support people in need, I also feel the great injustice that in the midst of life and death medical emergencies many people had no idea if they would be eligible for care or how they would pay for care that costs more than they would make in a lifetime.

I also took note when the Free Clinic was opened in Menomonie. I believe that Eau Claire had already opened a free clinic and River Falls opened one soon after we did. Our clinic has provided invaluable and even life saving service to our community and I am grateful to all the people who provide care to those that do not have the resources to use one of our regular clinics.

My observations about what is happening locally were being echoed in state and national studies. In WI there are approximately ½ million people without health insurance. Nationally the number of uninsured people is reaching 50 million. Large numbers of people are not getting the primary care they need to address diabetes, high blood pressure, and other chronic medical conditions. Story after story is told about people who undergo significant surgical procedures because they could not afford medications or supplies needed to control a chronic medical condition. The cost for medications is a fraction of the cost of the surgery, but as Dr. Banister from Eau Claire states, "we've over invested in specialty care and under invested in primary care."

The history of our national health care system and funding is piecemeal. There was no health care insurance in the U.S. before the great depression. In the 1930's Blue Cross was established to provide not-for-profit hospitalization insurance. This was needed because people who used to pay for care at the time they received it could no longer afford to do so. In the late 1940's businesses started providing mechanisms for health care coverage through insurance companies - this became a standard and affordable system until costs began to rise so high that businesses were starting to feel the great burden of these expenses starting in the late 1960's. In 1965 Medicaid and Medicare were established by our government to cover the 1/3 of Americans who were unemployed, poor or elderly. In 1970 health care consumed 7% of our national GDP, today it consumes nearly 20%. The cost for health care in the U.S. is twice that of other industrialized nations. If the cost of health care insurance continues to rise at its current trajectory, premiums will double in 8 years, co-pays and deductibles will rise in comparable ways.

People with pre-existing conditions who need insurance the most are being denied it. The numbers of insurance options are shrinking around the country. I was told that MN is down to three. People with pre-existing conditions and other exclusion, have fewer and fewer alternatives to find anyone who will cover them.

There are a vast number of issues to be addressed in health care and insurance reform. The arguments, evidence and stories of tragedies that keep pouring in have made the need for reform indisputable. From almost every segment of American society the cry for reform is strong. Doctors, administrators, advocacy groups, businesses, labor unions, religious coalitions, economists, legislators and a host of other talented people are looking at solutions on many levels, and I believe we will make great improvements in our goals to reform health care so that it is accessible, affordable, sustainable and of high quality for all people.

During the month of August people who oppose health care/insurance reform have received a great deal of press as they work to disrupt public meetings with legislators. I have been in attendance at one such meeting and what I felt these disruptors were trying to get others to do was to forget and disregard everything we have learned and experienced. Change is frightening, but fear seldom produces anything constructive.

I find that today's passage from the letter of James is spiritually helpful as I try to be faithful to Christ's call for healing. "Anyone who listens to the word but does not do what it says is like a person who looks at his/her face in a mirror and, after looking at him/herself, goes away and immediately forgets what he/she looks like." (2:23-24)

In the midst of the complexities and in the midst of voices who seek only to disrupt and end progress, we need to remember what our face looks like. We cannot let what we know about the need for reform in our national health care system to fade away. The costs in human lives and suffering is too great for the American people to give up on comprehensive reform.

In our passage from Mark's gospel we hear the story of Jesus confronting the keepers of the status quo. With established laws and traditions in hand, the religious leaders of the day tell Jesus and his disciples that they have stepped outside the rules. Jesus responds saying to the leaders they are only using the rules to exclude people from what they need – "you honor God with your lips, but your hearts are far from God."

People of faith across our country are working hard to remember why we need reform and to do what they/we can to bring it about. Our own denomination passed resolutions at our General Synod this summer calling for reform. The WI and National Council of Churches are calling for reform. There are numerous local, statewide and national people of faith writing letters, sending e-mails, making phone calls, attending meetings, writing letters to the editor, running TV commercials and more. This past week I participated in a phone call to President Obama with over 140,000 other people of faith. Each little effort contributes to moving reform ahead. Now is the time when we can make a difference, now is the time when we are called to remember not only our own face in the mirror, but also the faces of all people who are in need of healing.