

## **What Can we in the Church Offer Health Care?**

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During His three years of earthly ministry Jesus was clearly about the business of health and healing. He loved everybody, but demonstrated a special interest in caring for the poor and the oppressed. If the church is to be the authentic body of Christ in this world at this time, it too, must be about the business of health and healing. It, too, must have a special interest in caring for the poor and the oppressed.

The church has had a rich tradition of active involvement in health care. The founding of nearly every American hospital was associated with the church. St. Mary's Hospital of the Mayo Clinic is one such example. In 1883 a tornado swept through Rochester leaving many either dead or injured. The church responded to this disaster when Mother Alfred Moes from the order of the Sisters of St. Francis approached the Mayo brothers to join them to build the first hospital in southeastern Minnesota.

The community hospital in my hometown of Beaver Dam, Wisconsin came about in 1972 as a result of the consolidation of the Lutheran Hospital and St. Joseph's Hospital. The origin of each of these hospitals in 1922 and 1936, respectively, arose through an active partnership involving the church, business, and other "public-spirited individuals". Furthermore, the Lutheran Deconess Association trained nurses for the care of the sick and the poor in its charitable institutions, parishes and mission fields at home and abroad. The nursing class motto of 1929 was, "I can do all things through Christ, which strengthens me." (Phillipians 4:13).

Early physicians were also men of God or at least formed significant professional relationships with them. Dr. Arms, the first physician to practice in Beaver Dam, was a retired clergyman. Another early physician, Dr. Burgess, is said to have combined physic and theology. Drs. Arms and Burgess, practicing around 1845, were described as medical missionaries, having prepared themselves to serve both bodily and spiritual

needs in the wilderness. When a physician was summoned during this time, a priest or preacher would be notified as well. Often the two would set out together through impassable roads and biting weather knowing full well they would receive no monetary compensation for their efforts to alleviate spiritual and bodily ills.

Although there are exceptions, the current health care scene shows today's church in a much more limited role. People view science through medical technology, not God, as the source of the real healing power. Earnest prayers for health are offered when science either fails or offers little hope. Clergy are called to the bedside by hospital staff when the patient is either dead or near death. Healers and health care institutions still often view patients as numbers or as collection of physical organs to be analyzed and dissected. Most of our population fails to view death as part of life and will expend considerable resources to avert what is often the inevitable. Abortion and euthanasia are practices that are the antitheses of the healing process. Careers in the health care field often bring great financial rewards. Money and the courts have major influences on the delivery of care. The poor are often on the outside looking in at those enjoying the relative abundance that an insurance card enables. While science has had great success in impacting illnesses like polio, dysentery and other infections, it has had only partial success in combating many current medical problems as over half of these arise from lifestyle decisions and sins of the human heart. Almost no one, except the very rich, is happy with our system. Government and business have failed to provide lasting solutions.

As we begin the new millennium however, the church has an opportunity to renew its active involvement in health care. Recent medical research is showing the health benefit that comes to those with a strong faith in God. Prayer is being regarded as an effective component of treatment. Faith-based health programs seem to have superior success when compared with secular programs. New advances in genetic engineering are offering great promise but people are realizing this is tinkering with the very essence of life. The public is becoming increasingly frustrated with the numerous, and seemingly insurmountable, problems in health care. Many in society are looking for new answers and new strategies.

Dr. C. Everett Koop, our former U.S. Surgeon General, had the following to say in 1994 about the role of the church in health care:

*"Throughout much of modern history - really until the emergence of the welfare state in the 20th century, the church was the primary institution of health care. It was church hospitals, orphanages, hospices and its other institutions, that lead the way into the modern world of institutionalized health care delivery systems. Then for a while, the greater resources of the state and the profit incentive in the private sector eclipsed the institutional role of the church. But now as taxpayers are calling for a halt in the growth of state expenditures, and regulations restricts private ventures, the public feels underserved by both the state and private medicine. And there is now a new readiness to welcome the church back as a major player."*

Although Koop's statement is encouraging, one has to wonder if the church is ready to return as a major player. An Associated Press newspaper article appeared in Wisconsin in 1995 and described the position of religious leaders on welfare reform. The headline read, "Religious leaders say church programs too burdened to help." The article stated that the religious community wouldn't be able to help people who fall through the safety net when welfare is changed because church programs were already stretched to the limit. While this response is surprising from our church leadership, these comments may quite accurately reflect the confused and weakened condition of the church as a whole.

If the church is to have a healing impact on our health care system and our broken world, it must both awaken and act. It must become sensitive to the substantial and complex health needs of all of its neighbors. It must realize that God has called His church – not government or big business - to care for the poor and the sick. It must view medical technology as a complement not a replacement to the principles of faith and health He established long ago. The church needs to develop and demonstrate a courageous faith. There is no doubt that stepping out in faith is frightening, but we must not be immobilized by our fear. The church must equip its members to respond effectively to the needs of its neighbors. There are both wise and foolish ways of caring for the poor

and the sick. The church must demonstrate sacrifice - a major Biblical theme that comes from the word meaning "to make sacred or holy". Giving our leftover time, talents and resources is nice but it is really no sacrifice. Christ gave His very life for His church - for our health and well being. Finally, the church must express sincere love. This must be a genuine love for all people, as well as an enthusiastic love for God and His commands.

Through such awakening and action, the church will truly fulfill what God has called it to do. It will once again become a major player in caring for the poor, the sick and the marginalized in our society. "We can do all things through Christ, who strengthens us." To paraphrase the words from the book of Esther - have we been "brought to this place for such a time as this?"