



OPEN LETTER
TO CLERGY & OTHER CHURCH LEADERS
ON
HEALTH CARE REVOLUTION SUNDAY™
FROM DR. MIKE AUGUSTSON
OCTOBER 2007

Dear Clergy and Other Church Leaders,

I'm a family doctor and about 15 years ago a morning reading of Matthew 25 set me on a course that has made a substantial impact on both my personal and professional life. At the time my practice was busy. I had a young family and I was involved in my church. One of the conversations of the day had to do with how our society was going to respond to the growing numbers of people who had difficulty receiving health care services because they were on limited incomes and they had neither private nor public health insurance. While our society is still wrestling with this issue that morning reading caused me to conclude that I was not doing anything special for this modern day equivalent of "the least of these." After sharing this experience with my pastor, we and several other people from area churches started a nonprofit organization called Church Health Services, Inc. This has been an adventure. I have learned a lot about health and healing, and many people in great need have been served. A couple unexpected outcomes however, which are really the themes of this letter, are that I now see a way for the local church to play a vital role in helping mend what is broken with our current health care system – a system which affects us all. I also believe that as the church gets more involved in health and healing, such action will be a most outstanding witness for the gospel in that it will represent a more complete modeling of the *whole* ministry of Christ.

Church Health Services (CHS) has been the primary site which has enabled the perspectives I've just described. CHS has about 10 employees - most of them part-time. It also has a volunteer staff of about 100. These dedicated volunteers consist of area clergy, nurses, physicians, mid-level practitioners, intake workers, receptionists, and several others that fulfill a critical support and operational role. I currently serve as the part-time executive director and medical director. Our primary target population is the 2500 people in the Dodge County area and a few surrounding communities who have household incomes less than 185% of poverty and have no public or private health insurance. The clinics of CHS average about 500 office visits a year. Each visit is about an hour long. At any point in time about 250 people consider us their main source of primary health care. CHS utilizes its own unique method of health care that is based on biblical principles and is very intentional in addressing physical, psychological, social, and spiritual needs.

As our organization has grown in its enthusiasm for the value of the above methods and its recognition of the great need for improving our entire health care system, a couple years ago we invited our US Congressman for a tour of our clinic. This tour was immediately followed by a discussion on the question, "What could people of faith do to help accelerate the time when every American citizen has access to a basic level of

quality and affordable health care?” Just before we closed, the congressman’s aide said he had just been at a Martin Luther King event where it was mentioned the church was frequently the site for discussions on race relations. The aide then proposed that perhaps the church could be the site for conversations on the challenges we face in health care. A few days later the idea of Health Care Revolution Sunday™ (HCRS) was born.

At its core HCRS, which I have trademarked to preserve its defined purpose, is about prayer and worship. More specifically HCRS is a special worship service which celebrates the power of prayer to help bring about a health care revolution of a different kind. In addition to prayer and worship this revolution which Webster defines as a radical change, is focused in three areas. The first involves a revolution in the health habits of the individual parishioner and his or her family. The second involves a revolution in the local congregation’s health and healing ministries. The third involves a revolution in the health policies of our state and nation. This worship service celebration is facilitated by the insertion into a congregation’s usual order of worship: special prayers (including a responsive reading of the prayer – *Praying for a Health Care Revolution of a Different Kind*), songs, a bulletin insert, and perhaps a message from you – all highlighting the healing role of Christ. The intent of HCRS is to help the local church better model and better balance the whole ministry of Christ which Matthew 9:35-36 succinctly describes as teaching, preaching, and healing – including the healing “of every kind of disease and illness.”

The church being involved in the healing “of every kind of disease and illness” is a tall order but communicating to its parishioners that our personal health habits substantially contribute to disease is the first focus of the revolution. The church may in fact be society’s best institution to deal with this subject as such habits are often an expression of personal sin or the sin of others, and these are best dealt with in the context of a loving God and a supportive church family. In the US personal life-style choices account for half of all deaths with some of these choices involving alcohol, sex, smoking, exercise, and eating habits¹. For example, obesity is now the second leading cause of preventable death in the US after smoking² and if trends for pediatric obesity continue, our generation of youth may be the first *not* to live longer than their parent’s generation. Also, severely obese kids have a terrible quality of life. They are 5-10 times as likely to be depressed or anxious and 50-100% more likely to bully or be bullied.³ In adulthood obesity contributes to diabetes, hypertension, heart disease, and arthritis. A story of one of my patients highlights the value in attending to health habits. She is 56 years old and was recently diagnosed with diabetes. She quickly learned to count the carbohydrate content of her food. Over several months she lost 30 pounds and her blood sugars became normal without any diabetic medication. Essentially, her diabetes was cured.

Congregational health ministry is the second focus of the revolution. There are many pre-packaged programs with training resources (both denominationally based and non-denomination) to best match the needs and resources of a congregation. Parish nursing, BeFriender Ministry, and Walking in the Way (a faith-based walking program) are just a few. Such programs offer a clear way for a church to carry out an active healing ministry. These ministries are sorely needed as our society has far too much disease for it to be shouldered by the health care professional. There will likely never be a time when we can recruit enough paid health professionals to take care of our entire and growing disease burden. For some churches pursuing such ministries will require a

radical change in thought. A few years ago I was interviewing a pastor about a position on the board of Church Health Services. When I mentioned one of our objectives was to help people better see the faith-health connection, he said, “You know, I have never have really thought about that before.” When I asked a seminary professor how an ordained clergy could get through training without thinking about the faith-connection, he said in many cases the church has almost completely delegated its healing role to the health care industry. With the diabetic I described above, I am not suggesting a church start dispensing medications or do blood testing, but a church could host a small group on healthy eating habits.

The third focus of the revolution is a radical change in the health policies of our state and nation. When our system is compared with the systems of other developed countries it is very high in cost and its value is being seriously questioned. In the article *Ok, You Say You Want a Revolution: Why Americans Settle for a Broken Health Care System*, “Phillip Pizzo, dean of Stanford’s medical school, recently called the assertion that our country has the best health care in the world ‘bogus’.”⁴ In America we spend \$5,700 per citizen on health care with most other developed countries spending \$2,500 to \$3,000 per citizen. Compared with Australia, Canada, Germany, New Zealand, and the United Kingdom, “the U.S. health care system ranks last or next-to-last on five dimensions of a high performance health system: quality, access, efficiency, equity, and healthy lives.”⁵ We are also low in life expectancy and in a listing of other countries rank 42.⁶ These statistics not only highlight the difficulties within our system but also cause of to consider the likelihood that some groups within the health care industry are cashing in on the chaos and dysfunction.

I firmly believe that we could design a system in which every citizen has access to a basic level of quality care that is affordable to not only the consumer but the taxpayer as well. No doubt this will take hard work. The extent of government involvement in the management of health care can be debated, but there should be no debate that our government officials have an important role to play in leading the way to an effective solution to this problem that is having an adverse effect on almost every sector of our society. I believe there is great value in helping the public (i.e. our parishioners) gain a better understanding of the nature of the problems in health care. So often people want to rush to promote or criticize a possible solution before they ever have a clear understanding of the problems. The church at the grass roots level, hosting discussions in a spirit of truth, respect, and cooperation, as well as a commitment and urgency to help solve, will be an invaluable contribution. Please keep in mind HCRS is non-partisan and encourages each parishioner as led by the Holy Spirit to be salt and light in the world.

This past summer was the release of the film and the book *Amazing Grace*.⁷ These items highlighted the 200 year celebration of the abolition of the British slave trade as led by the efforts of William Wilberforce and as encouraged by John Newton, the composer of the hymn - *Amazing Grace*. The following is a quote from the book:

“...God opened his eyes and showed him another world. Somehow Wilberforce saw another reality – what Jesus called the Kingdom of Heaven ... He saw things that existed in God’s reality but that in human reality were nowhere in existence ... These ideas are at the heart of the Christian Gospel, and they had been around for at least eighteen centuries by the time Wilberforce encountered them.

Monks and missionaries knew of the ideas and lived them out in their limited spheres. But no entire society had ever taken these ideas to heart as a society in the way that Britain would. That is what Wilberforce changed forever.”

I believe the church is on the threshold of having an important role in changing how people experience health and healing. I hope I have been successful in helping you see the possibilities along with some practical steps to bring this vision of a better way for health and healing to reality. From the Available Resources on the HCRS tab of the CHS website (www.churchclinic.org) you will be able to download free the HCRS bulletin insert. There are also other resources to download or order at low cost. Please contact Church Health Services at 920-887-1766 for more information. If you would like to contact me personally about any other matter related to HCRS, I may be reached at michaela@churchclinic.org, or the number above.

HCRS is both simple and complex. It is simple in that it is about prayer, song, and preaching – all of which the church is quite comfortable with. It is also about a series of health care topics which may seem like “moving mountains.” But according to bible commentator William Barkley the mountain movers at the time of Jesus were also known as pulverizers – people who could break a near impossible task into smaller more manageable tasks. Using prayer and the three strategies of HCRS, your church can play a critical role in pulverizing the mountains of redesigning health care and growing the body of Christ.

Finally, I would like to acknowledge each patient I have had the privilege to see in the clinics of Church Health Services. They have taught me a side to health and healing never experienced in my formal training as a doctor. I have come to know them by name. They are not a statistic of a breaking system, but my neighbor for whom I am called to serve.

May God’s richest blessings come to you and your church!

Sincerely,

A handwritten signature in black ink that reads "M Augustson". The signature is written in a cursive, flowing style.

Michael K. Augustson, MD

1. M. McGinnis and W. Foege, “Actual Causes of Death in the United States,” *Journal of the American Medical Association (JAMA)*, 270, no. 18 (1993): 2207-2212. 2. Mokdad, Marks, Stroup, and Gerberding, “Actual Causes of Death in the United States,” *JAMA*, 291, 2004, 1238-1245. 3. Schwimmer, Burwinkle, and Varni, “Health-Related Quality of Life of Severely Obese Children and Adolescents,” *JAMA*, April 19, 2003, Vol. 289, No. 14, 1813. 4. *Stanford Medicine Magazine*, Stanford School of Medicine, Winter 2005. 5. Kaiser Family Foundation, Organization for Economic Co-operation and Development, *Health Data 2006*. 5. Common Wealth Fund, 2007. 6. www.medicalnewstoday.com/articles/79570.php. 7. Metaxas, *Amazing Grace: William Wilberforce and the Heroic Campaign to End Slavery*, (New York: HarperCollins Publishers, 2007), xvi.