

Protagonist Corner

Murphy Davis

The Open Door Community, Atlanta, Georgia

I have set before you life and death, blessing and curse; therefore, choose life, that you and your descendants may live...(Deuteronomy 30:19)

To get right to the point, one of the more difficult aspects of pastoral and preaching work in face of catastrophic, serious and/or chronic illness is talking frankly about money. Healthcare in the United States has become largely a commercial transaction. Those who get quality healthcare are those who can afford it. There are, of course, important exceptions to this, but we live and work in a context in which the fine print in your health insurance policy and the amount of money in your bank account largely define your access to the care of a physician, medications, medical procedures, and hospitalization. Another option is for poor and middle class folks to go deeply into debt or to go over a financial cliff, as it were, because of medical bills. There are also those who, frightened by the soaring costs of care, forego medical attention until an illness has become very serious and even more expensive to treat, or it is simply too late. And there are the elderly and chronically ill among us who make regular choices between paying for expensive life-sustaining medications and paying the rent. But access to money—the class divide—is only part of it. A recent study showed that between 1991 and 2000, the deaths of nearly 900,000 people could have been prevented if African-Americans had received the same care as whites. African-Americans and Hispanics are more likely to be uninsured, underinsured, and underserved. The intricate intersection of race and class in America remains key to defining access to life-saving and life-sustaining resources.

Disturbing language patterns have developed in healthcare, a system now referred to as an “industry”! In the HMO for-profit era, patients have become “consumers.” Hospitals, clinics, physicians, and other medical caregivers are referred to as “providers.” Insured patients are faced with “co-pays” for doctor visits and prescription medicines. In a system where the care provided is defined in such commercial terms, the uninsured and the poor become nonexistent. If patients who can pay are “consumers” instead of patients, those who are not able to pay do not exist in the system at all. The dehumanizing aspects of such language are another (serious) matter altogether and certainly worthy of deep reflection and consideration.

But suffice it to say, it seems we have come to a point in the U. S. in which people of every race and class are coming to understand that our healthcare system is in critical condition. For the poor, the system has been broken for many years. For all the rest, it started with the poor and is moving through the whole system. And surely a large part of our common dis-ease is our mostly silent realization that to have the means and resources for healing and cure but to *withhold* care because some sick people do not have money or insurance is simply evil. Sin.

The number of medically uninsured has grown steadily in recent years as the profits of the insurance industry have grown and corporations continue to cut costs on the backs of their workers. Many other factors play into the fact that growing numbers

of families and individuals are plunged into distress and often meeting financial ruin. There are religious communities here and there dealing forthrightly with all of this, but my guess would be that many families and individuals are suffering in silent desperation in the midst of congregations where this truth is never publicly acknowledged.

My family and I have lived, for the past twenty-four years, in a “Protestant-Catholic Worker” community in downtown Atlanta, Georgia. When we set off on this journey, all of us who were founders discerned that we should give up insurance, salaries, and personal savings in order to live into solidarity with the homeless and hungry sisters and brothers with whom we are in community. We did not want to separate ourselves by having access to insurance and savings that our desperately poor friends would never have. This abstract move became harshly concrete eleven years ago when I was diagnosed with a virulent strain of Non-Hodgkin’s lymphoma. Since that time, I have gone through two major surgeries and three stringent rounds of chemotherapy. As one of my hematologists said last year, “You know, you’re not *supposed* to be alive?”

I *am*, indeed, alive and grateful beyond words for the wonderful care I have received. I am alive primarily because of the fervent and steady prayers of my community, the larger church, friends, and family; but I am alive also because I live in a major city that still has a public (read, poor people’s) hospital. Institutions like Grady Hospital in many cities around the country have closed their doors because of economic trends in recent years that have cut away at everything helpful to the poor and those outside the economic mainstream. Grady saved my life several times. Because I lived long enough, I finally qualified for Medicaid as a permanently disabled person. But like any homeless or poor person, I would not have ever lived long enough to meet the stringent federal definition of “disabled” without a public hospital that absorbed the costs of my care. Now Medicaid is one of the most threatened of federal programs, and Grady Hospital is cutting services and holding on by a thread.

The solidarity with the poor for which we fervently prayed in our early years grew and brought deep joy over the years. But solidarity took on a whole new meaning when I was thrown onto the mercy of the dwindling system of public healthcare. I had access to the same system of care available to a homeless person or the uninsured working poor. An important reality all the while is that my husband and I are highly educated and better able than most to understand my care needs, monitor care, and advocate for what I have needed. This has separated me to some extent from other patients at Grady, and it has made us even more zealous in trying to provide this kind of accompaniment for the poor and homeless with whom we live. Solidarity has become a reality for us in ways we never dreamed. I am deeply grateful for this gift, but it makes me long for the day that the church will stand up to resist the ongoing efforts to cut access to care for growing numbers of sick and hurting people. And such public resistance would indeed create new pastoral space for all those in congregations rich and poor, black, brown and white, who are being ruined and/or completely left behind by the for-profit medical system.

One reason Jesus was hunted, despised, and executed is that he healed freely and spontaneously, without tipping his hat to the prevailing medical establishment or asking, “payment for services rendered.” In other words, his healings were non-commercial, and this simply wouldn’t do. What would Jesus have to say—and what

would Jesus *do* in response to our healthcare system based on the bottom line and corporate profits? Would he go into the hospitals and overturn the tables in the bill collection office? Would he drive the administrators out of their offices—and the corporate executives away from their money-changing desks? Then as now, healing miracles threatened the system. The miracle of a church standing up to unmask and confront a sick and sinful system—a system creating death and havoc in the lives of all of our people—will also threaten the current system: threaten it with resurrection hope.