

Story for All Ages

Jesus was known as a healer in his time, long before we had the kinds of healing knowledge we have today known as “medicine.” What was unique and different about Jesus during his time and even today is that he was committed to healing anyone who came to him. In those times, other so-called healers would often set up shop somewhere and get patrons or clients to come to them, and as their reputation for healing grew they would amass more money and political connections. Jesus refused to offer healing this way; he traveled everywhere and lived simply, offering his healing touch and presence to any who came to him. We have many stories of miracle healings, which many of us may feel are impossible stories. This may be true, but the deeper truth we are going to discuss is not about whether he made the blind see or the paralytic walk, but the fact that he thought that healing should be available to anyone who sought it. Jesus made a point of teaching his

disciples to follow his example, living simply and moving frequently to provide access to healing to as many as possible.

And so here are a few short stories from the Gospels of his healing. The first story tells you why he had to move around so much—crowds would show up at his home making it hard for those who needed healing to get to him. I am going to paraphrase in some places.

Mark 2:1-12 Jesus Heals a Paralytic

“When he returned to Capernaum after some days, it was reported that he was at home. So many gathered around that there was no longer room for them, not even the front of the door; and he was speaking the word to them. Then some people came, bringing to him a paralyzed man, carried by four of them. And when they could not bring him to Jesus because of the crowd, they removed the roof above him; and after having dug through it, they let down the mat on which the

paralytic lay. When Jesus saw their faith...[he offered the man healing]
And he [the man] stood up, immediately took the mat and went out
before all of them; so that they were all amazed and glorified God,
saying “we have never seen anything like this!”

Matthew 14:34-36

“..when they had crossed over, they came to land at Gennesaret. After
the people of that place recognized him, they sent word throughout the
region and brought all who were sick to him, and begged him that they
might touch his cloak; and all who touched it were healed. “

Luke 6: 17-19

“They had come to hear him and to be healed of their diseases; and
those who were troubled...were cured; And all in the crowd were trying
to touch him, for power came out from him and healed all of them.”

In our own traditions, we are guided by the UU principles and Purposes.

DoReMI principles

One: each person is worthwhile

Two: Be kind in all you do

Three: we help each other learn

Four: and search for what is true

Five: All people have a say

Six: Work for a peaceful world

Seven: The web of life's the way

That will bring us back to me and U.U.

- The inherent worth and dignity of every person;
- Justice, equity and compassion in human relations;
- Respect for the interdependent web of all existence of which we are a part.

Unitarian Universalism (UU) draws from many sources:

- Direct experience of that transcending mystery and wonder, affirmed in all cultures, which moves us to a renewal of the spirit and an openness to the forces which create and uphold life;
- Words and deeds of prophetic women and men which challenge us to confront powers and structures of evil with justice, compassion, and the transforming power of love;
- Wisdom from the world's religions which inspires us in our ethical and spiritual life;

Jewish and Christian teachings which call us to respond to God's love by loving our neighbors as ourselves;

Sermon “Healthcare in America: What Would Jesus Do?” Sarah Oglesby-Dunegan

Over the last four years I have had a deeper look at the dysfunctions of our health care system as it has been and the toll it has taken on individuals and families and our communities in general. I have come to be deeply disturbed by the underlying principles of our system for delivering health care, values which are at best misplaced and at worst purposefully designed to hurt rather than to heal. It all began when my youngest daughter, then seven months old, was hospitalized for 5 days in Children’s Hospital for pneumonia after coming down with a hard case of RSV, a respiratory virus common in children. It was extremely stressful, but we had fairly good coverage through my job with the community college system (Kaiser Permanente, a non-profit organization), and we paid basically a \$500 co-pay and walked away. We were relieved to have insurance and were mostly worried about our daughter while we were in the hospital.

I never questioned the care we received or wondered how much things would add up to on our bill. Several months later, I left my job with the community college and came to school full time. My husband's employment did not offer insurance, so I went through a broker to get insurance for my family. We were able to purchase high deductible insurance for everyone but my youngest daughter, who was turned down because of her previous experience with RSV. I didn't know what to do. We eventually applied for the state health insurance (CHIP) which we qualified for. A few months later, we re-submitted verifying paperwork to the county office that handles this. We never heard anything. Meantime, my husband interviewed for and received a job offer teaching. We would have insurance through his employment, and all seemed like it would work out.

Until my youngest daughter got sick again and ended up in the hospital. My husband had started teaching, but his insurance wouldn't kick in until Oct. 1. This was in September. We thought that because our case had been pending with the state program we would be

covered. We were not. After 2.5 days in the hospital, we had incurred over \$8,000 worth of bills. Half the stay of our first hospital experience, this experience was ten times more stressful. People treated us differently for not having insurance. In some cases it was subtle. In some cases, less so. I began to be glad I had “dressed up” a little before I came to hospital, so at least I didn’t look too “poor.” I was aware that this was still a notch above the way those who didn’t speak English and those who weren’t white or educated would be treated in our same circumstances. I felt sick. I was more worried about our bill than the care she was receiving. That made me feel more sick. My husband and I struggled to believe we could work it out.

After that, I spent an inordinate amount of time trying to see what kind of assistance we qualified for to pay our bills. I am not too proud to tell you that based on our income we eventually qualified for a program called “indigent care.” I am educated enough to know that this program is not named with the dignity of its recipients in mind. I was grateful however; \$8000 turned into less than \$1000 we needed to

pay. I began to get over my deep shame over having to take a child to the hospital with no insurance. Some of it still lingers.

Three weeks later we were back in Kaiser with now \$3,000 deductible cost share insurance (better than the \$7000 deductible of my previous policy and not as good as what we had at the beginning). I felt somewhat relieved. When my daughter, now 2.5 hit the hospital again in February 2012, we at least knew we couldn't incur more than \$3000 in debt. When she spent 4 days in ICU, I was pretty sure we had maxed that out. (In fact, the total bill was for over \$60,000). This time I was so worried we wouldn't leave the hospital *with* her, I forgot to worry about what things were costing us. My husband and I missed work all week and lived in limbo. People brought us meals and prayed for us; people sent us money and stuffed animals for Aine. My dad took our older daughter home and gave her his complete attention for a few days. My mom flew to town to help us recover as she healed and was released. Of course, now we were looking at some kind of chronic illness and we were continuing to incur costs. And I am still aware that

there were families without insurance that were also seen in that hospital who received bills for the “full cost” of their stay and missed work at jobs where they may not have had paid leave.

Why am I sharing this story with you? I have begun to ask myself what kind of values are operating in our culture and in our health care system as we fight over the relative merits of the recently passed Affordable Care Act, a fight which has caused us to see our federal government come to a standstill even as new would-be participants in this system flood the gateways. I have concluded that the values of healing and wholeness for all people are competing with the values of an Empire whose deepest concern is in not the well-being and care of its people but rather the reproduction of a class society where the haves and the have-nots are deeply divided. When I think about the question “what would Jesus do” and place it in the context of health care in America, I am certain that we have yet to see a system for healing and health care in the U.S. He would affirm. Do I mind being responsible for the costs of the care my family receives? No. But...we

pay now pay \$800 a month toward insurance, that's \$8400 year folks, for insurance with now a \$6000 deductible. And I pay taxes. And my husband teaches in a state that is second to last in the union in education investment and teacher pay. With masters degrees and jobs, we may be low income but we are not in poverty by any means (which is why we don't qualify for Medicaid).

So, what would Jesus do? Or what do we need to do to get our patients to Jesus? What is the equivalent of taking the roof off and lifting our patient into the room to gain access to our healers?

Jesus didn't work for money and he refused to maintain a home and use the Roman system of patronage to gain from his work. He and his disciples entered towns and homes as simply as they could with as few possessions as they could. He answered to no one. One simply had to ask to receive. One showed up and reached out. Payment was received in the form of discipleship, gratitude and redeemed lives. People voluntarily offered their livelihoods in exchange for salvation and healing.

In our current culture this might translate as non-profit hospitals, co-operatives, and single payer providers. As a teacher in a public school system, I feel like my husband already gives back through his service—it is a form of discipleship. Indeed, my first career was in service to low income, first generation college students and students with disabilities. We gave up larger salaries in pursuit of jobs that served our communities. We still do.

Blowing the roof off of our current system to gain access for everyone means taking a closer look at how much CEO's and high level health care professionals should make, how much we waste, how buildings and equipment are made, and how we prevent health problems in the first place, as well as how we make care and insurance available. It means asking some CEO's to find another business to run, one which doesn't ask us to say no to small children or to burden families with debt that ought to be spent on housing, education, and retirement. Why should a system make money off of healthy people in order to refuse services (affordable services) to those who need it? A

nd why should I let it happen? The changes we are witnessing with the Affordable Care Act—also known as Obama care-- are allowing some to get coverage who went without—people who run small businesses or work for employers who couldn't or didn't provide the insurance. They prevent the situation we faced when Aine was refused insurance before she was even 2 years old. And they prevent many practices that benefit only the profit margins of insurance and providers and not the health and well-being of our families and communities. Are we done? Not by a long shot.

Let's not just take the roof off—let's blow it.

Of course there will always be services that folks with large pocketbooks could choose to pay more for, and defining what is a “need” versus “luxury” item in our medical system could be a process fraught with oppressive tensions. We see this in the debate over things like covering Viagra (seen as a need by some) but not wanting to cover

things like birth control pills (seen as a luxury by some.) Different groups define different needs for themselves and for groups they don't belong to. Who gets to decide?

So it all comes back to the values which guide our decisions in how we pay for and provide care. I think we ought to begin by defining health care as a public good, not a private one. Receiving care and offering care should be seen as a set of services and goods that promote the general welfare of an entire community, an entire nation. What if we started from the notion that a strong nation is the result of a strong, healthy people who have access to the care and products they need to maximize their individual and communal health? "Healthy" in this context is a not monolithic, but a multifaceted and individually derived definition.

Working as a chaplain in a faith based hospital system, I was trained to offer my services and care as part of a holistic approach to the needs of each patient, with an understanding that patients have needs that go far beyond the presenting bio-medical condition and

which, when addressed, can impact the bio-medical interventions in a positive way. Prayer, meditation, music, listening, massage and healing touch are all examples of care that is given in addition to the bio-medical care. What if the values behind the care I gave as a chaplain/pastoral care giver were really the values of the entire health care “system?” (can we call it a system?) Jesus knew nothing of the bio-medical realities we have discovered, but he discerned that healing should be addressed to a whole person, their spiritual being as well as their physical being. We may not ever know how healing took place in his hands, but we know what was understood about it—that people were more than their presenting symptoms. In our world we have defined psychology and spirituality as some of the areas that reach in to the places Jesus seems to have addressed first and foremost and we have begun to learn that these worlds –our biology, psychology and spirituality—are all intricately and integrally connected.

Drawing on Dr. Larry Graham’s book *Care of Systems, Care of Worlds*, Christian Scripture, and our own U.U. values, I offer the

following idea for shifting how we think about health care and the values that we claim as foundational to this care. Dr. Graham offers the possibility that healing is a process that connects the caregiver, the recipient, and the surrounding community in ways that are both seen and unseen. Let's include all kinds of healing here—bio-medical, spiritual, emotional, communal. Emphasizing that there is always risk involved in transformation, Graham says that “as indicators of crisis, symptoms are ‘dangerous opportunities’ for change and transformation” (93). I can remember several places in my life where crisis—whether community or personal—called for actions whose consequences could not be fully known ahead of time while the consequences for not acting were clear. Working for the integrity of one's soul or one's community means interpreting the symptoms and making an honest appraisal of where change needs to begin. When we are out of integrity in one area, there is usually a thread running through everything, connecting the symptom to a system. I think we are living with the consequences of not acting to correct our health

care system already, and the consequences are adding up to an unstable nation of communities struggling to be healthy and whole without adequate resources or attention to assist them. Our health care system is comprised of many silos, separate systems that often do not integrate well and that divvy their clients up into separate groups based on their employment and ability to pay, their symptoms and their diagnoses as well. People move from silo to silo, or get stuck on the outside of a silo, and we often lose any sense of continuous, integrated care. If we were to make health care a public good, we might ask how to connect everyone to resources that will make them more healthy/whole and we might ask how institutions and practitioners/care-givers can collaborate rather than compete. This value of interdependence and connection could bring care to everyone, not just those who can afford it. It would help us to provide continuous and complementary care, rather than allow people to get stuck “outside” the system. If we define our health in light of the health of the communities we live in, and we are not each connected to the

resources we need, my individual health is affected by yours and my other neighbors. If you are not well, we are not well; I am not well.

Conclusion:

So, I conclude that the house of healing in our culture has become inaccessible to us for a multitude of reasons—it is too expensive, many of us haven't had "insurance" through our jobs or couldn't afford it; it has been too complicated and involved too many different paths to healers that are convoluted and unclear; it has been insensitive to our cultural differences; we perceive there are too many people in line ahead of us; there are some healers whose work is considered too different from the norm and they are not allowed in the house (like acupuncture or Reiki, or homeopathy.) In order to gain access to our healers, to the would-be contemporary disciples of Jesus (medical professionals) we need to enter from a new place, we need to be creative and go over the mountain of obstacles. There are many naysayers and cynics; they do not and will not want to believe when new routes bring us to the healers and we are healed. These may be our

modern day miracles! We can't be paralyzed anymore! We need to get in. We need to support and continue to create a system that gives **all of us** affordable access, that allows even the wandering and lost person a way to reach out and receive services (immigrants and poor people, **all people**) and be as non-discriminating as Jesus himself would be.

This is what Jesus would do. We won't always have to come in through the roof—we can remove the barriers-- but first we have to prove we **can** come in and get what we need.

May we stand for changes that will allow each of us access to happiness in life, however we may define it; each of deserves the Sunrise and its healing power.

Blessed be, Amen