

A BIBLICAL RESPONSE TO THE HEALTHCARE DEBATE

by

William Henry Cron

B.S., California Polytechnic State University, San Luis Obispo, California, 1977

M.B.A., California State University, Sacramento, California, 1979

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Andrew J. Peterson, Ph.D.

ABSTRACT

The Christian needs solid reasons for proposing alternative health care solutions. Some reasons include healthcare's rising and escalating costs increasing at rates faster than the population at large can continue to afford. Healthcare is becoming out of reach for the population in the world's most affluent country. Insurance practices that limit access to affordable healthcare will also be explored.

The current rate of healthcare inflation will ultimately lead to economic and social chaos. As a result of the current crisis, 51 million Americans are either without access to quality healthcare or are underinsured. Healthcare is a life and death matter, not unlike the abortion debate Evangelicals have engaged for decades. God's image is imprinted in all mankind, giving inherent dignity for all those who are in need of adequate and quality healthcare for all.

Therefore, this thesis will provide distinctly biblical, theological, and examples from church history. This thesis will formulate an ethical framework for an alternative healthcare model based on these principles.

The current convolution of private, public financing mechanisms, programs, and stake holders in the debate will be examined. These stakeholders include providers, insurance companies, hospitals, and patients. Various international health care plans will be compared and contrasted. The latest implementation of health care reforms, known as

Obamacare that was passed through Congress in 2010, will be examined, explored, and critiqued.

Practical implications are at stake for the church. Healthcare can be used in spreading the gospel. Specific Christian alternatives to the current milieu of public and private financing mechanisms, policies, and programs will be explored. Alternative specific health care delivery systems will be proposed based on biblical and theological frameworks from current programs and initiatives from church history.

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CHAPTER 1

INTRODUCTION

Mankind bears God's image with dignity, purpose, value, and, therefore, deserves quality and just universal healthcare. God has given mankind unique dignity, value, and purpose as His image bearers. Despite the fall, man remains God's image bearer and deserves mercy, justice, and equity with proper healthcare. The gospel becomes central to any healthcare proposals, policy decisions, and plans. Yet, the current healthcare debate in the United States has become a politically charged issue. Neither the right nor the left has adequately addressed this issue from a biblical framework.

Research Framework

Primary Sources

Many primary sources include various government documents. Federal programs such as Tricare, Medicare, and Medigap give descriptions for recipient benefits and services. The Veterans Administration has put out a publication for eligible veteran services and medical care. Researching various government programs research will demonstrate the overlap and milieu of federal healthcare systems and the service and healthcare overlap between these agencies.

Other primary sources include publications from the Finnish and Canadian healthcare systems. These are socialized healthcare systems and are compared to the current United States healthcare system. Their healthcare's economic impact especially in Canada will be explored. Pros and cons of socialized and free-market healthcare systems will be examined and critiqued from a biblical and theological framework. This framework will relate to man's inherent dignity as God's image-bearers relating to universal healthcare for all.

The history of healthcare in Christian missions will be explored. Throughout history, many Christian missionary efforts and enterprises have focused on healthcare. Healthcare is a means to spreading the gospel to those who need medical services. This focus is especially true to the poor and the indigent.

These primary sources include publications from Nurses Christian Fellowship, Hudson Taylor and Christian Inland Mission later to become Overseas Missionary Fellowship, a history of Presbyterian Healthcare system in Philadelphia, and Catholic Healthcare West. Another major mission agency that has a long history in transporting medical supplies, rescue operations, and relief efforts is Mission Aviation Fellowship. The Adventist Health system mission statement will also be examined.

Secondary Sources

Secondary sources include works from J.A. Alexander's work on *Acts*, Donald Guthrie's *New Testament Introduction*, James Montgomery Boice's work on the *Foundations of the Christian Faith*, and Charles Hodge's *Systematic Theology* and Martin Lloyd-Jones work on *Authentic Christianity: Studies in the Book of Acts Volume 1*. These

works provided the foundational biblical and theological framework for building on the inherent dignity of man derived from God's image.

Other works specific to certain topics and subjects building on this framework include George Smeaton's work on *The Doctrine of the Holy Spirit*, and Benjamin B. Warfield's work on *Counterfeit Miracles*. Alfred Edersheim's work on the *Life and Times of Jesus the Messiah* was especially helpful to demonstrate how Jesus used healing miracles as a means of demonstrating his authority. Jesus also performed miracles as a means to proclaim the good news of the kingdom to set him apart for other religious figures.

Ethical considerations needed to be included in the biblical and theological discussion. These included Martin Lloyd-Jones' work on *Studies in the Sermon on the Mount*, and Professor John Murray's *Collected Writings of John Murray Volume 2*. Special consideration must be given to John H. Gerstner's work, *Heaven and Hell: Jonathan Edwards on the Afterlife*, and Art Lindsley's work, *Love the Ultimate Apologetic*. Gerstner outlines how the body is valuable because the believer will be united with their spiritual and physical body in the New Heaven and the New Earth. Lindsley's work provided a framework and apologetic for applying employing healthcare as integral in uniquely defending the Christian faith through works of mercy and love.

Journal Articles

Many journal articles were used in researching this thesis. They are too numerous to mention here. Topics included studies on healthcare inflation in the United States, research on federal healthcare plans and expanded research on the foreign healthcare systems such as the ones in Japan, Britain, Switzerland, and France. Commentary from stakeholders in the

healthcare debate such as Kathleen Sebelius, the head of the United States Department of Health and Human Services, and Finland's healthcare expert, Dr. Martti Kekomaki, were especially enlightening.

Other articles and publications focused on Obamacare, the controversial healthcare reform Congress passed into law in 2010. These articles will focus on the pros and cons of the healthcare reforms President Obama has initiated and their progress to date. Obamacare became a major debating point in the 2008 and 2012 presidential elections.

This research will focus on whether politicization of the debate has really been beneficial in advancing quality healthcare. This thesis determines that a distinctly biblical, theological, and background from church history frames how healthcare is a distinctly inherent privilege accorded to mankind as God's image bearers. Hence, this is not a political debate. It is ultimately a debate based on mankind's inherent God-given value unique in all creation. That is the Christian's contribution in solving and providing alternatives to the current healthcare crisis.

Reasons for This Study

Christians need to become participants in the healthcare debate. In using biblical, theological, and perspectives in church history, Christians can provide a different approach to the ensuing healthcare debate. Christians can also provide practical alternatives that do not involve political motives but from those informed from Scripture. These motives are based on man's dignity and value as God's image bearers.

Need for a New Approach

Obviously, everyone interacts with the healthcare system at some point during their lifetime. It is a necessity for a population's well-being. A healthcare system's delivery, quality, and accessibility are often used as a marker for how a particular nation or culture values the well-being of its citizenry from the richest to the most vulnerable. Christians can frame the debate and present alternatives based on the knowledge that man bears God's image.

Nevertheless, Christians have remained largely silent on this issue in formulating a coherent and uniquely biblical approach to the healthcare crisis now facing the United States. The healthcare debate has been politicized at the expense of those in need of healthcare. Therefore, this thesis will reject inflammatory rhetoric from both sides of the political spectrum. On the contrary, it will assume a third rail, gospel-centered approach most often championed by Dr. Timothy Keller, pastor of Redeemer Presbyterian Church in New York City. Keller employs the gospel when addressing modern social and cultural issues facing the church today.

The Current Healthcare Crisis

Out of Control Costs

A recent article in the Denver Post outlines the current healthcare crisis in America. Colorado businesses were facing a projected 14.4 percent increase in health insurance costs for 2011; the biggest jump in six years.¹ This estimated increase was based on a survey of

¹ Steve Raabe, "Colorado Health Insurance Costs Projected to Rise 14.4 Percent Next Year," 29 October 2010, available from www.denverpost.com/business/ci_16463537; Internet; accessed 28 March 2013.

143 Colorado Businesses that Locton, a major insurance brokerage firm, conducted. Furthermore, according to the Colorado Health Institute, the average total annual Colorado premiums for an individual went up from \$1,910 in 1996 to \$4,570 in 2009.² That is a staggering annual increase of just over 18 percent.

It is even worse in other states. A CNNMoney.com article stated California Blue Shield announced plans to hike its premiums by as much as 59 percent in 2011. It affected 193,000 individual Blue Shield policy holders.³ In the same article, Blue Shield stated that its decision has “almost nothing to do with the federal health law.” The article further stated Blue Shield’s assertion that the new reform law would ultimately help slow down healthcare costs.⁴ Kathleen Sebelius, the secretary of Health and Human Services, responded that Californians have a right to be concerned when they see similar rate increases month after month. Despite these exorbitant rate increases, California law prohibits the state insurance commissioner to reject these excessive premium increases.

Further projections indicate that in the past decade, total healthcare premiums will have more than doubled, from \$4,100 in 2001 to \$9,800 in 2011.⁵ Nationwide that amounts to a 24 percent annual increase in healthcare premiums during that same time frame.

² Ibid.

³ Parija Kavilanz, “Californians Brace for 59% Premium Hike,” *CNNMoney.com*, 7 January 2011, available from <http://money.cnn.com/2011/01/07/news/companies/california_blue_shield_rate_hike_/index>; Internet; accessed 29 March 2013.

⁴ Ibid.

⁵ Stanton Peele, “Is Healthcare Inflation Inevitable? What Are The Consequences?” *HuffingtonPost.com*, 17 December 2010, available from <<http://huffingtonpost.com/stanton-peeel/why-do-health-care-costs-b-797807.html>>; Internet; accessed 29 March 2013.

However, general inflation has been comparatively flat for the same ten year period. The following table reflects total annual inflation during the decade from 2000 – 2010. ⁶

Table 1. Annual Inflation for the United States 2000-2010

Year	Total Average Inflation
2000	3.38%
2001	2.83%
2002	1.59%
2003	2.27%
2004	2.68%
2005	3.39%
2006	3.24%
2007	2.85%
2008	3.85%
2009	-.034%
2010	1.64%

Despite the recent recession, the five largest United States health insurance companies had combined profits of \$12.2 billion in 2009. That is up 56 percent from the previous year according to a consortium of labor unions and advocacy groups. ⁷ Yet, inflation has remained relatively flat or actually was negative in 2009 according to this table.

⁶ “Current Inflation,” *InflationData.com*, 2010, available from <http://inflationdata.com/inflation/Inflation_Rate/CurrentInflation.asp>; Internet; accessed 30 March 30 2013.

⁷ Raabe.

The Uninsured

The recently passed healthcare reform legislation addresses another major concern. That concern is healthcare access. Today, approximately 51 million people in the United States are without health insurance. The reasons range from no affordability and ineligibility due to pre-existing conditions. Additionally, employers increasingly do not offer health insurance as part of their employee benefit packages. The rates employers pay for health insurance can drive them out of business. The uninsured public by state is outlined in the Table 2.⁸

⁸ “Health Insurance Coverage of the Total Population, States (2008-2009), U.S. (2009),” *Total Population – Kaiser State Health Facts*, 2010, available from <<http://www.statehealthfacts.org/comparetable.jsp?ind=125&cat=3/>>; Internet; accessed 31 March 2013.

Table 2. Percent Uninsured in the United States by State

	Employer	Individual	Medicaid	Medicare	Other Public	Uninsured	Total
United States	49%	5%	16%	12%	1%	17%	100%
Alabama	51%	3%	16%	15%	NSD	14%	100%
Alaska	51%	4%	12%	8%	6%	19%	100%
Arizona	44%	5%	19%	11%	1%	20%	100%
Arkansas	44%	4%	16%	15%	2%	19%	100%
California	47%	6%	18%	9%	1%	19%	100%
Colorado	55%	6%	10%	10%	3%	16%	100%
Connecticut	60%	4%	11%	14%	NSD	11%	100%
Delaware	55%	4%	14%	15%	NSD	12%	100%
District of Columbia	52%	6%	21%	10%	NSD	11%	100%
Florida	44%	5%	12%	16%	2%	21%	100%
Georgia	52%	4%	13%	9%	2%	19%	100%
Hawaii	56%	3%	14%	15%	3%	8%	100%
Idaho	52%	7%	12%	12%	NSD	15%	100%
Illinois	55%	5%	15%	12%	1%	14%	100%
Indiana	54%	3%	15%	14%	NSD	13%	100%
Iowa	57%	6%	13%	12%	1%	10%	100%
Kansas	55%	6%	11%	13%	2%	13%	100%
Kentucky	49%	4%	17%	14%	1%	16%	100%
Louisiana	47%	5%	16%	13%	NSD	18%	100%
Maine	48%	4%	22%	14%	2%	10%	100%
Maryland	60%	4%	10%	11%	1%	13%	100%
Massachusetts	59%	3%	19%	13%	NSD	5%	100%
Michigan	55%	4%	14%	14%	NSD	13%	100%
Minnesota	58%	6%	14%	13%	1%	9%	100%
Mississippi	42%	4%	22%	13%	1%	18%	100%
Missouri	52%	5%	14%	14%	1%	14%	100%
Montana	46%	8%	12%	16%	2%	16%	100%
Nebraska	56%	7%	11%	13%	2%	12%	100%
Nevada	55%	4%	9%	11%	1%	20%	100%
New Hampshire	63%	4%	8%	14%	1%	10%	100%
New Jersey	59%	3%	10%	12%	NSD	15%	100%
New Mexico	40%	4%	19%	12%	3%	23%	100%
New York	49%	4%	21%	12%	NSD	14%	100%
North Carolina	49%	5%	14%	13%	2%	17%	100%
North Dakota	56%	9%	9%	13%	1%	11%	100%
Ohio	54%	4%	13%	14%	1%	13%	100%
Oklahoma	48%	4%	15%	15%	2%	16%	100%
Oregon	51%	5%	12%	14%	NSD	17%	100%
Pennsylvania	55%	5%	14%	15%	NSD	11%	100%
Rhode Island	53%	4%	16%	13%	NSD	12%	100%
South Carolina	50%	4%	13%	15%	2%	16%	100%
South Dakota	51%	7%	12%	14%	2%	13%	100%
Tennessee	46%	5%	17%	14%	2%	15%	100%
Texas	44%	4%	15%	10%	1%	26%	100%
Utah	62%	6%	8%	8%	NSD	14%	100%
Vermont	52%	4%	21%	13%	NSD	10%	100%
Virginia	58%	4%	10%	12%	3%	13%	100%
Washington	54%	6%	14%	11%	2%	13%	100%
West Virginia	47%	2%	16%	19%	NSD	15%	100%
Wisconsin	57%	5%	15%	14%	NSD	10%	100%
Wyoming	53%	7%	11%	12%	2%	15%	100%

The social costs due to the uninsured are staggering. The cost-shifting for healthcare moves more heavily to the insured. Cost shifting in turn causes premiums to rise, thereby driving affordability out of the reach for many. The emergency room becomes the primary source of healthcare for the uninsured and for illegal immigrants straining an already broken system. Emergency room visits become another source of cost shifting from the hospitals to the insured. An endless cycle leads to an ever increasing crisis--socially, morally, and financially--to a healthcare system already at the breaking point.

From the data, Texas has the highest uninsured rate as a percentage of their population in the nation. Hawaii and Massachusetts have the lowest. Critics point out that the illegal immigration in Texas accounts for that relatively high rate. Yet, Texas has some of the loosest tort reform laws in the nation.

Both Hawaii and Massachusetts have universal healthcare coverage for their citizens, accounting for their low uninsured rates. Critics have also pointed out that these states have massive budget overruns in their state run healthcare plans. However, these systems' proponents point out the cost overruns would be worse than if universal coverage was not provided. Universal healthcare proponents also point to the moral issue that healthcare is a right for all. It is not an entitlement just for the well-connected and privileged few.

Pre-Existing Conditions and Access

Pre-existing conditions are those medical illnesses in a person's history that preclude them from being able to buy health insurance. This leaves healthcare recipients woefully underinsured or uninsured altogether. The pre-existing condition practice is solely for the insurance company's benefit and profitability. Pre-existing conditions practices and policies

means the insurance company will only cover those whom they deem is worth the underwriting risk. Only well individuals can buy health insurance in the open market but do so at great risk. Often, the insurance policies will be written but will not cover those illnesses or conditions the healthcare recipient has reported. These conditions can be catastrophic such as heart and pulmonary issues, cancer, or other medical issues. An illness can place the patient at great financial risk even to the point of bankruptcy.

The spate of reforms from the recent healthcare legislation congress enacted and President Obama signed into law addresses these practices. United States Health and Human Services Secretary, Kathleen Sebelius, was quoted recently in a CNN article. She asserted that nearly half of all Americans under the age of 65 have health conditions that could prevent them from getting insurance if the Republican effort to repeal healthcare reform was successful. Sebelius further stated that 129 million people--nearly half of all Americans under the age of 65--have some form of pre-existing condition that would make them ineligible for coverage should they lose or change jobs, get divorced or face other changes that force them to seek new insurance.⁹

Life-Time Caps

These caps are those dollar limits that health insurance companies place on policies. Caps limit the amount of benefits a person can receive during a lifetime. This practice ensures the insurance company enjoys limited liability. The insured will have no recourse but to declare bankruptcy if stricken with an illness or a condition that exceeds these caps.

⁹ “Administration: Health Repeal Could Cost Millions Coverage”, *Articles about Kathleen Sebelius – CNN*, January 18, 2011, available from <<http://articles.cnn.com/keyword/kathleen-sebelius>>; Internet; accessed 31 March 2013.

Often policy life-time benefits are approximately \$2 million. A life time cap can be exhausted very quickly with various organ transplants or a procedure requiring prolonged hospital stays.

Rescission Practices

This practice is where health insurers cancel a policy on the premium holder when they get sick. The insurance company finds a technicality or reason to cancel the policy. This practice can occur regardless if the insured has been current on their premium payments or met the original underwriting guidelines when the policy was originally issued.

Often, rescission clauses have been written in the fine print on the insurance policy. These clauses are written into the policy even though the insured has reported all their known medical history in good faith. As a result of this practice, patients have been left with devastating financial and emotionally traumatic consequences. Patients suffering from cancer or other debilitating illness whose treatments are expensive and time-consuming are especially vulnerable.

Cherry-Picking

Cherry picking is a practice where group health insurance is written but certain individuals are either denied or must pay exorbitant premiums. These individuals may have had cancer, heart issues, or other catastrophic illnesses. When writing a group policy, the health insurance company may only issue a certain policy for a particular segment of the employee base at a certain price break-point. The insurance company then writes another policy for a group of employees they deem more at risk or not insure them altogether.

The employer, especially small businesses, is confronted with a two or multi-tier insurance rating system, rather than a single tier bundling of insurance policies and rates for their entire employee pool. Once a person gets ill in the higher risk category, the costs are often shifted on to the lower risk pool. This can occur even though the lower risk pool has not had significant medical issues as a group. As that cycle continues, small businesses in particular are often left with no option but to discontinue providing health insurance to their employees. Providing health insurance becomes too expensive to offer employees and can drive these small enterprises out of the market.

CHAPTER 2

BIBLICAL BACKGROUND

Certain Presuppositions

Certain presuppositions must exist for the Christian community to address the healthcare crisis in America. They become the underlying principles for a distinctive biblical response to healthcare reform. These presuppositions are absolutely necessary for Christians to affirm for cogent alternatives to come about based on biblical principles. At stake in this debate is the inherent dignity of man as God's image bearers. Christians can provide an answer in the gospel of Jesus Christ and God's Word bearing on the healthcare debate. This approach is opposed to the often self-motivated and greed centered alternatives often propounded by both free market and government focused alternatives.

From the Beginning

In order to formulate the inherent dignity of man as God's image bearers, the best place to start is to demonstrate that He created all things including the universe. Creation did not start out on its own from a chaotic origin that has no pattern, design or intelligence. Scripture teaches that God created the universe and all that it contains from nothing. From Genesis 1:1, God does not begin the work of creation from pre-existent material. The verse speaks of how the earth was formless, empty, darkness was over the surface of the deep, and

the Spirit of God was hovering over the waters. The Holy Spirit as the third person of the trinity is directly involved and participating in the creation process. The word “hovering” is like an eagle hovering over its young. The mother eagle is feeding and nurturing her young in the same way the Spirit of God hovers and feeds creation. Louis Berkhof in his work,

Systematic Theology, stated the following:

Genesis 1:1 records the beginnings of the work of creation and it certainly does not represent God as bringing the world forth out of pre-existent material. It was the only part of the work record in Genesis 1, to which Calvin would apply the term. But even in the remaining part of the chapter God is represented as calling forth all things by the word of His power, but a simple divine fiat.¹

Even the Psalmist worships God’s handiwork. David sets forth the glory of the heavens and the earth in Psalm 8:1-5 as follows:

O Lord, our Lord, how majestic is our name in all the earth! You have set your glory above the heavens. From the lips of children and infants you have ordained praise because of your enemies, to silence the foe and the avenger. When I consider your heavens, the work of your fingers, the moon and the stars which you have set in place what is man that you are mindful of him, the son of man that you care for him? You made him a little lower than the heavenly beings and crowned him with glory and honor.

In this psalm, David acknowledges God made the creation for a distinct purpose. Creation was created to reflect God’s glory above the heavens. God’s glory is to reflect His attributes and character. Even the lips of children and infants declare praise over God’s unimaginable reflection over creation. This praise is so glorious that it even silences God’s enemies and avengers. These are illusions to silence all of God’s enemies both on the earth and the satanic forces in the air.

¹ Louis Berkhof, *Systematic Theology* (Grand Rapids, MI.: Wm B. Eerdmans Publishing Company, 1988), 133.

In comparison to the heavens and the earth, mankind is a vapor in time. He is here today and gone tomorrow. The verse also speaks of Jesus Christ, the second person of the trinity, who was made a little lower than the heavenly beings. He left his lofty place in heaven as the co-creator with God (Colossians 1:16). This verse speaks of how Jesus created all things, things in heaven and on earth visible and invisible, whether thrones or powers or rulers or authorities; all things were created by Him and for Him.

By implication, all three persons of the trinity were involved in creation's beginning. All three persons of the God-head still create and hold all things together. If even one molecule were not under God's sovereign control, the entire universe and creation would crumble into instant chaos. All creation reflects God's glory.

The presumption that God created all things for His glory is extremely important for the Christian. The evidence of God's handiwork in creation is quite clear even to unbelievers (Romans 1:19-20). It is a reason for God's judgment against them because they suppress the truth in unrighteousness (Romans 1:18). This starting point expounds on the special place mankind holds as God's image-bearers.

Man Made in God's Image

Biblical data suggest that all of creation was to reflect God's glory and character. Hence, mankind was made for God's glory as well. Yet, mankind holds a special place in creation. The very last ordinance in God's creative power was to create man in His own image. Genesis 1:26-27 says the following:

Then God said, "Let us make man in our image, in our likeness, and let them rule over the fish of the sea and the birds of the air, over the livestock, over all the earth,

and over all the creatures that move along the ground. So God created man in His own image, in the image of God He created him male and female he created them.

In John C. Rankin's work, *First the Gospel, Then Politics . . . Volume 1: Only Genesis*, six major points are outlined concerning this passage.

- Mankind reflects God's character, and the human body is good; all five senses of hearing, sight, smell, taste, and touch all come from God.
- Mankind is commended to rule over the creation in submission to God's rule.
- Man is distinct from the animal kingdom; he is to rule over the fish, birds, livestock, lizards and they reproduce after their kind whereas man reproduces after His kind.
- God's image is inclusive of both sexes with their complementary distinctions.
- Mankind is to fill and subdue the earth and includes the inclusive roles of male and female.
- Psychological wholeness is found in God's image whereas the works of Freud, Fromm, Jung, Maslow, Skinner and Rodgers are all theoretical attempts to find the key to human nature.²

From Rankin's biblical exposition, justice in healthcare is God's design going back to the creation mandate. Mankind must not act like the animals. Even in a fallen state, man is given great dignity and deserves justice, including healthcare equity. The human body is given

² John C. Rankin, *First the Gospel, Then Politics . . . Volume 1: Only Genesis* (Hartford, CT: TEI Publishing House, 1999), 49-54.

great dignity and not regarded as evil. It is declared good and a beautiful creation reflecting God, Himself.

Gospel at Stake

In the healthcare debate, nothing less than the gospel's power is at stake. The gospel becomes the Christian's model in framing the debate. Paul states in Romans 12:1 the following:

Therefore, I urge you, brothers in view of God's mercy, to offer your bodies as living sacrifices, holy and pleasing to God – this is your spiritual act of worship.

This passage speaks of offering the entire being, spirit and body as intertwined entities in service to God as an act of worship. This does not merely mean special occasions where we offer up praises, as legitimate as those activities are. The Christian is to go further and to offer up their entire being including their physical body in service of the gospel. The body is integral to serving Christ. The physical body is given great dignity and upheld as an instrument of worship. No division exists between the spirit and the body. Spiritual dualism is simply refuted in this passage.

In Romans 1:16, Paul speaks of the gospel's power.

I am not ashamed of the gospel, because it is the power of God for the salvation of everyone who believes: first for the Jew, then for the Gentile.

From this passage, only the gospel can save everyone who believes. Notice that the gospel's power continues forward in the believer's life from beginning to end. It is the gospel that sustains the believer regardless of race, nationality, or cultural origin.

Therefore, healthcare becomes a powerful instrument in sharing the gospel to a broken and sinful world. The healing miracles Jesus performed were integral to His ministry.

Christ used these healing miracles to the masses He encountered as proof the good news of the kingdom was at hand. This will be taken up in further detail later in this research.

The Old Testament's Role in Medicine and Healthcare

Old Testament Israel was unique compared to its surrounding nations and cultures in many respects. Israel was set apart as God's holy nation where His presence actually resided in the Israelite camp in the Holy of Holies within the Tabernacle. Leviticus as part of the Pentateuch presents a picture of God's desire for His people to be distinct and holy through various medical and dietary laws.

In R.K. Harrison's work, *Introduction to the Old Testament*, he points out the Levitical medical and dietary laws were set up to free the ancient Israelites from the surrounding nations' diseases. Some of these laws and rituals involved regulations concerning sexual relationships (Leviticus 18:8), provision for individual sexual hygiene (Leviticus 15:2), purification rituals (Leviticus 1:9; 14:2; 15:2), and sanitary procedures (Deut 23:12). Harrison would further write,

In view of the ethical concept of health that these regulations reflect, it should be remarked that they were not intended to exemplify some mysterious connection between morality and health so much as to emphasize the observance of the precepts enshrined in the corpus of legislation would of itself insure a great measure of freedom from the diseases and scourges which afflicted neighboring peoples. Consequently, insofar as the Israelites followed the prescribed rules for sanitation, isolation, hygiene, and sexual behavior they were assured of the land of immunity to disease that magic could never afford.³

It is not as if the Israelites had some scientific background they possessed unknown to the surrounding nations. On the contrary, Egypt by this time had acquired great landmarks

³ Harrison, 604.

technologically well beyond those of the nomadic Israelite tribes. The miraculous nature of these laws and regulations cannot be understated. These dietary and hygiene laws were purely as a result of divine revelation. God saw not only the need for His people to be holy and set apart from the surrounding cultures but also observe health and sanitation codes for their own protection.

Insofar as Israel followed God's Levitical standards, the people were blessed. To the extent they did not observe these laws, they ran the risk of God's curse and punishment. That is what clearly set Israel apart from the surrounding nations. This is especially true for those nations in the prevailing time period that would have been considered more powerful and technologically advanced than ancient Israel.

Levitical Laws Point to Christ

The Levitical sacrificial system points to Jesus Christ. In particular, the book of Leviticus points to the priest's role. The High priest in particular exercises his sacrificial work on behalf of God's people--Israel. So, rather than being just another set of rules and regulations, they point to Jesus as the ultimate High priest. Even Abraham encountered Melchizedek as the high priest from Salem, that even Abraham tithed to. Jesus is from the high priesthood of Melchizedek, which is a heavenly priesthood, beyond the Levitical priesthood. A greater priesthood was looked forward to, and that priest was found in Jesus from a totally different order, especially since He was from the tribe of Judah (Hebrews 7:14).

So, while the dietary laws were abandoned during Jesus' high priestly reign on behalf of His people, they demonstrate a high view of hygiene. The dietary and hygiene laws had

the underlying goal in God's establishing a people holy and separate from the rest of the nations. God provided these laws by the miraculous means of His revelation to Moses and His people in their midst. No explanation exists why the Israelites undertook these dietary and health laws except through miraculous direct revelation from God.

These ancient Levitical laws demonstrated that the Israelites had a much higher view and dignity of human life than the surrounding nations. For instance, in the Year of Jubilee, a passage in Leviticus outlines how the poor can recover their property:

If one of your countrymen becomes poor and sells some of his property his nearest relative is to come and redeem what his countryman has sold (Leviticus 25:25).

In this way, a provision is made for the poor to address their need for property in order to support themselves. Property was the primary means in an agrarian society a family can feed itself and gain support.

Furthermore, God made specific ordinances against using a son or daughter as a human sacrifice. In Deuteronomy 18:18:9-10, this passage states the following:

When you enter the land the Lord your God is giving you, do not learn to imitate the detestable ways of the nations there. Let no one be found among you who sacrifices his son or daughter in the fire, who practices divination, or sorcery, interprets omens, engages in witchcraft, or casts spells, or who is a medium or spiritist or who consults the dead.

Sacrificing children's lives to appease a pagan god was considered as evil on the same level as consulting mediums or engaging in witchcraft. To engage mediums or spiritists was to usurp God's express revelation and commands to His people. That violation would result in death to those who engaged in those practices.

That is how God valued and placed such high importance on His people to obey His commands in order to bless and protect them. These commandments created within Israel a

high view of human life in contrast to the surrounding nations. God's people would be safe in the land God would provide for them if they obeyed His laws. Otherwise, they experienced God's curses upon them which would eventually lead to Israel's subsequent demise during the exile.

God made provisions for the poor as a high value of human life. Deuteronomy 24:19 makes a provision as follows:

When you are harvesting in you field and you overlook a sheaf, do not go back and get it. Leave it for the alien, the fatherless and the widow, so that the Lord your God may bless you in all the work of your hands. When you beat the olives from your trees, do not go over the branches a second time. Leave what remains for the alien, the fatherless and the widow. Remember that you were slaves in Egypt. That is why I command you to do this.

In pointing to a historical point in time, God is bringing to their remembrance a period of great suffering inflicted upon Israel's children. God is reminding them through memorials and history that points to their former plight. Often God uses historical events as object lessons to emphasize the need for sympathy for those less fortunate. More importantly, historical events are God's means to remind Israel the blessings for obeying His law and the curses for disobeying it. It also demonstrates that God is a God of history. His redemptive plan is tied to space, time, and history unlike the pagan gods of the surrounding nations.

Again, God uses history as a means of demonstrating how justice and mercy should be given to the poor and the needy. In Deuteronomy 24:17, this passage says the following:

Do not deprive the alien or the fatherless of justice, or take the cloak of the widow as a pledge. Remember that you were slaves in Egypt and the Lord your God redeemed you from there. That is why I command you to do this.

Because Israel was once deprived of justice when they were slaves in Egypt, they need to dispense justice to the alien, the fatherless, and the widow. God becomes their father,

husband, and defender. Remembering redemptive history and memorials are part of God's purpose in reminding Israel from where they came and where they are. God's justice was no respecter of persons--whether rich or poor, Israelite or alien. For instance, taking a cloak as a pledge from a widow meant that if she needed to borrow food or seek shelter, the person receiving the pledge was not to take her cloak. Often that was the only item of clothing that kept the poor warm during the cold nights. God wanted to provide for that contingency. God demonstrates a special heart and mercy in particular to the alien, poor, fatherless and the widows just through this single pledge.

In the same way, Christians are to emulate this same kind of justice when discussing policy objectives and implementing healthcare reform. God proclaimed in many instances in the Old Testament that health, hygiene, justice to the poor, fatherless, the alien, and the widow were important traits that set His people apart from the rest of the nations. Christians have the same directive given to them. In this way, the dietary and hygiene laws outlined in Leviticus and Deuteronomy still have relevance.

These laws still apply to the current healthcare debate insofar as the biblical data suggests they had important considerations and relevance in their day. Hence, Christians have a similar heritage in the contemporary culture. These are still values Christians inherit from Old Testament laws and truths. The God of the Old Testament is still the same God of the New Testament.

Jesus the Healer

It is now established from scripture that God inherently gives dignity to all mankind, regardless of race, socio-economic status, and even to those who are unbelievers. In his sinful

state, mankind has significant dignity before a God whose image they retain. In His great love and mercy, God provided a savior through Jesus' death on the cross by which sinful mankind could place their faith to have a reconciled relationship with Him. Otherwise, unrepentant sinners face eternal death (Romans 5:8; 2 Corinthians 5:17-19).

Jesus was both God and man without separation and division. As God, Jesus was able to calm the storm (Mark 4:35-39). He was able to feed five thousand people with fish and loaves from nothing (Mark 6:30-39). Jesus was able to read the minds of those who opposed Him (Matthew 9:4), such as unclean Samaritans who came into contact with Him such as the woman at the well (John 4:16-21).

However, the most powerful evidence of Jesus' power and mercy came through the many and varied miraculous healings recorded in the New Testament. Too numerous examples exist in the Scriptures to list all of them, but a few bear illustration. One of the more dramatic healings found in the New Testament was the paralytic in Mark's gospel. Mark records how a paralytic man was lowered down through a roof to be near Jesus who was engulfed by a large crowd (Mark 2:1-12). Seeing their faith, Jesus forgave the paralytic his sins. When Jesus heals the paralytic, He demonstrates miraculous power attesting to His divine authority to forgive sins. The man was able to take up his bed and walked.

Much amazement followed this healing, and all who were present proclaimed they never saw anything like this (Mark 2:12). This healing is a matter of history. The scriptures record the crowd's amazement clearly authenticating the miracle as an actual event that occurred in space and time.

This healing was performed to authenticate the divine message with the messenger. This healing miracle authenticated Jesus' divine authority to forgive sins, since only God can perform that act. Not surprisingly, Jesus' authority to forgive sins incited the ire of the nearby scribes and Pharisees. Alfred Edersheim, in his classic work, *The Life and Times of Jesus the Messiah*, wrote the following:

And here it deserves special notice that, by first speaking forgiveness, Christ not only presented the deeper moral aspect of His miracles, as against their (scribes and Pharisees) ascription to magic or satanic agency, but also established that very claim as regarded His Person and authority, which it was sought to invalidate. In this forgiveness of sins, He presented His person and authority as Divine, and He proved it such by the miracle of healing which immediately followed.⁴

Another major healing event occurred when Jesus raised Lazarus from the dead (John 11:38-44). It is plain from the account that Lazarus was dead four days, and that a great stench emanated from the open tomb. As a demonstration of His power, Jesus called out with a loud voice for Lazarus to come forth. Lazarus came forth hand and foot with grave clothes and his face wrapped with a cloth (John 11:43-44). This miracle is often adduced by liberal scholars as being merely spiritual in nature. On the contrary, this miracle was an actual historical event. The Bible records a man having been raised from real death to life by Christ's very word. That was the ultimate healing miracle.

Jesus healed many who were sick, leprous, and who were afflicted with evil spirits. The biblical writer tells of how Jesus would heal any that were sick with various diseases and demon possession after the Sabbath sunset (Luke 4:40-41). Jesus healed a great multitude from all Judea, Jerusalem, and from the coast of Tyre and Sidon (Luke 6:17-19). The distance

⁴ Alfred Edersheim, *The Life and Times of Jesus The Messiah* (McLean, VA: MacDonald Publishing Company, 1853), 505.

from Tyre to Jerusalem was approximately 100 miles. News about Jesus' miraculous power to heal attracted many thousands to the extent they came by foot to seek Him, even at such great distances. From these and many other examples in the New Testament, Jesus, as the founder of the Christian faith, was Himself a great healer, physician, and preserver of humanity. His mission was to redeem sinful and broken mankind both with a reconciled relationship to God and physically through performing miraculous healings.

Perhaps the greatest healing event was Christ's own resurrection. Clear evidence suggests that Christ remained in the tomb at least three days after His crucifixion. Evidence also suggests the only explanation for Jesus' missing body is He bodily resurrected to life and once again became a corporeal being.

However, Jesus' body had substantially changed. In Luke 24:36-40, Jesus just appears to them as a solid body. The disciples had thought they saw a ghost, but Jesus refers to His new body when he asks why they are troubled. The disciples could not believe a real person with a solid body could appear from out of nowhere.

Yet Jesus would implore them to see with their eyes at his hands and feet. Their sense of sight was evoked to demonstrate that this was not some sort of hallucination. What the disciple's eyes were telling them was indeed true. Hence, unlike mystery religions which adherents are taught to engage into unconsciousness or unreality, Jesus is suggesting just the opposite. The disciples' eyes they were exercised and needed to demonstrate to their senses what they were witnessing was real and not a hallucination.

Jesus employs tactile touch as another sense receptor. He commands them to touch him and see or understand. Jesus told them a ghost does not have flesh and bones, as you see

I have. In both these instances, Jesus implores the disciples to use their god-given senses of touch, sight and logical sense to demonstrate that he is a corporeal being, and not merely a spirit or a ghost. Spirits are beings that would not have physical properties. Jesus' new body had properties that could be seen, touched, and felt. Jesus used the tactile senses to prove that He was a real person with a real body with flesh and bones.

The interchange dynamic between Jesus and the disciples must be further examined. Overtones in this interchange set apart Christianity with competing religions and philosophies that become rather stark. Jesus now resides in a glorified body that is not merely spiritual. It is both integrated as a spiritual and physical body. Therefore, the body is important to demonstrate Jesus as the first fruits for those who will eventually rise from the dead with real bodies made whole without sin (1 Corinthians 15:20).

Through the tactile, sight, hearing, and the sense perceptions, Jesus implores the disciples to use them as proof of his bodily resurrection. Sense perception and the value of the integrated human body and soul are contrasted with eastern religions or Gnosticism. In these philosophical systems, the body is evil. Only the spiritual or the release from the body has any real value. It is a release from conscious reality.

Loss of consciousness or alternative conscious realities is another aspect characteristic to eastern religions or philosophies. Jesus implores the disciples to use their conscious reasoning through their sense perception to perceive true reality. Jesus' resurrection is directly counter to these other prevailing philosophies. Once again, in the resurrection, bodily and physical wellbeing is evident. Jesus comes back as a body healed

and made whole after the crucifixion. Yet, this body is much more powerful. It came back as a glorified body ready for heaven.

In the ascension, Jesus is lifted up to heaven in His bodily form. In Acts 1:4, the passage states that the resurrected Christ was eating with them and commanded the disciples to not leave Jerusalem, but wait for the gift His Father promised. That gift would be the Holy Spirit. This is a real Jesus raised in bodily form that was eating solid food. Non-corporeal beings do not eat solid food. Later in the passage, in verse 10, the disciples witnessed the physical Jesus taken up into heaven, where He now resides. Jesus will come back the same way He originally ascended into Heaven. Once again, the scriptures demonstrate a respect for and value of the physical body. Rather than renounce Jesus as merely a spiritual being, verse 4 specifically points out that a physically resurrected Christ ate solid food to ingest nourishment.

Therefore, the resurrection and the ascension point to a high value of the human body. This is important to understand the importance how Christ's physical resurrection demonstrates that healthcare and physical well-being are important values to embrace in the Christian faith. Healthcare becomes a means of spreading the gospel. Once again, the human body in the Christian faith is given great value rather than demeaned in contrast to other religions or philosophies. In many cases the human body is seen as evil whereas the Christian faith values the human body and its wellness.

Glorified Bodies in Heaven

It is not always God's will for a sick person to be healed in this life. Even during His earthly ministry, Jesus did not heal all those who were in contact with Him. However,

believers will eventually be raised with new bodies and joined to their souls in the new heaven and earth. In his work, *Heaven and Hell: Jonathan Edwards on the Afterlife*, John Gerstner quotes Edwards on his reflection of how the dead souls in Christ are united with their glorified bodies at the consummation of the age when the Lord returns to earth in glory:

The dead in Christ shall arise at the sound of the last trumpet with glorified bodies, and the living saints shall see them. The holy and blessed souls of saints that descended from heaven with Christ shall then be brought to their bodies to be reunited to them that shall be prepared by infinite wisdom and skill to be fit organs for a holy and happy soul.⁵

Jesus valued people as a whole including their bodies and physical well-being to the extent that healing miracles were performed for validating His message. When performing miraculous healings, Jesus often proclaimed the gospel message. Miraculous signs are the context Christ employed when proclaimed the good news. He demonstrated His love towards all kinds of sinners despite their rejection (Romans 5:8). He values the human, soul, body and the dignity of man, regardless of race, background, or socio-economic status. Believers will be reunited with real and glorified bodies when Jesus returns at the end of time. These are the major tenets Christians must embrace when engaging in the healthcare debate with policy makers and the primary stake holders.

Apostolic Healing Miracles

Aside from the healing miracles Jesus performed, the apostles were granted miraculous healing powers for the purpose of authenticating the divine message with the messenger. The apostles were sent out directly as Christ's representatives. They were

⁵ John H. Gerstner, *Heaven and Hell: Jonathan Edwards on the Afterlife* (Grand Rapids, MI: Baker Book House, 1991), 17.

uniquely qualified in that role. They had seen the resurrected Lord, were an eyewitness to his ministry and works, and were agents of direct revelation. Their apostolic role included the ability to perform miraculous healings in similar fashion to their Lord. Martyn Lloyd-Jones in his commentary on the book of Acts speaks of when Peter heals the beggar in Acts 3:6 as follows:

As Peter took hold of that man's hand and lifted him up, Christ was lifting him through Peter. And we are told, "Immediately his feet and ankle bones received strength. And he leaping up stood, and walked, and entered with them into the temple walking, leaping, praising God." That is exactly what Christianity does. It is not merely a hard task and a painful duty performed in the hope that God will forgive. No, no – it is the knowledge of sins forgiven – walking... leaping...praising God." For the first time in his life this beggar was able to walk. That is the promise and the offer of the Gospel. ⁶

The ministry of the gospel is often tied directly to healing miracles and making sick people well. The Apostolic healing miracles were often a visual image of the gospel itself. These signs and wonders were a powerful reminder of the miraculous nature of the apostolic office. These healing miracles reflected the supernatural healing gifts, and in the preaching of the gospel. These healing miracles affirmed the message's validity with the messenger.

The apostolic healing gifts are emphasized especially in the Acts of the Apostles. Healing miracles were a unique and integral component of the apostolic ministry as an extension of the work of Jesus Christ after His death and resurrection. B. B. Warfield in his classic work, *Counterfeit Miracles*, stated the following: "The extraordinary gifts belonged to the extraordinary office and showed themselves only in connection with its activities." ⁷

Warfield makes the case that the miraculous gifts and signs ceased when the last apostle died.

⁶ Martyn Lloyd-Jones, *Authentic Christianity: Studies in the Book of Acts Volume One* (Wheaton, IL: Crossway Books, 2000), 222.

⁷ Benjamin B. Warfield, *Counterfeit Miracles* (Carlisle, PA: The Banner of Truth Trust, 1995), 23.

Scholars debate this point. Nevertheless, Warfield makes the argument that the extraordinary miraculous gifts, which include the healing gifts, are directly connected with the apostolic preaching of the gospel and validated their office. Evidence overwhelmingly suggests that physical healings during the apostolic era were integral to preaching the gospel.

CHAPTER 3

THEOLOGICAL FRAMEWORK

Establishing Man's Inherent Dignity

Man is unique in all of creation. He is made in the image of God. Professor John Murray put it quite plainly when in Genesis 1:26, God speaks, “Let us make man” (Genesis 1:26). Murray explains this passage is not that of simple fiat as in the case of light (Genesis 1:13), or of a command in reference to existing entities--“let the earth bring forth tender herb” (Genesis 1:11). The term “let us make” is a particular engagement of divine thought, and that something unique is about to take place unlike the rest of creation.¹

God's unique design and pattern in forming man was about to take place. Murray would go on to teach that God willed man's identity should consist of God's own image and likeness. Hence, man is endowed with an inherent dignity unlike the rest of creation and the other living beings.

¹ John Murray, *Collected Writings of John Murray, volume 2: Lectures in Systematic Theology* (Carlisle, PA: The Banner of Truth Trust, 1977), 4.

Man Made in God's Image

Dr. James Montgomery Boice in his pivotal work, *Foundations of the Christian Faith*, placed great emphasis on man's personality and attributes. Boice compared them to the divine being. He writes as follows:

One thing it means is that women and men possess those attributes of personality that God himself possesses, but that animals, plants, and matter do not. To have personality, one must possess knowledge, feelings (including religious feelings), and a will. God has personality, and so do we.²

The biblical God is fully personal, unlike new-age thought and practice, where the divine or the ultimate has no personality and is quite impersonal. God bestowed personality to his most dignified and esteemed objects in all His creation--mankind.

Boice goes on to explain that implicit with God's image, man has been given a moral nature. Morality includes both freedom and responsibility. Man is given the freedom and choice to adhere to a divinely inbred sense of right and wrong.

Another element God gives man is spirituality. Humanity exists for communion with God who is Spirit (John 4:24).³ Spirituality creates in man a sense of the eternal because God is eternal enabling us to commune with Him.

Finally, like God, man is a creator and was called to tend and keep the garden (Genesis 2:15). Adam had dominion over the creation, unlike the plants and animals that were created to serve him. Adam identified with God and was able to create and reshape the

² James Montgomery Boice, *Foundations of the Christian Faith* (Downers Grove, IL: InterVarsity Press, 1986), 150.

³ *Ibid.*, 151.

creation to the man's desires. The animals and plants were in submission to man similarly to the entire creation is in submission to God's will.

Therefore, in spite of Adam's fall (Genesis 3:1-8), man does retain elements of God's image in him. In his fallen state, man can still reason, build, create, and has a sense of the eternal. What fallen man is completely incapable is establishing a renewed relationship with God. This relationship can only be reconciled through the death and resurrection of Jesus Christ (2 Corinthians 5:14-19).

Another dimension where God's image is implanted in man is that both God and man are givers. In his sermon delivered to Cornerstone Presbyterian Church on April 24, 2013, Dr. Donald Owsley presents God as a giver, and goes on to demonstrating how giving is implanted in mankind. Dr. Owsley went on to say that God was a giver in the following ways:

- Gave land (Genesis 13: 15: 17).
- Gives seed/children to parents (Genesis 15; 17).
- Gives peace (Numbers 6; John 14:27).
- Gives wisdom (Ecclesiastes 2:26; James 1; Ephesians 1:1:17).
- Gave Jesus Christ and Jesus gave Himself (Ephesians 5:25).
- Jesus gave His life as a shepherd.
- Gives eternal and abundant life (John 10:28; 6:33).
- Gives the Spirit (John 3:34: 1 Thessalonians 4:8).
- Gives us all things (1 Timothy 6:17).
- Gives more grace to the humble (James 4:6).

- Gives you the desires of your heart (Psalm 37:4).
- Gives power and strength (Psalm 68:35).
- Gives us victory in Christ (1 Corinthians 15:57).
- Gives comfort (2 Corinthians 1:13) because He is the God of all comfort (2 Corinthians 7:6; 2 Thessalonians 2:16).

Therefore, as believers in Christ, we are being remade in God's image through Christ even surpassing Adam. The believer in Christ is a giver in the following ways:

- Gives thanks to the Lord (1 Chronicles 16:8; Psalm 7:17; Colossians 7:6; 2 Thessalonians 2:13).
- Gives money, time, talent and treasures (Luke 6:38).
- Gives our bodies to God as living sacrifices (Romans 12:1-2).
- Gives themselves to others in living sacrifice (Romans 12:3).
- Gives our spiritual gifts in service to Christ's body; the church (Romans 12:3-8).⁴

During this sermon, Dr. Owsley would further explain why God is called "he". Dr. Owsley would point out that the maleness of God is not that God is male, since both male and female come from God. Rather, the image of the Father is the image of the one who has all power to give, bless and protect. In God, the created order is given the complementariness

⁴ Donald T. Owsley, *Grace of Giving* [Sermon] (Fort Collins, CO: Cornerstone Presbyterian Church, April 24, 2013).

of giving and receiving. God's image is first placed within man, and then the man gives to the woman. She receives and gives back.⁵

Dr. Owsley's insights are profound on this point. Man as God's image bearer is given the capability of giving. Even the non-believer is capable of giving to some extent, though not nearly to the degree as the non-believer. Their motivations are completely opposite from the believer in Christ. The non-believer gives out of selfish motives, while the believer gives to glorify God. The impetus for the giving Christian to participate in the healthcare debate and implement alternative approaches to dispensing medical treatment is profound compared to the unbeliever. The Christian has the truth and the power to make profound changes and inroads for creating alternative healthcare policies and alternatives. A lot is at stake for the Christian to undertake policy and program alternatives in this crucial debate.

Adam's Fall and Its Effects

Adam's fall from grace is an historical fact to the Bible-believing Christian. It reads like a historical narrative. In Genesis 3:1-19, Eve distorts the Word of God and adds to it. The serpent convinces Eve to eat of the tree of the knowledge of good and evil even though the prohibition and punishment for disobeying God's Word was death. The serpent distorts God's word and convinces Eve to eat from the tree. She further entices Adam to eat from the tree of the knowledge of good and evil which God forbade them to consume.

Adam and Eve disobeyed God and the effects from this disobedience have been quite extraordinary and profound ever since. Not only does man experience spiritual separation from God but physical death as well. Prior to the fall, man was made sinless and was given

⁵ Ibid.

eternal life. However, in a mysterious way, man was able to choose sin even though he was originally created sinless.

Now mankind is thrown into sin, chaos, ruin, decay, death and a broken relationship with God. This broken relationship includes a broken relationship with man, himself, God, and with fellow man. Man is utterly depraved, which means that he can only use his free will to sin continuously apart from the Holy Spirit's regenerating work. Yet, because of God's restraining grace, man is not as evil as he could be. Man still retains much of God's image within him.

The Fall's Reversal

God has provided a remedy for a fallen world. In Romans 5:12-17, Paul compares the first and the second Adam. The first Adam sinned resulting in death. Death and man's sinful nature is inherited from Adam's first sin. Theologians call this original sin or the state of original sin.

Yet, sin's consequences can be reversed even in this age. Jesus Christ is the second Adam. Paul goes on to teach how much more those who receive God's abundant provision of grace and the gift of righteousness reign in life through the one man, Jesus Christ (Romans 5:17). In this passage, Adam and Christ are compared. Both were men given sinless natures. Both had free choice to sin or not to sin. Satan tempted both of them, yet the first Adam sinned resulting in death and sin. In contrast, Jesus the second Adam passed Satan's temptation and became sin's atonement for those who believe in Him.

Through Christ, the stage has been set through the gospel to penetrate the culture to reverse the effects of Adam's sin. The Christian has been given great truth and power to

penetrate the gospel into the culture through providing just and compassionate healthcare policies and alternatives that encapsulate the gospel message. Now the gospel can be a man's friend, rather than his enemy. Compassion, justice, and the gospel's power can be witnessed in a tangible way. Christians can speak to a culture badly in need of a just and compassionate healthcare system that encapsulates the gospel's message.

Eschatological Implications

The fall's reversal through redemption in Jesus Christ has eschatological implications. Essentially, the current period is looking to both the now and the not yet in waiting for Christ's return. That theme is especially prevalent in Matthew 26-28. Through the gospel's redeeming power, the eschatological implications are quite profound.

Healthcare is a means of reversing the effects of the fall with important eschatological implications. The believer uses healthcare as a means for not only redeeming the current culture and world, but as a means of looking toward a future where decay, sickness, and tears are all wiped away. This fulfillment will occur in the new heavens and the new earth when Christ returns to redeem a people for Himself (Revelation 21:1-4).

The creation groans inwardly for its redemption. Paul states the following in Romans 8:18-23:

I consider that our present suffering is not worth comparing with the glory that will be revealed in us. The creation waits in eager expectation for the sons of God to be revealed. For the creation was subjected to frustration, not by its own choice, but by the will of the one who subjected it, in hope that the creation itself will be liberated from its bondage to decay and brought into the glorious freedom of the children of God. We know that the whole creation has been groaning as in the pains of childbirth right up to the present time. Not only so, but we ourselves who have the first fruits of the Spirit groan inwardly as we wait eagerly for the adoption as sons, the redemption of our bodies.

This passage contains obvious eschatological implications. The creation is said to be waiting in eager expectations for the sons of God to be revealed. These are the adopted sons of God, or those who become His possession through faith in Christ. They are revealed on the last day. The theme often used in New Testament is the now and the not yet and is evidenced in this passage. It is a tension between what exists in the current state (vs. 18), the sufferings of the present day in relation to the future glory. Believers must wrestle and contend in this state until their bodies are redeemed at the return of Christ.

The whole creation has been groaning, like a woman groaning in the throes of childbirth. The creation experiences a kind of pain, waiting for the birth of a new order. Then, Paul points out those who groan and who have the first fruits of the Spirit. They are the regenerate believers. They groan because of their sin that remains, but also because they wait eagerly for their adoptions as God's sons. This waiting results in the redemption of their bodies.

Once again, the body is integrated with the Spirit as a singular unit--distinct but whole as one part. The believer's ultimate redemption is not just spiritual but bodily as well. The human body is given great value. Healthcare gives value to the body and is part of the eschatological process of redemption that awaits those who have the first fruits of the Spirit. Therefore, healthcare for the Christian is not only a means of sharing the gospel to a broken and dying world in the present but has eschatological implications and eternal value as well.

Repudiation of Self-Interest and Greed

Evangelicals have defined the abortion debate that killing a fetus at conception is tantamount to murdering an innocent child. This argument has great merit and rightly so. Another ethic is at stake not only in the matter of abortion but the killing of innocent lives due to inadequate healthcare as well.

Thousands of lives are lost due to their inability to pay for health insurance, insurance companies rescinding their already existing healthcare policy, or having reached a lifetime benefit cap beyond their control. For many individuals, healthcare now becomes unavailable because of financial constraints, not due to lack of treatment or unaccepted medical options.

These reasons are primarily focused on the insurance company profits, trial lawyers, or other self-interested parties such as the healthcare providers themselves. Quality healthcare is often administered only to those who are best able to pay or socially connected --not to those with the greatest need. Indeed, that is akin to killing an innocent child at conception.

Abortion can be construed as the killing of an innocent life for financial reasons before they were determined to die when a cure was otherwise in reach and treatment was available. Therefore, abortion is the killing of an innocent person from conception until death for reasons other than causes due to a just war, natural death, accidents, or acts of God.

The Westminster Shorter Catechism asks the following question:

Q 69. What does the sixth commandment forbid?

A. The sixth commandment forbids taking one's own life or the lives of others unjustly or doing anything that leads to suicide or murder.

Therefore, the Shorter Catechism would forbid the taking of an innocent life for the sake of the insurance company or the medical professional's profitability when the person's life can be otherwise saved or restored. That would constitute murder according to the confession. The confession does not teach that only those with the ability to pay for their insurance premiums can live and those who cannot are justifiably withheld receiving healthcare and die. That is the passive as opposed to the active taking of an innocent life. Nonetheless, it is the taking of an innocent life.

If profits are the primary reason a person is being withheld adequate healthcare and available treatment (the emergency room is too often not a place where adequate healthcare can take place even if not turned out), this clearly violates both the letter and the spirit of the confession itself. This objection is especially true when available medical treatment withdrawal leads directly to the innocent person's death. Albeit, medical professionals deserve equitable and fair compensation for services rendered just like any other professional. They deserve to be financially remunerated for their valuable specialized skills and educations. However, a more equitable solution must be devised that results in fairness, dignity, and justice for all concerned.

Lessons from the Sermon on the Mount

The Christian has a vast amount of scriptural evidence to formulate a biblical perspective when formulating healthcare reform. No greater case can be made for such an ethical underpinning than found in the Sermon on the Mount. The most appropriate

application found in the Sermon on the Mount for any healthcare system is prescribed in the giving to the poor and needy. Jesus says the following:

If someone takes your cloak, do not stop him from taking your tunic. Give to everyone who asks you, and if anyone takes what belongs to you, do not demand it back. Do to others as you would have them do to you (Luke 6:29-31).

Jesus goes on to preach the following in the same sermon:

And if you lend to those from whom you expect repayment, what credit is that to you? Even 'sinners' lend to 'sinners,' expecting to be repaid in full. But love your enemies, do good to them, and lend to them without expecting to get anything back (Luke 6:34-35).

Martyn Lloyd-Jones in his classic work, *Studies in the Sermon On The Mount* states this portion of Jesus' ethical teaching is a denial of the self. Once a practicing physician himself, Lloyd-Jones goes on to state it is the Lord's way of saying that the spirit that says "What I have I hold, and what is mine is mine; and I cannot listen to the request of those other people because I may suffer," is completely wrong."⁶

Lloyd-Jones goes on to state that Jesus does not encourage us here to help frauds or professional beggars or drunkards. What Jesus is considering is the tendency of a man because of self-interest, and a self-centered spirit, to not help those in real need. It is the holding on to what is mine that Jesus is concerned about and to give a man the benefit of the doubt. If a man is in need, it is our business to help him if we are in a position to do so even at personal risk.⁷

The principle from this sermon applies to our nation's healthcare system. The direct application of the gospel transforming American culture is found in the Sermon on the

⁶ Lloyd-Jones, 288.

⁷ Ibid.

Mount. When the gospel transforms individual's hearts and lives, it changes society. That will in turn transform our ethic in the healthcare system toward one of giving to the needy regardless of whether they have health insurance, rich, poor, or have pre-existing conditions. The Sermon on the Mount simply makes no warrant for profiting off the sickness and suffering of others.

Lessons from Love

Jesus commands his disciples to love one another:

A new command I give you. Love one another. As I have loved you, so you must love one another. By this all men will know that you are my disciples, if you love one another (John 13:34-35).

Art Lindsley in his work, *Love the Ultimate Apologetic: the Heart of Christian Witness*, has the following commentary on this passage.

This is a command that believers in Jesus are to obey, which of course implies that it is also possible to obey. Believers in Jesus are not automatically loving. They can be disobedient to what Jesus asks of them.⁸

Lindsley goes on to state the way other people know that believers are Christ's disciples are by their love, if and only if they love one another.

Lindsley further relates an experience where he participated in discussions with prominent New Age advocates. A prominent New Ager had related to Lindsley how fifteen years earlier Christians had hurt her deeply and she could not even say the name of Jesus Christ. When she relayed this to Lindsley and others present, she wept uncontrollably and was free to consider who Jesus is and for the first time in fifteen years to say His name.⁹

⁸ Art Lindsley, *Love The Ultimate Apologetic* (Downers Grove, IL: Inter Varsity Press, 2008), 24.

⁹ *Ibid.*, 24-25.

The story's moral is that Christians who display love to others, not only amongst themselves but also to unbelievers, open the doors to share the gospel for transforming their lives.

A healthcare system must be built on nothing less than the love of Jesus Christ and love of others. That was certainly the motive of our Lord's heart when He healed the many multitudes that came to him for healing with various infirmities, leprosy, and even demon possession. He healed those individuals to full restoration. They would of course eventually die, but love motivated Jesus in performing healing miracles. These were object lessons for His disciples to love one another and in turn to love others. This was the major indicator they followed Jesus--that they loved one another. Hence, love is the ultimate apologetic. Love, not profits, must be the driving force and motivation when Christians advocate for their version of a viable healthcare system.

CHAPTER 4

PRACTICAL THEOLOGICAL IMPLICATIONS FOR THE CHURCH

In a culture greatly influenced by the gospel, the society's motivation for how it conducts itself will be undergirded from a divine framework unequivocally dictated by fixed moral absolutes. Those moral absolutes will include some notion of right and wrong. Society's concern for fellow mankind will distinguish that culture as opposed to a society characterized by self-interest and greed.

In a capitalistic society dictated by ethical norms from a gospel framework, the free market maxim of let the buyer beware will be transformed to let the seller beware. That was certainly indicated in the Old Testament when in Proverbs it states how the Lord abhors dishonest scales but accurate weights are His delight (Proverbs 11:1). This verse applies not only to Israel but to all business and legal transactions as a general maxim of how to justly and fairly conduct commerce. Capitalistic markets can only exist under the restraint and watchful eye of a divine imperative toward fairness and individual dignity.

In that vein, a healthcare system is all about the dignity of the individual and is a life and death matter regardless of whether a person is a major contributor of society or a homeless person on the street. In that regard, God makes no such distinction and is not a respecter of persons. This thesis has taken great strides to demonstrate the biblical basis for

how a Christian should respond to the underlying principles needed to be applied for a healthcare system that ensures the dignity of all mankind by virtue they are made in the God's image.

Healthcare is a necessity for all human beings but many material possessions purchased in the free market are not. For instance, a rich person may desire to buy a very expensive high definition television set from an exclusive dealer. A poor person may only be able to afford a much smaller television from a wholesale retail outlet. The television manufacturer must cater to people of varying socioeconomic strata from the relatively poor to the rich. Television sets are not a need. They are a luxury. Televisions are not life and death items. The poorer person's desires in their television viewing can just as easily be met with a less expensive purchase as the rich person with their more lavish one.

This is not the case with healthcare. Both the rich and the poor alike must generally acquire healthcare for equal needs and demands. Access to the highest quality healthcare and medical treatment in a gospel driven healthcare system that adheres to the ethics bound by the Sermon on the Mount must be equal for the rich and the poor, the healthy and the sick. The notion of a pre-existing condition that either excludes a person from quality health because of health history or drives up costs to such a degree they cannot afford quality healthcare is repugnant to the ethical principles found in the Sermon on the Mount.

Therefore, a system that equitably allows for equal access for all must be developed, while fairly compensating those who provide healthcare. The principle for such a system is that all persons may have access quality healthcare. However, affordability for healthcare rendered is based on a person's ability to pay for delivered services. It would be inequitable

and grossly unfair for healthcare professionals who have spent a great deal of time, money, energy, as well as acquiring rigorous specialized training to work for little or no compensation. However, if a plan was developed that included the nearly 51 million uninsured population, those individuals now become paying entrants into the healthcare system that otherwise would have been excluded.

The present healthcare insurance industry does not qualify as a participant in the healthcare system that adheres to the basic principles in the Sermon on the Mount. They exist solely to make a profit for their shareholders regardless of whether they engage in such abhorrent practices such as excluding persons based on pre-existing conditions, life time caps, or cancelling policies when a person becomes ill. This system leaves wide open rampant corruption, sin, greed, and the taking advantage of the sick and the suffering at the expense of making a profit for the insurance company or its shareholders. That is in direct violation of the biblical principle that God is not a respecter of persons, and Jesus certainly healed those who were both rich and poor, young and old, and even those outside of the nation of Israel.

Healthcare is not a segment of the economy where there is equal supply and demand. People generally do not choose to settle for less quality healthcare requiring specialized medical attention based on supply and demand much like our example of the purchaser of the television set. On the contrary, they will seek the care that best suits their needs at a given time to resolve a life threatening health situation or as a necessity of quality of life. Purchasing television sets does not qualify under these aforementioned criteria.

Healthcare is not a matter of choice, which is characterized by a free market economy. On the contrary, it is a matter of necessity much like the air we breathe or the water we drink. Such a system based on the profit motive violates the ethics of the Sermon on the Mount or the commandment of love outlined in John 13:34-35. Any healthcare system devised must refrain from a profit motive, yet allow patients and doctors alike to operate in an environment where fair value is given to provide healthcare services with access for all.

Perhaps the best example of such a system operating today is the Medi-Share Christian healthcare cooperative. The following statement from Medi-Share summarizes its purpose and vision:

Medi-Share brings believers together to share each other's healthcare costs. It's a modern-day version of what the church started back in the book of Acts. Find which program option is best for you. There are seven options to choose from, one to fit every budget. ¹

This system attempts to deal equitably with the financing side of healthcare but does very little containing costs. However, for the cooperative's participants, this entity attempts to equitably distribute healthcare benefits based on shared need as long as the member meets minimum standards of behaviors and personal conduct. These standards might include not engaging in illicit sex, use of tobacco products, or excessive alcohol consumption. Certainly, the responsibility of participants in any healthcare system should adhere to the commandments of 1 Corinthians 3:16 where the body is the temple of the Holy Spirit and we are to take care of the bodies God has given us. This conduct becomes especially applicable

¹ "How Does Medi-Share Work". *Medi-Share*, 2011, available from <http://mychristiancare.org/how_does_it_work.aspx>; Internet; accessed 31 March 2013.

where the prevalent American obesity rates are driving up healthcare costs beyond the breaking point.

Probably no greater tragedy of the state of our current healthcare system is found in the example of Cara DeCamp of Denver, Colorado. Cara is a young lady who assisted at Bono's restaurant in Centennial, Colorado. She was not yet an adult but suffered a massive brain hemorrhage at her home in Denver. According to the restaurant owners, she was rushed to Skyridge Medical Center in Lone Tree, Colorado and then air-lifted to a trauma-1 hospital at Swedish Medical Center in Englewood, Colorado.

Since that fateful day, Cara has continued to recover and transferred out of the pediatric intensive care unit but still remained in the hospital for an extended stay. Despite Cara's family carrying health insurance, rehabilitation coverage for her lasted only 30 days. Cara's rehabilitation takes a minimum of two years to a lifetime of care.

This family faced bankruptcy from a tragedy not of their own making. The choices they faced were bankruptcy or discontinue Cara's care. That was not an option. The restaurant owners started a fund drive throughout the area to raise money for Cara's rehabilitation, which amounted into the several millions of dollars by the time this came to a resolution.

Every day, similar situations arise throughout the country--Cara is not an isolated incident. In a civilized society such as the United States, surely Christians must be able to speak to these situations. Christians must be able to come to some agreement in principle that a society such as ours cannot continue in this direction.

This tragedy can be redeemed through the gospel penetrating every area of our lives, especially in the healthcare arena. Cara should be able to receive necessary care without her family facing financial ruin. Often, God can and will use government as a means in His sovereign providence to intervene in these situations. This becomes especially true if the culture, or more importantly the church, cannot or will not intervene in these situations to right a wrong or stand up to injustices.

CHAPTER 5

HEALTHCARE AND MEDICINE IN CHURCH HISTORY

Beginnings of Christian Healthcare

Several medical centers like hospitals began in Buddhist centers. The ancient Greeks also employed healthcare to the sick next to their temples. The Romans also established military hospitals. It was not until the Christian movement began to flourish that hospitals began to dominate the landscape.

When Constantine granted the Edict of Toleration in 311, Christians were granted the freedom to engage in social reform in the old Roman Empire. It was not until the fourth century that Christians could plan, create sites, and build hospitals. Hospices in cities with significant Christian influence and populations began to be established.

Even before Constantine's Edict of Toleration, Clement would write of how Christians would take care of the physical, emotional, and spiritual needs of the widows and the poor. Even in the city of Carthage when the pagans would throw the afflicted into the streets, Christians would be found caring for those in suffering and great need. Finally in 369 AD, Basil of Caesarea founded a 300 bed hospital. This was a place for the poor, homeless, disabled, and the seriously ill. During this time, Basil included facilities for hospices for the aged, wards for travelers who were sick were provided, and a leprosy house was founded.

Further advances in Christian healthcare occurred during the Dark Ages. Charlemagne decreed that cathedrals must include hospitals attached to them. Where cities had large Christian populations, monks would “profess” medicine and care for the sick. Lay physicians were trained when monks were later restricted from practicing medicine outside of the monastery. This began the public hospital movement where lay doctors oversaw the medical needs of their patients. Even in the new world beyond England’s borders, pioneer hospitals were established.

Christians provided dispensaries like smaller hospitals to care for those residing in rural settings. These hospitals and dispensaries would be further tested during cholera or flue epidemics. Often, those hospitals were forced to close their doors for fear of infection. However, Christian philanthropists conducted efforts such as opening up the London Fever Hospital that provided care for those who lived in overcrowded and poor sanitary conditions.

Christians had a great influence in medical advancement and knowledge. After the great burning of the Great Church in Alexandria, Christians were heavily involved in copying and collecting these manuscripts from all over Europe. Hence, medical knowledge advanced throughout Europe during the Dark Ages. Surgery began to see impressive progress. The Royal Society in England was established to encourage and fund medical research, and Luther sparked intellectual freedom during the Reformation. This led to great medical advances and scientific discoveries.

Prominent Christians began to make new and important medical discoveries. Jan Swammerdam discovered lymph vessels and red blood cells, Niels Stensen discovered fibrils

in muscle mass, and his work began the science of modern physiology. Others include Abbe Spallanzani whose work on digestion and reproductive physiology was monumental.

Advances in surgical techniques also included Ambrose Pare who created alternative methods to treat wounds rather than the painful cauterization method. Louis Pasteur was a pioneer in infection and James Syme was the first to use anesthesia for surgery. Christians pioneered using rubber gloves and William Keen, a Baptist, was the first to successfully perform brain tumor operations.

During the Industrial Revolution, Christians greatly influenced the social ills of the day. During this period, the inner cities became the main population centers in the United States and other parts of the world. William Booth founded the Salvation Army in 1865 and provided medical care to the poor, impoverished, and needy in the inner city. The Salvation Army even provided homes to women who took to prostitution to provide for themselves. Even Braille and deaf schools were started up by evangelical Christians all across the world. So a great Christian heritage of social change through the use of healthcare has precedence throughout history.

Healthcare in Christian Missions

A vast record of healthcare and tending to the sick and infirmed is replete in the history of Christian missions. Luke the physician wrote the very first manual of the Christian missionary enterprise--the Book of Acts. The Acts of the Apostles begins with the ascension of Christ (1:1-5), birth of the church in Jerusalem (2:1-5:42), beginning of persecution (6:1-9:31), spread of Christianity to the Gentiles (9:32-12:25), Paul's missionary journeys (13:1-

20:6), Paul in Jerusalem (20:7-23, 35), Paul before Felix, Festus, and Agrippa Caesarea, and Paul's final journey to Rome (24:1-28, 31).

That Luke was a physician cannot be emphasized enough. This biblical author shows a high regard for scholarship and historical accuracy and integrity. At the very outset, physicians were given high esteem and regard within the Christian community and tradition. Donald Guthrie further states that the era has now passed when the historicity of Acts with any plausibility is wholly discredited in spite of critical scholars attempting to find difficulty in some of Luke's details.¹

One example of a modern para-church organization devoted to promoting missions for the healthcare professional is Nurses Christian Fellowship. They have been associated with the greater Inter Varsity Christian Fellowship organization since 1948. Its mission statement and purpose is as follows:

Jesus Christ is good news for nursing. Nurses Christian Fellowship (NCF) helps nurses know God through a personal relationship with Jesus Christ and to live out this relationship in nursing, bringing God's love and justice to nursing education and practice.

Begun in 1948 as a ministry of InterVarsity Christian Fellowship, NCF is both a professional organization and a ministry of and for nurses and nursing students. NCF provides a local, regional, national and international network to bring the message of Jesus Christ and a Christian worldview to nursing education and practice.²

Many examples exist in church history where medical missionaries labor for the gospel throughout the world. Nurses Christian Fellowship is a prime example where the

¹ Donald Guthrie, *New Testament Introduction*, (Downers Grove, IL: Inter Varsity Press, 1990), 371.

² "Introduction to NCF," *Nurses Christian Fellowship*, 2011, Inter Varsity Christian Fellowship, available from <<http://www.ncf-jcn.org/info/intro.php>>; Internet; accessed 31 March 2013.

nursing profession is promoted as a means for propagating the gospel. This organization is making a worldwide difference in the calling for Christian medical workers.

Though not evangelical, the Catholic Healthcare System is another prime example of how a non-profit organization with roots in the Judeo-Catholic heritage melds faith with medical care. Each diocese has its own set of Catholic Healthcare hospitals and facilities that run on a non-profit basis. These hospitals care for people regardless of creed or ability to pay. This care is dispensed from a perspective of charity for those who are unable to pay for rendered services. Below is the mission statement for the Catholic Health West System for the states of California, Arizona, and Nevada:

Catholic Healthcare West and our Sponsoring Congregations are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- Delivering compassionate, high-quality, affordable health services;
- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life.³

The Catholic Healthcare West vision statement focuses on how healthcare and the healing ministry of Jesus are inseparable. The Catholic Church advocates healthcare as a means of promoting faith in Jesus. While evangelicals may heartily disagree with Catholic soteriology, evangelicals and Catholics certainly agree that a vast common heritage exists between them when it comes to healthcare. Healthcare as a means of propagating the gospel and exhibiting mercy to the surrounding culture has a rich historical precedent, even for today.

³ “Our Mission and Values,” *Catholic Healthcare West*, 2011, available from <http://www.chwhealth.org/Who_We_Are/Our_Mission_Vision_And_Values/index.htm>; Internet; accessed 5 April 2013.

Another missionary society with profound impact in healthcare and medicine was China Inland Mission (CIM). Hudson Taylor founded the CIM June 24-25, 1865. Taylor was a man of deep passion for the lost and was very educated. He was a man with many talents and great intellectual prowess. Taylor was himself a trained physician and treating the Chinese sick convinced him that medical work was essential for proclaiming the gospel. This led to establishing chapels alongside medical clinics. Taylor's mission stations became holistic including redemption for both the soul and the body.

Taylor used healthcare and medicine as a means of proclaiming the gospel to the lost in China. Other strategies Taylor employed was to wear Chinese clothing and take on other practices insofar as it would be effective in reaching out to the indigenous population. This is a lesson churches can learn in how to exegete its message to the surrounding local and global cultures in which they reside while maintaining faithfulness to God's Word.

China Inland Mission has evolved into Overseas Missionary Fellowship (OMF). Since 1951 and the CIM's founding, OMF has reached out to 40 people groups in East Asia. Overseas Missionary Fellowship's vision is to reach out to more than additional 100 people groups in the Far East. Since Hudson Taylor's founding, OMF has been in operation for the last 140 years serving the people groups of China and among East Asia's peoples.⁴

⁴ Overseas Missionary Fellowship, *Timeline*, Available from <http://www.omf.org/us/about_omf_international/history/timeline>; Internet; accessed 5 April 2013.

A Brief History of the Current United States Healthcare System

The Early Years

In the early years of formalized American healthcare (1880-1930), the medical profession was established. Healthcare professionals enjoyed expanded duties which included physician formal education and a growing hospital system. The start of the twentieth century saw health insurance introduced as a method of prepaying healthcare costs, and the American Medical Society began to take control of the medical marketplace.

Timothy Noah, in Slate Magazine, summarizes a book written by Jonathan Cohn, a senior editor at the New Republic Magazine. Cohn wrote in his work, *Sick: the Untold Story of America's Healthcare Crisis--and the People Who Paid the Price*, that modern medicine began in the 1920s. Only during that decade did doctors and hospitals learn enough about disease that they could be reliably helpful in treating sick people. Physicians and hospitals began charging more than most individuals could easily pay.⁵ The gap began to worsen during the Great Depression. Between 1929 and 1930, average hospital receipts plummeted from more than \$200 per patient to less than \$60.⁶ During this time, healthcare became exceedingly less affordable for the average patient as costs increased much faster than a worker's wages.

⁵ Timothy Noah, "Jonathan Cohn Shows How We Got Here", *Slate Magazine*, March 13, 2007, available from <<http://www.slate.com/id/2161736/>>; Internet; accessed 5 April 2013.

⁶ Terree P. Wasley, "Healthcare in the Twentieth Century: A History of Government Interference and Protection," *CBS MoneyWatch.com*, April 1993, available from <http://findarticles.com/p/articles/mi_m1094/is_n2_v28/ai/13834930/>; Internet; accessed 5 April 2013.

The Beginnings of the Employer-Based Health Insurance Systems

In 1929, the gap between those who could not afford healthcare and those who could was beginning to close. Baylor Hospital in Dallas created an early version of the Blue Cross system to serve as nonprofit health insurers to serve local community organizations such as the Elks. Upon receiving a tax break, the Blue Cross organizations kept premiums reasonably low. Consequently, the Blue Cross organizations (the Blues) became non-profit health insurance carriers. With the help of the American Hospital Association (AHA) and the American Medical Association (AMA), the Blue Cross Associations became the dominant health insurance providers shielded by their government tax-exempt status.

By the 1940s, private insurers began to increase when wartime businesses were seeking ways to evade the wage price controls of the era. The labor supply was short. So, businesses found it necessary to compete with a shrinking labor pool with additional fringe benefits such as offering health insurance. Hence, the birth of the employer-based healthcare insurance system was established. To further enhance this system, the government exempted from corporate income tax all expenses related to healthcare.

In the early days, the Blues charged everyone the same premium regardless of age, sex, or pre-existing conditions. However, as private insurers entered the market, premiums were recalibrated by calculating costs and benefits based on risk and even avoiding the riskiest customers altogether. The Blues followed suit and today enjoy no tax advantage and are mostly for-profit competitors to their private insurance counterparts.

In the meantime, large corporations would tend to hire largely younger employees than older ones and businesses began to self-insure. Due to the increasing rise of health

premiums, older employees who could not get on with a large employer were either priced out of the market or could not get health insurance altogether.

The Modern Era of Health Insurance and Managed Care

In an effort to contain costs, health maintenance organizations (HMOs) were established as the non-profit alternative to lower expenses and premiums. Health maintenance organizations intended to lower premiums in return for more restrictive provider networks with greatly reduced or no benefits for healthcare services outside of the established provider network. Health providers contracted with HMOs at lower costs for medical services in return for a steady stream of patients due to these restricted provider networks. This trade off was supposed to contain costs and lower or maintain premiums to a certain level. Indeed, HMOs tended to level costs in the 1990s but they continued to escalate, thereby contributing to the crisis existing today.

As healthcare costs have risen, various schemes such as Health Savings Accounts, established under President George H. W. Bush, were established. These accounts effectually cost shifted medical costs and premiums away from the young toward the old and the sick. This market driven approach undermined the argument that the cost of illness should be spread across the general population regardless of health status.

Current State of Healthcare in the United States

The current state of healthcare in the United States is a convoluted system encompassing government and private programs. They include health insurers (both private and public), hospitals, healthcare providers, physicians, and the patients themselves. This

chapter will summarize the many and diverse United States healthcare programs and delivery systems that currently exist.

Major Health Insurance Plan Types

Health Maintenance Organizations (HMOs)

Health Maintenance Organizations are considered by many healthcare experts as “pure” managed care.⁷ These would be on the opposite end of the spectrum compared to managed indemnity plans very similar to conventional insurance. The emphasis for HMOs is on prevention and quality of care. Furthermore, more opportunities exist to control healthcare costs in HMOs than in ordinary indemnity plans.

Those who join an HMO are considered members. Members are provided comprehensive healthcare where they select a primary care physician from a provider list HMOs publish. When specialists are needed, the primary care physician will refer the member to a specialist who is also a member of the HMO network. Specialists and primary care physicians may be employees or contracted out to the HMO as independent providers. Generally, if members seek services outside of the HMO network, they may receive no benefits and be subject to most if not all the out of pocket expenses for rendered care.

Health Maintenance Organizations are capped financing systems. Specifically, care is provided for each plan member based on a fixed amount and not for fees charged for each visit or by type of service. Additionally, some HMOs may charge individuals a small fee of

⁷ Gail Carlson, “What is a Health Maintenance Organization?” *University of Missouri Extension*, May 5, 2009, available from <<http://missourifamilies.org/features/healtharticles/health43.htm>>; Internet; accessed 5 April 2013.

\$5 or \$10 co-payments for each visit. HMOs lose money if the cost of care exceeds the revenues from the contracted fixed amount charge from an employer.

Preferred Provider Organizations (PPO)

A Preferred Provider Organization is a Managed Care organization type that is an HMO hybrid. Health Maintenance Organizations unite physicians, hospitals, and other healthcare providers who have contracted with an insurer and provide health services to their premium holders at reduced rates.⁸ Conversely, PPOs feature the combination of traditional indemnity fee-for-service insurance plans with HMO managed care features.

However, similarities exist between managed care HMO and PPO plans. Preferred Provider Organization plan members pay a fixed premium on a monthly basis while the insurance company and its healthcare provider network supply them with basic medical benefits. However, PPOs allow members more freedom than their HMO counterparts in a member's choices of primary care physicians. Preferred Provider Organizations often do not require a referral to visit a specialist. Even if a member chooses primary care providers and specialists outside of the network, some benefits exist but at significantly reduced rates than if within the PPO network

Preferred Provider Organization plans offer a trade-off to HMOs. In return for greater freedom than HMO plans, PPO premiums, deductibles, and copayments are significantly higher. PPO deductibles are often applied for many services such as hospitalization. For non-

⁸ "Preferred Provider Organizations (PPOs)," *AllInsuranceInfo.org*, 2007, available from <http://allinsuranceinfo.org/health/ppos.html>; Internet; accessed 5 April 2013.

network services, often the member will be required to satisfy a deductible before the health insurance company provides coverage.

Indemnity Health Insurance Plans (Fee-For-Service)

Indemnity health insurance policies are the oldest healthcare policies in the industry. Unlike HMO or PPO plans, traditional indemnity plans allow the insured to choose the doctor and hospital they would like to receive care.

Additionally, indemnity plans allow the insured to decide what kind of healthcare services they wish to have (within the limits that the policy states).⁹ Because of indemnity plans' greater flexibility, in comparison to PPO and HMO plans, they carry the highest premiums. Consequently, the insured may choose an indemnity plan with a higher deductible to further offset the premium cost.

Government Health Programs

As of 2004, U.S. government health programs cover around 83 million people or roughly 27.8 percent of the nation's population. These include the elderly, disabled, poor, veterans, and children. Public spending accounts for between 45-56.1 percent of U.S. total healthcare spending. Therefore, government operated health programs comprise a significant component of the overall healthcare finance and delivery system in the United States.

⁹ "Indemnity Health Insurance," *MedHealthInsurance*, 2005, available from <<http://www.medhealthinsurance.com/indemnity.htm>>; Internet; accessed 10 April 2013.

Medicaid

This is a program for eligible individuals and families with low incomes and limited financial resources. It is a means tested program that is jointly funded by the state and federal governments. However, Medicaid is state administered. It is also the largest source of funding for medical and health-related services for people with limited income in the United States.

Created on July 30, 1965 through Title XIX of the Social Security Act, each state administers its own Medicaid program. The Federal Centers for Medicare and Medicaid Services (CMS) monitor these state run programs and sets requirements for service delivery, quality, funding, and eligibility standards. Certain states have their own names for Medicaid: Medi-Cal in California, MassHealth in Massachusetts, and the Oregon Health Plan in Oregon.

Medicare

Medicare is a social insurance program funded entirely at the federal level. It focuses primarily on the older population and is a health insurance program for people age 65 or older and people under age 65 with certain disabilities. People of all ages with end stage renal disease are also eligible for Medicare.

Medicare recipients who have Medicare Part A and pay premiums for Medicare Part B are eligible to buy Medigap or supplemental insurance policies. These plans are generally sold through participating and eligible private insurance companies. Medicare generally covers 80 percent of most healthcare costs. These supplemental insurance policies cover the difference. Twelve different standardized Medigap insurance policies exist (A-L) and must

follow federal and state laws. Each plan, A through L, has a different set of basic and extra benefits.¹⁰

Children's Health Insurance Program (CHIP)

The Children's Health Insurance Program (CHIP) was formerly the State Children's Health Insurance Program (SCHIP). It was created by the Balanced Budget Act of 1997, enacted under Title XXI of the Social Security Act, and has allocated about \$20 billion over 10 years to help states insure low-income children who are ineligible for Medicaid but cannot afford private insurance.¹¹ To provide for coverage, states receive an enhanced federal match generally greater than their Medicaid match.

United States Department of Veterans Affairs (VA)

The United States Department of Veterans Affairs provides a medical benefits package to all enrolled veterans and, according to its statement, provides a full range of preventive outpatient and inpatient services within the Veterans Affairs (VA) healthcare system.¹² The VA operates as an enrollment system based on certain eligibility requirements. This system ensures that only eligible veterans get and receive care. Once a veteran is eligible, they remain enrolled in the VA healthcare system. Currently, over 1,400 VA medical centers and clinics exist for eligible veterans across the country.

¹⁰ "Medigap (Supplemental Insurance) Policies," *Medicare.gov*, March 2008, available from <http://www.medicare.gov/medigap/default.asp>; Internet; accessed 10 April 2013.

¹¹ "Children's Health Insurance Program," *National Conference of State Legislatures*, 2011, available from <http://www.ncls.org/default.aspx?tabid=14510>; Internet; accessed 11 April 2013.

¹² "VA Healthcare Overview Home--Questions?" *United States Department of Veterans Affairs*, January 5, 2011, available from <http://www.va.gov?healtheligibility/>; Internet; accessed 16 April 2013.

Recently, veterans who were once involved in certain events while in combat are eligible for VA health benefits. Agent Orange benefits for Vietnam Veterans were established into law by the Caregivers and Veterans Omnibus Health Services Act of 2010 and enacted into law on May 5, 2010. In addition, the VA has set up a surveillance program for service members involved during the spring and summer of 2003 where 800 combat troops guarded a water injection facility in the Barah oil fields at Qarmat Ali, Iraq. These service members included members of the National Guard, reserve, and active duty soldiers. This particular facility was contaminated with sodium dichromate dust, which is a chemical known to cause cancer.¹³

Tricare (formerly CHAMPUS)

Tricare is the healthcare program serving uniformed service members, retirees, and their families worldwide.¹⁴ Tricare can be broken down into Tricare Standard, Tricare Extra, Tricare Prime, U.S. Family Health Plan, and Tricare Select for Reserve and Retired.

Tricare Standard

This plan provides a similar benefit similar to the original CHAMPUS program and is available to active duty personnel and retirees age 60 and over from both the active and reserve components. The beneficiary may use civilian healthcare providers contracted to Tricare. The member is responsible for paying an annual deductible and for various out of pocket expenses. Enrollment fees do not exist for Tricare Standard.

¹³ Ibid.

¹⁴ "Welcome, Tricare Beneficiaries!" *Tricare*, available from <<http://www.tricare.mil.mybenefit/>>; Internet; accessed 20 April 2013.

Tricare Extra

This plan acts much like a PPO. Tricare Standard beneficiaries can choose to select the Tricare Extra option by using a civilian healthcare provider within the regional contractor's provider network. No fee for using the Tricare Extra benefit is paid other than coinsurance.

Tricare Prime

This plan acts as an HMO style program available for those under the same rules as Tricare Standard and Tricare Extra. Beneficiaries must choose a primary care physician and receive referrals for specialist care. Retirees and their families must pay an enrollment fee but no such enrollment fee exists for active duty military personnel and their families.

U.S. family health plan

This is a Tricare Prime-sponsored health plan option. It is made available by nonprofit healthcare providers in the Northeast United States, Southeast Texas/Southwest Louisiana, and the Washington State Puget Sound region.

Tricare reserve select and retired

The select portion of this plan is a premium-based plan that qualified National Guard and Reserve members may purchase. The retired portion is also a premium based plan for retirees under age 60 and may be purchased for themselves and eligible family members.

Obamacare

Obamacare must be included in any discussion about the current state of the United States health system. Obamacare was enacted in congress in 2010 under the President Obama Administration. It is technically called the Patient Protection and Affordable Care Act. It has since been upheld in the Supreme Court from many challenges from the Republicans and from states attempting to opt out of this program.

In short, Obamacare attempts to cut out the insurance practices such as preexisting conditions, lifetime caps, and cherry picking. This legislation is an attempt to give as many of the 51 million Americans who are either uninsured or underinsured an ability to gain access to healthcare.

Its major thrust is through the use of government-mandated healthcare exchanges. Each state will be required to offer and administer a group of health insurance options at varying premiums and coverage. The health insurance industry stays intact to a large degree. These healthcare exchanges were introduced to provide competition among health insurers and alternatives for recipients.

However, increases in healthcare premiums have risen significantly since Obamacare has been enacted. Health insurance companies argue that unless they are able to only insure the healthy or mandated to insure the high risk patients, they will go out of business. Proponents of Obamacare differ in this argument. The additional 51 million insured in the risk pool should spread the insurance risk and provide for additional premium income and profitability. Other reforms include information technology mandates, changes for trimming Medicare costs, and various other Medicaid reforms.

International Health Plans

Debate rages over healthcare reform in the United States and whether this nation should adopt healthcare plans such as the Canadian or the British systems. Both have advantages and disadvantages to the United States system, which is a combination of government and private insurance plans. Yet, these are the two main international plans are contrasted in any healthcare debate.

Canadian Healthcare System

Canada's healthcare system is a group of socialized health insurance plans that provide coverage to all Canadian citizens.¹⁵ It is administered on a provincial or territorial basis and publically funded. Guidelines are set by the Canadian federal government.

Individual citizens are provided preventative treatment and access to hospitals, dental surgery, and other various medical services. Canadian citizens are not subject to pre-existing conditions and everyone qualifies for health coverage regardless of medical history, personal income, or socioeconomic status. For services not covered by the standard government health insurance plan, Canadian citizens can supplement coverage with private insurance. As of 2001, Canada spent 9.1 percent of its GDP on healthcare compared to the United States at 14 percent.¹⁶ Canada boasts that its life expectancy is about 80 years and its infant mortality rate is one of the lowest in the industrialized world.¹⁷

¹⁵ "Introduction," *Canadian Healthcare*, 2007, available from <<http://canadian-healthcare.org/>>; Internet; accessed 20 April 2013.

¹⁶ "Healthcare and the Economy," *Canadian Healthcare*, available from <<http://canadian-healthcare.org/>>; Internet; accessed 20 April 2013.

¹⁷ "Introduction."

This system is not without its critics. Critics cite excessive wait times for services and procedures offered at public clinics versus their private counterparts. Private insurance covers up to 80% of most of the charges for services offered at private clinics. Also, shortages exist for healthcare providers going to the United States for higher salaries and compensation.

British National Health Service (NHS)

This is an example of purely socialized medicine. The British government is the single payer for this healthcare system funded entirely by the taxpayer. All services are free to the patient, except through taxes, as are all prescription drugs up to a maximum of \$12 for any drug prescribed by the NHS. ¹⁸

Private insurance does exist in Britain similar to the way it works in the United States. As a benefit to workers, many employers offer private health insurance to its workers and a minority of employees completely opts out of the NHS system. The advantage to private insurance beneficiaries is that they can choose their specialists and avoid waiting lines for non-emergency services and procedures.

In spite of its critics in the United States and elsewhere, Britain boasts higher rankings than the United States in most healthcare categories. Britain spends about \$2,500 per patient compared to \$6,000 in the United States. Compared to the United States, British citizens have a longer life expectancy and lower infant mortality rate. ¹⁹

¹⁸ Eben Harrell, "Is Britain's Health-Care System Really That Bad?" *Time*, August 18, 2009, available from <<http://www.time.com/time/health/article/0,8599,1916570,00.html>>; Internet; accessed 20 April 2013.

¹⁹ Ibid.

CHAPTER 6

CONCLUSION

Stated Goals

What the Christian community should affirm is whether they agree on the basic underlying principles derived from God's Word when engaging in the healthcare debate. Christians have an opportunity to engage in this debate. They can intelligently and compassionately be a real witness for the gospel in the surrounding cultural milieu if they adhere to certain underlying biblical principles.

Christians' Contribution from a Biblical Framework

Christians too often side with a particular political party and jump to policy decisions before coming to agreement how those policy decisions reflect a biblical world and life view. A healthcare system in a gospel-centered culture rooted in the scriptures will influence a society adhering to the following principles:

- God's image still exists in sinful man, and all individuals have dignity before God by virtue of that image which resides within them.
- Jesus valued the human body, and performing healing miracles was a major component in validating His divine purpose and preaching the gospel.

- The glorified body is ultimately reunited to the believer when Jesus returns in glory at the consummation of the age.
- The Apostolic office was one characterized by performing healing miracles as an extension of the redemptive ministry of Jesus Christ to validate the message with the messenger.
- The Sermon on the Mount calls the believer to give sacrificially to all expecting nothing in return.
- When love is exhibited amongst believers and then to the world, it is evidence they are followers of Jesus, and non-believers will know Him by the disciples' love for each other.

If these principles are applied when devising a healthcare reform plan, Christians would invariably be seen as credible to the outside world. It is in this unique arena that Christians can be salt and light. A dialogue with the culture can open up the gospel to be shared in ways that might not have ever been devised or thought of before. In this way, the current healthcare crisis presents a unique opportunity for Christians. They can use biblical principles and apply the gospel to help solve a social crisis of immense proportion to a needy and dying world.

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