Health Care: Asking Courageous Questions
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It's called a "Midnight-Run". Years ago, I would travel with students from a university where I ministered in Connecticut into New York City. From about 10pm until 1am we would drive to places where the homeless gathered for the night. Stopping in front of churches or under bridges, figures would stir from cardboard boxes and begin walking toward the van. The students would open the side door and pull out bins of clothing, while out of the back they set up a make-shift café serving sandwiches, soup, and hot coffee.

One night some of the students began a conversation with a gentleman dressed in a rather old suit and hat. He had been eating one of our sandwiches with a dress shirt draped across his arm. During the 60-minute ride back, I learned that the gentleman's name was Samuel and that he had a PhD. in English Literature. He was a professor for a long time, retiring early in order to take care of his mother who was very ill. As the years passed, the medical bills began to pile up with no end in sight. By the time his mother died, he was in financial ruin, living in a small one room apartment with a bed, a chair, and a few books. Dr. Samuel usually ate in soup kitchens and looked forward to the Midnight Run's arrival in hopes of finding a new shirt.

Initially the students felt sorry for Dr. Samuel. One student even dared to speak the unspeakable when she said, "We could be him in 30 years." By the time we arrived at the university, the conversation had shifted to the medical bills and the broader topic of health care. The students were outraged at the fact that our country, the USA, does not have universal healthcare. They rightly identified this as the social sin that sentenced Dr. Samuel and countless others to live in poverty. With that insight, they began asking some very good questions about both the rights and the responsibilities associated with health care.

The healing of body and spirit has been a perennial issue throughout the centuries. In medieval times healings often came through the miraculous intersession of a saint, saving not only the life of an individual but also the livelihood of the family. Such was the case in the story of Saint Francis and the wounded man from Lerida, often depicted in paintings about the miracles of Francis.

The fresco shows John of Lerida in bed, having received a mortal wound in a confrontation resulting from a case of mistaken identity. His wife is seen distraught as she leaves the room, likely overcome with grief and the uncertainty of the future. Accompanied by two angels, Francis appears and restores John to health by touching John's wounds with his hands, which bear the marks of the stigmata, the wounds of Christ. The innocent man is healed by the marks of the innocent Christ who died to save us from the slavery of sin. Such sinfulness includes both the injustice of being a victim of assault and the social structures that too

often reduced a medieval family to live in poverty because of the death of a loved one. John wasn't the only one saved by Francis!

Through the centuries countless eyes have gazed at this painting and expressed sympathy for the unfair plight of John of Lerida, in the same way the students were aghast at the situation of Dr. Samuel and his mother. It is only upon a more deliberate consideration of the painting that one's eyes focus on the wife of John and leaves the onlooker confronted with her feelings of grief and uncertainty. In the same way the students needed a 60-minute conversation to name the social sin of poverty caused by lack of universal health care, which inflicts untold suffering on many innocent people.

Responding to these burdens of the people, numerous countries have enacted legislation guaranteeing a universal right to health care, most recently seen in the USA with the Affordable Care Act/Obama Care. The difficulty now is coupling that right of health care to the responsibilities associated with it. In particular we must consider more deeply the responsibilities of governments' ensuring that a plan of action is based on the principles of universality and equity, as well as holding the private health care industry accountable in relation to equal access for everyone.[1]

In this movement from "rights" to "responsibilities" the USA can learn from the experience of Italy. To deliver on its promises, the Italian people are taxed in order for the government to pay for a health care system that is costing far more than anticipated. The result is the emergence of a two-tiered system (similar to the one in the UK and now emerging in the USA). Simply put, there is now a public and a private option. If anyone gets sick, they show their national health card and are seen by a doctor. This is good, but what happens when someone needs a specialist? The wait can be several months! Wealthy Italians seek out private doctors and pay the cost above public care, in order to avoid waiting in line. In such a system the best doctors tend to gravitate to the private sector while public hospitals are over-crowded and under-funded.[2]

The emerging problem is the lack of equity in health care, which does not hold the private sector accountable for equal access. Would Dr. Samuel's mother have been better off in this new system, and in which sector would she have been treated? Could Samuel have emerged from his mother's long illness and death financially intact? The answer to the questions of today is grim, and for that reason we must have the courage to ask them. The reality of Obama Care is that many do not have better insurance coverage and the medical expenses, especially how prescription drug costs continue to rise. The poor now have access to health care, but many working families cannot afford the plans that they are now obliged to purchase. So, the paradox

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[1] National Economic & Social Rights Initiative, *Human Right to Health Information Sheet no.2*. https://www.nesri.org/sites/default/files/Right%20to%20Health%20Care%20Final%20NHeLP.pdf (accessed February 25, 2019).

[2] Forbes, Health Care: Welcome to Italy by Maris, David, November 7, 2012. https://www.forbes.com/sites/davidmaris/2012/11/07/us-healthcare-welcome-to-italy/#465bebe1719b (accessed February 25, 2019).

reveals itself as the USA's world-renowned physicians, nurses, and other providers are inaccessible to many.[3]

Sr. Carol Keehan, D.C., the president and CEO of the Catholic Health Association (the largest group of nonprofit healthcare providers in the USA) diagnoses this problem as the *barriers to health care*, saying, "We've made the financing and delivery of care so incredibly complex and expensive that we waste way too much money…If we could simplify those, we'd have a lot more money for clinical care."[4] In the hope of curing this growing cancer, she recalls a piece of advice that she, as a young sister, had received from a businessman. The insight is that business tries to make things last longer than needed, and people are not encouraged to offer honest critiques until after a major catastrophe. All along everyone watches in silence as events unfold toward a predictable disaster.[5] Sr. Carol concludes how, "It's important to create an environment where people have the courage to ask, 'Are we putting good money after bad? Should we move on?' It's easy to talk about but harder to do, especially when you feel like your reputation is vested with the decisions."[6]

As with a work of art, our role is to reflect deeply on this issue by considering the lives of people like Dr. Samuel and the wife of John of Lerida, in order to raise questions about the rights and responsibilities of health care. Finding the courage to ask out loud the questions that so many are thinking is key. For the sake of the poor and for working families, we must reject a collective silent watching of catastrophes as they unfold. We are called instead to a deeper reflection resulting in the articulation of courageous questions about equity and accountability that can lead to concrete change.

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[3] The Linarce Quarterly, *Catholic social teaching: Precepts for healthcare reform*, 2016 Nov; 83(4): 370-374. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5375599/ (accessed February 25, 2019).

[4] Becker's Hospital Review, *The corner office: The Catholic Health Association's Sister Carol Keehan on having the courage to question*. https://www.beckershospitalreview.com/hospital-management-administration/the-corner-office-the-catholic-health-association-s-sister-carol-keehan-on-having-the-courage-to-question.html (accessed February 25, 2019).

[5] Ibid.

[6] Ibid.