

*The Public Option and the Preferential Option* (James 2.1-10, 14-17)  
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Nikki White did not have to die so young. In fact, if she had lived in another country, there is every chance that she would have lived a long and relatively normal life. T. R. Reid tells the story in his book, *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care*.<sup>1</sup>

Nikki was a young woman from a middle-class family in Bristol, Tennessee. According to Reid, she was tall, slender, athletic, and studious. She moved to Austin to attend the University of Texas, where she earned a degree in psychology. After graduation, Nikki took a job at a bookstore, where she worked until she began to feel ill. Her job at the store carried no benefits, so she resigned from it and began working at a local hospital where the job included health insurance. After taking the new position, however, Nikki began to feel worse and worse; her symptoms included “severe stomach pains, extreme fatigue, and skin lesions.”<sup>2</sup> A doctor diagnosed her with systemic lupus erythematosus, a debilitating autoimmune disease, but one that could be treated and lived with by following standard medical protocol. It sounded simple enough at first, but, as Nikki’s symptoms worsened, she was unable to maintain her hours at the hospital and was forced to leave work. When she did, she lost her health insurance coverage.

What followed was a sustained struggle to receive care as Nikki found herself without health insurance at the very time she needed it most. It felt like a vicious cycle, losing a

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<sup>1</sup> T. R. Reid, *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care* (New York: The Penguin Press, 2009).

<sup>2</sup> *Ibid.*, 209.

job with health benefits because she was too sick to perform the job, but it wasn't the only time Nikki would feel caught in the system. She applied, in vain, to multiple insurance companies, all of which denied her because she was sick. She moved back to her parents' home in Tennessee and signed up for the local version of Medicaid before the program was cut and she found herself again without care. New state rules were implemented, and Nikki and her family found that they had too much money to qualify for Medicaid, but not enough to pay for the physician visits, medical tests, and prescriptions that her illness required. Nikki kept writing letters to the government, applying to insurance companies, and reaching out to anyone and everyone she thought might be able to help. As Reid tells the story, "By now, her hands were so painful from the lesions that she had to wear thick gloves just to fill out an application."<sup>3</sup> In return, she received a mailbox full of form rejection letters. The story went on like this until Nikki was finally accepted into a hospital because she suffered a seizure and was admitted to a local Emergency Room. It was too late, though. Nikki White, ravaged by a treatable disease, stayed in the Intensive Care Unit of that hospital for ten weeks, enduring twenty-five emergency operations before she died at the age of thirty-two. Reid ends the story by noting, "[Nikki] White was an American citizen, guaranteed equal access, along with every other American, to certain basic rights. But she didn't have equal access to health care. If Nikki had received the standard treatment regimen for lupus readily available to any American with health insurance, she could have lived a normal life span. If she had been a resident of any other developed nation, she could have lived a normal life span.

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<sup>3</sup> Ibid., 210.

No other rich country would have tolerated the inequality that left Nikki White dead.” He concludes with the question, “Which inequalities will society tolerate?”<sup>4</sup>

Nikki’s story is a damning one, but, sadly, it is not the only one. We now know, according to both academic studies and government surveys, that approximately 20,000 Americans die each year of treatable illnesses because they cannot afford or cannot access health care.<sup>5</sup> As I prepared for this sermon, I came across dozens of stories like Nikki’s, where the lack of ability to pay resulted in someone’s premature death. Yet I also came across a flurry of facts and figures that painted a picture that was much more grim than I realized.<sup>6</sup> Listen to what I read: People in the United States, on average, die younger than those in other developed countries. The United States pays a higher percentage of its GDP for health care than any other rich, industrialized nation, yet, instead of covering everyone as they do, we leave close to 50 million people out. A recent joint study of the Harvard Business and Harvard Medical Schools reports that 700,000 Americans are bankrupted every year by health care expenses. In its assessment of 191 countries, the World Health Organization ranks the American health care system 54<sup>th</sup> in terms of fairness. The United States has the highest infant mortality rate among any of the developed countries. I read statistics like these all week until I was reeling from the numbers, until my mind was a blur, and my spirit was about as deeply troubled

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<sup>4</sup> Ibid., 212.

<sup>5</sup> Ibid., 2.

<sup>6</sup> See Maggie Mahar, *Money-Driven Medicine: The Real Reason Health Care Costs So Much* (New York: HarperCollins Publishers, 2006), Arnold Relman, *A Second Opinion: Rescuing America’s Health Care* (New York: Public Affairs, 2007), and T. R. Reid, *The Healing of America*.

as it could get, and then I stopped reading about health care altogether. I reached for the sacred stories and opened them to this week's text.

Our reading this morning is drawn from the Book of James. We mentioned last week that James is an old church letter that comes off as a kind of wisdom text, a collection of ethical aphorisms and moral imperatives. Its ethic is actually grounded in a sense of identity that biblical scholar Luke Johnson says has four primary features.<sup>7</sup> First, the book is concerned with morals over manners and it would rather implore us to act than worry about stepping on our toes. Second, James addresses an intentional community, a people who have formed because they share common values. Third, the text is decidedly egalitarian and non-hierarchical. Fourth, James looks through a communitarian lens and not an individualistic one. Each of these features commends the book to us. For we gather in this place for similar reasons: we are concerned with ethics and morals, we find here kindred spirits, we seek to be egalitarian, and we understand that the church is a kind of community. The old Book of James actually means to ask us a few questions about our notion of community, namely, who is in, who is out, how privilege creeps in, how we might recognize it, and, most importantly, what our response will be when we do. James is asking about religious communities in particular, but, as we hear its words, let us also remember our current American context. Let us listen as liberal Christians who gather in church on a Sunday morning. But let us also listen as American citizens who gather at the end of a summer of vigorous debate on health care reform.

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<sup>7</sup> Luke Johnson, "Introduction to the Letter of James," *The New Interpreter's Bible, Vol. XII* (Nashville: Abingdon Press, 1998), 179-180.

“My brothers and sisters,” our reading begins, “do you with your acts of favoritism really believe...? For if a person with gold rings and fine clothes come into your assembly, and if a poor person in dirty clothes also comes in, and if you take notice of the one wearing the fine clothes and say, ‘Have a seat here, please,’ while to the one who is poor you say, ‘Stand there,’ or, ‘Sit at my feet,’ have you not made distinctions among yourselves...?” The letter continues, “You do well if you really fulfill the royal law according to the scripture, ‘You shall love your neighbor as yourself,’” before adding the strange admonition that, “Whoever keeps the whole law but fails in one point has become accountable for all of it.” Finally, the text leaves us with a powerful question, “What good is it, my brothers and sisters, if you say you have faith but do not have works? Can faith save you? If a brother or sister is naked and lacks daily food, and one of you says to them, ‘Go in peace; keep warm and eat your fill,’ and yet you do not supply their bodily needs, what is the good of that?”<sup>8</sup>

There is much to unpack from this reading, but what strikes me most is the sharpness of the author’s critique of power and privilege and the passion of his call for consistency between faith and action. No sooner do we begin to run our fingers along the first line of text than it asks us if we haven’t ever treated people differently based on our perceptions of their material value. Again, James is speaking to a religious community and so his question should make us uncomfortable. For while we honestly try to practice an egalitarian ethic here, an effort at which, I believe, we largely succeed, it would be very difficult for any of us to claim that there aren’t places within us that don’t secretly prefer people who look like us, talk like us, or live like us. James means to challenge this way

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<sup>8</sup> James 2.1-4a, 8, 10, 14-16, Oxford Inclusive Translation.

of thinking by asking us to look within and consider that the ways we experience people and respond to them are themselves acts of faith. If we see people only at the surface, then perhaps the faith reflected is shallower than we would like. Yet if we begin to see people as actual brothers or sisters, real human beings with whom we live and to whom we are related, then we may be on the path toward a practiced faith, which could be what James had in mind with his odd sounding reference to the law.

When the text mentions that failing in one part of the law makes us accountable for the whole of it, scholars believe it is alluding to the holiness laws spelled out in Leviticus 19. Those laws both prescribed and prohibited behaviors that demonstrated whether a person was committed to a faith in something greater than himself or herself. The way to demonstrate this commitment, according to Leviticus, was to manifest it by engaging in concrete acts of “compassionate justice for all human beings.”<sup>9</sup> For the Hebrews, acts of care among humans demonstrated faith in something greater, and here James would most certainly agree. The law we are asked to keep is that greatest of religious laws, known to people of every text and tradition: Love your neighbor as yourself. It is as beautiful a religious idea as has been produced, but James won’t let us whisper it romantically or take too much comfort in its sentiment. No, James wants us to do something with it. What good is “Love your neighbor as yourself,” the book asks over and over again, “if you do not help your neighbor physically, materially, really?” It’s a strong question and one that a certain school of theologians have sought to answer in practical and political terms.

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<sup>9</sup> Samuel Balentine, *The Torah’s Vision of Worship* (Minneapolis: Fortress Press, 1999), 170.

Liberation theologians speak often of what is called the “preferential option” for the poor. They read in the story of Jesus a primary commitment to the poor, the outcast, and the marginalized, and they ask us to share that commitment. According to theologian Christopher Rowland, “Exponents of the theology of liberation respond to the ‘reality’ which confronts millions: poverty, appalling living conditions, malnutrition, [and] inadequate health care.”<sup>10</sup> Liberation theology’s central concern is not with the texts of our tradition, but with the lived experience of our sisters and brothers, and its theologians assert that the aim of religion is not to support a status quo that creates and sustains cycles of poverty and ill health. Rather, religion is to put faith into practice with the aim that more and more people are freed from poverty and the real suffering that goes with it. Thus, liberation theology is a political theology and it asks people of faith to become politically active on behalf of the ones Jesus called “the least of these,” his brothers and sisters, the countless men, women, and children who struggle for survival every day. This is a radical move because liberation theologians are asking for more than our consideration. They are asking us to take a side. Take the side of those who are being left out by the current system, say the liberation theologians. Take the side of those who do not have what they need to survive. Take the side of those who have been made to feel that they have no value. Take the side of those who have been oppressed by structures outside of their control. Take the side of those who struggle and suffer every day. This, they say, is the side of love.

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<sup>10</sup> Christopher Rowland, “Introduction: The Theology of Liberation,” *The Cambridge Companion to Liberation Theology* (New York: Cambridge University Press, 1999), 5.

Critics of liberation theology have been quick to say that, in the name of impartiality, sides should never be taken. The liberation theologians, however, have held fast, reminding us that it is possible to practice an egalitarian love for everyone while still recognizing that not everyone enjoys the same power and privilege. Each of us is asked to use the power and privilege that we have to help create a fairer, more just society. This is nothing new; it simply puts us in line with the Hebrew prophets, the rabbi Jesus, the early church, and any number of the saints, mystics, and reformers of our faith, who have chosen to put their faith into practice by responding to human need. Incidentally, the liberation theologians would remind us that not acting is a form of action and silence is a kind of speech. Remaining quiet is a tacit blessing of the status quo. Which brings us back to the present moment.

We find ourselves at the end of this summer in the midst of a heated national debate on health care reform. Many of us in this church have been working passionately for such reform for years, including many who support a single-payer system of universal health care. I know from talking to many of you that you feel a bit like I do, dispirited that single-payer advocates were never allowed to be a part of the current national conversation. It feels a bit as if the deck has always been stacked against any kind of radical, systemic reform, as our government invited to its table more insurance executives and pharmaceutical lobbyists than ordinary Americans without coverage or advocates of health care for all. Yet we find ourselves in the midst of a conversation that is trying to happen, a dialogue still yearning for the voices of compassionate concern, voices like ours. And while it does not seem that the larger reforms that some of us have hoped for will come to pass this year, it does seem that we may be able to get more people care than

ever before. Liberation theology would ask us to hold fast to the larger goal of providing health care for everyone, but it might also ask us to take the gains we can get, all the while raising the voices and telling the stories of those who continue to be left out of the equation. We know that providing health care in the United States is a difficult challenge, filled with complexities and competing interests, not the least of which are the rising costs that threaten us all, both the insured and the uninsured. Yet our faith means to ask about the human costs of the current situation. It means to ask a fundamentally moral question about who is in and who is out. It means to ask if we really believe that all people are worth saving, regardless of their ability to pay for the privilege.

Near the end of the week I had a conversation with Dr. Ana Malinow. Ana works in the Pediatric Emergency Center at Ben Taub General Hospital. She has worked tirelessly for years advancing the cause of health care coverage for all. As we spoke, she shared with me that she sees the effects of inequality every day in the number of kids in the Intensive Care Unit whose illnesses were preventable with early treatment, the increase in middle-class families she sees at Ben Taub, and the pressing case load that seems to grow by the week. Then we began to talk about the current reform debate and what we each might do to advance the cause of health care access and affordability. The first things we talked about were obvious: We can call, write, or meet personally with our representatives. We can attend meetings like the upcoming conference at St. Paul's United Methodist Church on September 13 entitled, "Toward Faithful Reform of U. S. Health Care."<sup>11</sup> We can send letters to the editor and speak with our friends and families

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<sup>11</sup> This conference will be held Sunday, September 13, 2:00 p.m. – 6:30 p.m. in the Jones Building at St. Paul's United Methodist Church, 5401 Fannin St. For more information visit the calendar of events at <http://www.healthcareforalltexas.org/>.

about the issue. As we spoke, however, we both sighed a bit, aware that we have done these things before and are simply trying to press on. “Isn’t there anything else we can do?” I asked Ana. She responded with an answer that was strangely liberating. What we can do, she said, is raise the consciousness. We can tell stories. We can educate ourselves. We can push for change both incremental and systemic. We can draw strength from each other. We can think ten years down the road. We can dream of the way it could be. And we can put our faith into action.

The sermon began with the story of Nikki White and perhaps it should end there. Nikki White was a real person who died because she could not access the care she needed. “My brothers and sisters,” says the old letter, “have you not made distinctions among yourselves?” “[But] you do well if you fulfill the royal law according to the scripture, ‘You shall love your neighbor as yourself.’”

Then may it be so.