

Testimony

A Pamphlet from Pax Christi San Antonio

Anticipating July 15, 2018

Pax Christi San Antonio does not solicit donations; however, anyone wishing to join should make a donation to Pax Christi U.S.A. and notify Maria Tobin, matob@aol.com, to receive email messages sent to members. Pax Christi International was founded in 1945 with the encouragement of Bishop Pierre Marie Théas of Montauban, France, by Marthe Dortel Claudot, as a Christian lay organization dedicated to preventing a repetition of the savagery of the twentieth century's world wars.

Please do not respond to this newsletter's address; but send comments on the newsletter to J6anthonyblasi@yahoo.com.

Editorial

After the calendar section, commentaries on the second and third readings for the fifteenth Sunday in ordinary time follow. Tom Keene poem is *Our Lady of the Streets*. See <http://www.tomkeeneandthemuse.com/index.php> for more of Tom's poems. My thought piece on Christianity and access to health care follows, along with some generally useful links.

Calendar

In Austin

Monday July 30, 9:30am-1:30PM, adult formation class on ecumenism. Diocesan Pastoral Center, St. Joseph classroom, 6225 E. Highway 290. Register at www.austindiocese.org or call (512) 949-2492.

In Houston

Monday July 9, 12:00pm, Horace Duffy, "The School-to-Prison Pipeline." Bioscience Research Collaborative 1020L, Rice University.

Friday July 20, 1:00pm, "No Northern or Southern Religion: Cumberland Presbyterians and the Christian Nation, 1800-1877," William R. Black (History Dept. thesis defense). Rice University, Humanities Bldg. 315.

In San Antonio

Monday July 9, Tuesday July 10, or Wednesday July 11, 6:30pm, "Know Your Rights" training by MOVE San Antonio, concerning individual constitutional rights when encountering ICE. Important for immigrants and refugees. First Unitarian Universalist, 7150 Interstate 10 frontage road.

Tuesday July 10, 11:00am, anti-death penalty event, with a release of letter from faith leaders concerning the case of Christopher Young, at whose trial a potential juror was dismissed on the grounds of religious affiliation. Bexar County Courthouse, 100 Dolorosa.

Thursday July 12, 9:00 a.m. – noon, Faith-Based Initiative tech day. “Website Content Management and Design,” by Stefanie Young, CEO, Innov8 Place; “Website Security,” by Isaac Castillo, CEO, Founder, Echo Design Solutions; “Simple, Reliable, Inexpensive Website Hosting Options,” by Chris Turner, CEO, Turner Logic. Central Library Auditorium, 600 Soledad.

Friday July 13-Sunday July 22. National Hispanic Institute Summer Conference. The Texas Lorenzo de Zavala Youth Legislative Session will be held on the St. Mary’s University campus. For information, Latinx young adults may contact the National Hispanic Institute: jcotto@nhimail.com, or 512-357-6137.

Wednesday September 19, 7:00pm, Kenneth R. Miller, Ph.D. (Biology Dept., Brown University), “Darwin, God, and the Cosmos: Is faith still Relevant in a Scientific World?” University Center, Conference Room A, St. Mary’s University, One Camino Santa Maria.

Wednesday November 7, 7:00pm, John F. Haught, Ph.D. (Theology Dept., Georgetown University), “Evolution ad Faith: What Is at Stake?” University Center, Conference Room A, St. Mary’s University, One Camino Santa Maria.

Second Reading (Letter to the Ephesians 1:3-14)

In antiquity, it was commonplace to write an essay in the name of a founder of a school of thought; there were no literary property rights similar to our copyright system, and it was considered bad form for an author to parade one’s own name unless actively advertising the founding of a school and recruiting students. Early Christian writers took advantage of this commonplace practice of writing in a founder’s name because the Christian movement itself was illegal. Paul was a deceased founder of churches who had written personal letters to those churches; only his letter to the Romans came close to being an essay. The letter read today, *Ephesians*, is a pseudepigraphic essay, introduced by a few verses that put it into the form of a letter from Paul. We call it *Ephesians* because a few ancient manuscripts—by no means the earliest and best ones—have the phrase “in Ephesus” in that introduction. Parts of the essay resemble another such pseudepigraphic work, *Colossians*, and this would lead one to believe both works come from the same Christian group or school.

The reading for this Sunday comes immediately after the brief introduction and serves as a poetic, almost hymnic, summary of its spirituality. It is, in fact, one lengthy Greek Sentence. It presents itself as a prayer: “Blessed be God and the Father of our Lord Jesus, Messiah, Who blesses you in Messiah...” It takes as a theme adoption,

which was one of the ways Paul had explained salvation. God the father of Jesus was “destining us for adoption by Him, through Jesus, Messiah, according to the pleasure of His will...” Jesus’ blood had been shed, and Jesus himself had gone to be among the heavenly realities, and the people of his following are adopted as his fellow family members on earth. This eleven-verse sentence, featuring such matters as the fatherhood of God, the sonship of Jesus, adoption by the divine, the pleasure the Father took in this adoption, the will or intent in the divine plan—merits a slow reading.

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Third Reading (Mark 6.7-13)

“Bring nothing on the road but a single staff—no bread, no leather pouch, no coins in the belt, but wearing sandals and not wearing two tunics.”

These seem to be odd instructions, but we need to think about them in their historical setting. A single staff was for walking; someone who did not have a horse or wagon would use a staff. A bundle of staffs was the fasces, the symbol of the ancient Roman imperialism; in our era it is the symbol of fascist authoritarian governance. Disciples of Jesus are not to elicit awe and fear from those whom they visit.

Bread was something one might offer strangers to create the appearance of a following or to form a personal clique. The expression “bread and circuses” has come down to us from antiquity with that implication. The mission of the disciples was to have nothing to do with self-advancement through attracting groupies.

And the disciples were not to carry pouches. The concern is not what might be in pouches, but that one might put something into them. The objection is to the pouches themselves. The disciples were not to gain from visiting the towns.

No coins! In our world, where anything is to be obtained with money, it is hard to imagine traveling without some. However, simple people in antiquity worked for shares in a harvest, grew their own fruits and vegetables, caught their own fish, and slaughtered their own fowl. Money was something special, and the disciples were not to be flaunting special items.

Wear sandals! One was to be prepared to travel more. The disciples were not to make the locals become religious dependents but to enable them to generate their own resources of faith, so that the disciples could go on to the next town.

There were two kinds of tunic—a simple inner tunic and a decorous outer one. Working men and women wore the plain mono-colored inner tunic, usually one that did not go below the knees. Important people wore ankle-length outer tunics as well, with decorated hems that identified the city where they were citizens, and, if of noble rank, further décor. The disciples were to make no claims to privilege or prerogative implicit by the way they attired themselves.

The point of all this was to maintain control over evil spirits—the tempting spirit of power and authority, of self-advancement, avarice, ingratiating, privilege.

No doubt the mechanics of the disciples’ missionary internship would differ today—avoiding chevrons and epaulettes, for example, rather than fasces; on-line followings rather than cliques; and hired lobbyists rather than pouches. Somehow, however, the demons remain the same.

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Poem

Our Lady of the Streets

(Blessed are you who are poor, for yours is the kingdom of God) Luke 6:20

Down graffiti graced streets, "Hey Zeus. Hey Zeus,"
she calls her fatherless son.
She scans the gang scrawlings for signs of a truce.
Hungry for tomorrow,
she picks through yesterday's garbage.
She finds a rose and puts it in the night deposit.
As street cleaners hose down a people's blood,
she clutches the crucifix on the rosary round her neck.
Dry weeds in sidewalk cracks anticipate her tears.

"Hey Zeus. Hey Zeus."
Her cries echo down concrete canyons.
Her son tarries in the state pen, but she forgets,
and sees him in shadows and vanishing faces.
Hope is the alley cat she feeds, for certain as sunrise
her boy will come and take her to McDonald's.
They will invite her pals from the street
and her friends she has yet to meet.
They will toast each other and all with cold Coca Cola.

Tom Keene September 20, 1995

Christianity and Access to Health Care

Anthony J. Blasi

The gospels do not record an incident where Jesus fails to respond with a healing when someone in need requests one. At one junction, however, he appears to come close to refusing:

And rising he went from there (Gennesaret) to the frontier of Tyre. And entering into a house, he did not want anyone to know, and he was unable to escape notice; rather straightway a woman whose daughter had an unclean spirit, hearing about him, coming, fell before his feet; but the woman was Hellenic, Syro-Phoenician by birth; and she asked him to expel the demon from her daughter. And he said to her, "First let the

children be fed, for it is not good to take the bread of the children and throw it to the puppies.” But she answered and says to him, “Sir, even the puppies under the table lying in wait eat from the children’s breadcrumbs.” And he said to her, “Because of this reply, go; the demon has left your daughter.” And after leaving for her home she found the child thrown on the couch and the demon gone. (Mark 7:24-30)

Mark’s account probably meant to describe what we call “epilepsy,” which we no longer believe to be caused by demons. The point of the account is that Jesus performed the cure even when it was inconvenient and even when it meant crossing ethnic and national lines. That teaching is not a complete approach to health care access, but it can serve as a beginning.

The very first step is sympathy, which the Syro-Phoenician mother elicits. Sympathy is at the basis of the Golden Rule: Do to others as you would have them do to you. One puts oneself imaginatively in the place of the other and looks back toward oneself from the other’s vantage point. What would the other want from me? What reasonable expectation would the other have? Key to our response to the other is a willingness to see the other as like ourselves, even interchangeable with ourselves, to see a need that the other has that we ourselves could just as well have, and to recognize that a response we would make is a good common to the other and ourselves. Since it is not a question of any one particular other, but anyone, what is at issue is a good response to be expected from all and to all.

Not too far back in history, medicine was the practice of an individual professional who could charge patients enough to support one household comfortably and who could take on some “charity cases.” Diagnoses depended on the personal inspection of the patient by the physician. History has gone well beyond that. Medical care is “provided” in a clinic staffed by general practitioners, with much of the work done by assistants and nurses. Diagnoses depend on test results from an out-sourced laboratory, followed by a prescribed pharmaceutical to be obtained, or by a referral to a specialist. The price of the pharmaceutical derives from a history of research that led to its development, not to mention the business managers of the pharmaceutical company and profits for investors. The clinic staff and that of the specialists and their staff need to pay off loans for their training. There are the costs of malpractice insurance throughout. Hospitals—once shelters in which one found comfort when ready to die—may also be required; they are now treatment sites that are staffed by specialist nurses, technicians, visited by specialist physicians, and equipped with technologically advanced monitoring and treatment devices. In the general practice clinics the costs are high; in the pharmacies higher, and in the hospitals astronomical. Based on the Golden Rule, would one turn people away from the available, albeit costly, health care of our time because of its expense?

The general ethical imperative leads to two kinds of action—lowering costs and sharing them. In market situations, competition lowers costs. For competition to occur, customers need to know enough about a product or service to make knowledgeable comparisons of products and prices. The advanced state of contemporary medicine makes knowledge of the product or service unobtainable for most people; even general practice physicians and nurses defer to specialists. Once someone becomes a patient after a diagnosis, the pricing mechanisms are sufficiently opaque to make price

comparisons difficult if not impossible. Insurers are able to control the prices *they* pay, but that simply results in providers shifting charges they cannot demand successfully from an insurer to some other party. Alternatively, a provider may routinely over charge and leave it to insurers to force actual payments down.

An alternative to the treatment market mechanism of price control is shifting the competitive situation from the realm of medical providers to that of insurers. This has led to the practice of seeking “second opinions” about whether and which treatment is indicated and decisions by insurers about what treatments they are willing to fund. The genuine needs of the patient may well prevail in the process of seeking second opinions because of the professionalism of the physicians involved, but a justified fear of malpractice accusations and suits will likely bring about excessive tests and treatments. Moreover, what insurers will cover depends on the terms of insurance contracts formulated at some point in time prior to a patient’s real needs being known.

The sharing of costs, not lowering them, is what insurance accomplishes. Private insurance entails some costs that are added onto actual health-related and medical costs. The obvious add-on is the profit margin that insurance providers realize. Profit is usually justified in theory in terms of manufacturing; the investor is someone who identifies a market, purchase raw material, pays rent under one form or another for a production facility, hires managers and workers, and markets the product—all the while putting the investment at risk. Some key elements of this kind of justification are lacking in the health insurance business. The market is a given. There are no raw material or production facilities. Moreover, the justification for profit is based largely on what a founding entrepreneur does; it does not legitimate the profit margins that heirs of founding entrepreneurs enjoy. Moreover, there is the inescapable fact that maximizing profits minimizes the meeting of patients’ needs and vice-versa; the interests of those who profit and those who purchase the insurance stand in opposition.

There is another aspect of private insurance that is equally problematic but less obvious. Let us go back to the narrative of the Syro-Phoenician woman going to Jesus for a healing for her daughter. Can someone who is able to heal be ethical while being selective about who can get the healing? In one sense, yes: “...it is not good to take the bread of the children and throw it to the puppies.” If a family member and someone else need the only bandage someone has, the primary obligation is to the family member. This led the Syro-Phoenician woman to seek a healing for her daughter in the first place. But the lack of health care in sectors of modern societies is not due to a shortage of bandages. It is more analogous to Jesus willing to do good across the Syro-Phoenician/Judean ethnic divide than to a limited amount of bread in a household. Someone who has insurance through an employer is sharing the cost of health care with others who are covered by the insurance company with which the employer has a contract. So each employee is sharing the cost with a delimited population. The sharing does not extend to (or from, for that matter) people who are covered by some other insurance company, people whose employers do not provide medical insurance in the compensation package, people who are self-employed and insure with a different insurance firm, people who are not employed, and so forth. This is all feasible if government steps in to mandate and regulate insurance in various ways, but it leaves portions of the population vulnerable to political efforts of other sectors of society, secure under *their* health insurance coverage, to try to deny the same coverage to other

sectors. The unfortunate fact of the matter is that ethics are lacking when mediated by cross-sector politics. The Golden Rule is observed more readily within gated communities than between such communities and those beyond the gates.

One response to the ethical problems of contemporary health and medicine is a single payer medical insurance system. That addresses the ethics of cost sharing, but it does not address cost reduction in a complete way. While it removes costs of maintaining profit margins and much of the costs of marketing in the insurance industry, it does not affect such factors as the supply of professionals, the inefficiency of the pharmaceutical industry in developing drugs for small market diseases, the profit margins in the pharmaceutical corporations, and the embodiment of medical coverage in written "policies" that antedate occurrences of genuine medical needs. The logic of the situation drives one toward the British system (socialized medicine) and perhaps beyond it, rather than to the Canadian system (socialized insurance).

The Christian ethical imperative is to provide for the common good through an uncircumscribed scope of cost sharing, a balanced avoidance of both under-treatment and over-treatment, a sufficiently sized corps of professionals, and a well-regulated pharmaceutical industry, if not its replacement by a public pharmaceutical system. This is to say, the provision of health services needs to be tailored to a common good. It is often being said that health care is a right; that is only half of the truth. Health care is also an obligation.

Links

Pax Christi International
<http://www.paxchristi.net/>

Pax Christi U.S.A.
<http://www.paxchristiusa.org>

Pax Christi Texas
<http://www.paxchristitexas.org>

Pax Christi Dallas
<http://www.Paxchristidallastx.org>

Pax Christi San Antonio
<http://www.paxchristisa.org>

Marianist Social Justice Collaborative
www.msjc.net

Sisters of Charity of the Incarnate Word, International JPIC Committee
<http://saccvi.blogspot.com/>

San Antonio Peace Center

<http://www.sanantonioplace.center>

Interfaith Radio, (*Interfaith Voices*)

<http://www.interfaithradio.org/>

Texas Catholic Campaign to End the Death Penalty
www.txccedp.org

Dialogue Institute of San Antonio
www.thedialoginstitute.org/san-antonio/

Climate Change
www.creation-care.com