6-2005

Update - June 2005

Loma Linda University Center for Christian Bioethics

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Update

Volume 20, Number 2 (June 2005)

Universal Access to Health Care and Religious Basis of Human Rights

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Presented at "Apocalypse Now: Seeking Justice" and Protecting Rights in Health Care Disasters
Loma Linda University, February 28, 2005

Winston Churchill seems to have been right when he said some 50 years ago, "You can count on Americans to do the right thing." Then he added, "…but only after they have tried everything else."[1]

This appears to be the case, among other things, with health care in the United States. There is hardly any disagreement that the health care system is in a major crisis in this country. A number of different approaches and programs have been tried. The time has come when we should do the right thing: recognize access to health care as a human right and create a system of health care for all.

Claudia Fegan, a Chicago physician, explained how Americans "have tried to ignore the issue of the uninsured and the under-insured." She stated, "We have looked for private solutions to the problem. We have begun to pay a price that is immeasurable…we have always maintained an arrogance about our ability to solve problems, to be the best at what we do…. Perhaps this is why we chose to go off in our own direction when the rest of the world began to seek ways to provide health care for their populations."[2]

Health Care for All

As John R. Battista, MD, and Justine McCabe, PhD, outlined in a presentation in Connecticut: a) the United States ranks 23rd in infant mortality, down from 12th in 1960 and 21st in 1990; b) the United States ranks 20th in life expectancy for women, down from 1st in 1945 and 13th in 1960, and 21st in life expectancy for men, down from 1st in 1945 and 17th in 1960; and c) the United States ranks between 50th and 100th in immunizations depending on the particular immunization. Overall, the United States is 67th—right behind Botswana.[3] It comes as a shock for some of us, when faced with statistics such as these and others, for example, collected by Steve Kangas. From the Organization for Economic Cooperation and Development and the World Rank Research Team, Kangas collected devastating statistical data that shows how the United States health system compares to other industrial nations.[4] For example, United States health care expenditures are 13.5 percent of gross domestic product—double that of Japan,

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United Kingdom, and Denmark. Furthermore, "of the 10 largest industrialized nations, the United States ranked dead last in health care satisfaction, with an approval rating of only 11 percent."[5] Or another, while most industrialized nations cover almost 100 percent of public health care, the United States covers only 40 percent.[6] As the American Medical Student Association rightly recognized, "Over $1.6 trillion is spent on health care annually, more than 13 percent of our Gross Domestic Product. Nevertheless, we remain the only industrialized nation that does not guarantee health care for all" our citizens.[7] Senator Paul Wellstone of Minnesota put it succinctly: "Here we are at the peak economic performance, and we are being told that we cannot provide health coverage for everyone. If not now, when?"[8]

The Profession of Medicine Became the Business of Medicine

One of the major reasons for the crisis of the health care system in the United States is that, in the past 50 years, "the profession of medicine has become the business of medicine." As Claudia Fegan continues to rightly assess the situation, "The mission to relieve pain and suffering has been supplanted by the drive to maximize profit and the cost has been tremendous."[9] Health care became a hot political issue in this country only when it became an economic issue. It appears that the United States' health care system is neither healthy nor caring nor even a system. What seems to be the case is that it has become a competitive business scheme serving an illness market.[10]

It is irresponsible and utterly naïve to think, as Michael J. Hurd suggested, that the answer to health care problems is pure capitalism. "Doctors and hospitals would be free to charge what they believe their services were worth.... Patients, shopping as informed consumers in the market, would do the cost-cutting that the HMOs and government bureaucrats currently do far less efficiently." Hurd continues blatantly asserting, "Just as capitalism (or, more specifically, the law of supply and demand) succeeds in making food, computers, and other goods widely available at prices everyone can afford, so too with medicine and hospitalization insurance—if only the government would get out of the way and let the marketplace work."[11] Imagine! The medical marketplace!

Of course, this is absurd in view of the recent experiments of for-profit medical programs and hospitals. Based on a review of nearly two decades of peer-reviewed literature, Harvard Medical School associate professors Steffie Woolhandler and David U. Himmelstein published a study in the *Journal of the American Medical Association* conclusively proving that "investor-owned HMOs are lower-quality than not-for-profits on every single 1 of 14 quality measures."[12] In addition, an editorial in *New England Journal of Medicine* concluded that "for-profit hospitals are more expensive than not-for-profit facilities. For-profit hospitals cost Medicare an additional $732 per enrollee, or an extra $5.2 billion, in 1995 alone." The editorial summarizes that "substantial prior research confirms that for-profit hospitals are 3 to 11 percent more expensive and spend more on overhead and administration while hiring fewer nurses, providing less charity care, and providing patients with fewer hospital days than not-for-profit facilities."[13]

A. McDonald's health care

It seems clear from these studies that like their cousins in the HMO industry, "investor-owned hospitals are profit maximizers, not cost minimizers. Strategies that bolster profitability…can worsen efficiency."[14] Entirely opposite to the view of Michael Hurd, Dr. Woolhandler rightly concluded that "The competitive free market described in textbooks doesn't and can't exist in health care. Seriously ill patients can't comparison shop or accurately judge quality, especially when for-profit HMOs and hospitals try to mislead consumers."[15] Arnold

Update
Volume 20, Number 2 (December, 2004)

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Relman, former editor of the *New England Journal of Medicine*, agrees: "Sick people are not like consumers in a shopping mall.... Medical care is fundamentally different from any other service bought or sold in our market economy."[16]

It is amazing that we could even come to an idea of comparing health care to a shopping mall, Wal-Mart, or McDonald's. "Health care is not fast food. A McDonald's customer knows the taste of a hamburger, but sick people do not know what ails them, which doctor to seek out, what tests are required for diagnosis, or how their condition should be treated."[17]

B. Addiction to the profit motive

How frightening for the future of the health care profession is that, as Dr. David Himmelstein notes, "for-profit medicine turns doctors and nurses into tools of Wall Street and patients into commodities.... Our society recognizes that some things are too intimate or corruptible to trust to the market. We prohibit selling children and buying juries. Investors should not profit from suffering. For-profit hospitals and HMOs should be banned."[18]

As long as doctors and nurses might be even perceived as "Wall Street tools" and patients as "commodities," and as long as the medical industry pays more attention to their profits then their patients there can be no *just* health care system. It is a simple equation, asserted Dr. Sidney Wolfe, director of the Public Citizens Health Research Group, "The quest for profit endangers medical care. The more money that goes for profit, the less goes on health care." Market medicine is a failed experiment and American health care is unlikely to recover "until cured of its addiction to the profit motive."[19] Physicians should be in no situation in which their medical decision making is influenced foremost by financial considerations. And yet, that is exactly what health care professionals are faced with on a day-to-day basis. The American Medical Student Association concluded that the "rise of for-profit health care has created an even stronger motive to minimize costs and maximize profit: greed."[20] However, unless the health care industry in the United States quits caring for money instead of people, its chronic pathology of greed will have to be checked and balanced by other, more humane approaches.

> *"Even to the casual observer it is obvious that health care in the United States is at a crossroads."*

FAST COST ESCALATION AND EVEN FASTER GROWTH OF UNINSURED/UNDERINSURED PEOPLE

The second reason for the health care crisis, closely related to the first, health care ministry becoming a profit-making machine, is the extremely fast escalation of health-care costs and, arguably linked, the extraordinary fast growth of uninsured and underinsured people.

Henry Aaron, senior fellow of economic studies at Brookings Institution, compared health care to an oversized teenager. In a similar conference to ours this week, "Health Care Challenges Facing the Nation" at the School of Medicine at Washington University in St. Louis in October 2004, Aaron illustrated how health care costs in the United States are out of control: "Health care resembles an oversized teenager who keeps popping the financial seams on his clothing. He's already the largest kid in the room, and he threatens to grow until there's no space in it left for anybody else."[21] Others on the panel of experts at the conference reiterated Aaron's views, partially attributing these rising costs to an aging population, biomedical research, technological innovations, and possibly inefficiencies of the private insurance system. "The cost of health care is one of the largest components of the United States economy and is rising faster than the rate of inflation."[22]

During the past 40 years the amount of money spent on health care has increased dramatically.[23] While in the 1960s the United States spent only 5 percent of the GDP on health care ($23.6 billion), in 2000 the amount was over $1.3 trillion or 13 percent of its gross domestic product.[24] According to the UCLA Anderson Forecast study released in 2002, "the United States in 1998 spent an average of $4,000 per person on health care, while the country that spent the second-most on health care, Switzerland, spent an average of $2,860 per person in the same year."[25] The gap had even increased by 2003 when United States spending reached $5,775 per person, 42 percent higher than in Switzerland and 83 percent higher than in Canada.

However, even though we spend more on health care than any other industrial nation, we are the only democratic industrialized nation that does not cover all its residents.[26] "We have 45 million people without any insurance and 125,000 additional people losing their insurance every month. Every day there's more bad news about how rotten our health system is—prices rising [and] quality falling," said

Dr. Quentin Young, an internist in Chicago and national coordinator of more than 8,000 physicians that are a part of the growing Physicians for a National Health Program.[27] Many of these uninsured are children eligible for existing public health care programs but unaware of such provisions. Of the one sixth of the United States population that are uninsured, 80 percent are in working families.[28] *NYU Law Review* reported that nearly half of all personal bankruptcies are the result of health problems or large medical bills.[29] And the increase in medical care costs described above has directly impacted the increase in the number of uninsured and many millions more of the underinsured. American Medical Student Association concluded in their report:

> Over the last few decades the United States has witnessed a steep rise in the number of uninsured citizens. In 1996, more than 17 percent of Americans lacked any form of health insurance. The problem of the uninsured and underinsured has always plagued the country. However, the situation has drastically worsened within the last decade, claiming a record numbers of victims.[30]

Author of the book *As Sick As It Gets: The Shocking Reality of America's Healthcare*, Rudolph Mueller said that "thousands and thousands of Americans die as a result of lack of healthcare."[31] By some estimates more then 18,000 25- to 64-year-old Americans die every year as a result of lack of coverage.[32] That is 18,000 human beings every year that could possibly be prevented from dying if they had health care extended to them.

Beyond those who die without any health care coverage, the ramifications of not having access to medical care are drastic. Many of those who are in the early stages of a chronic condition forgo health care in order to avoid treatment costs. As a result, they need more expensive care later on. Furthermore, their condition that might otherwise have been avoided deteriorates. Often they clog the emergency rooms as this is their only option to see a doctor. According to the Universal Health Care 2000 Campaign, "the uninsured are four times more likely to forgo needed medical care, to postpone care due to costs and to not fill a prescription. They are also hospitalized at least 50 times more often than the insured for avoidable hospital conditions such as pneumonia and uncontrolled diabetes."[33]

Of course, if one would compare the effects of these national health care disasters, both in terms of the annual death rate as well as thousands of casualties of the inadequate present health care system with the terrorist attack in 2001, one would notice the "the plight of the uninsured gets very little attention in Washington." Abigail Trafford, however, attempted to do just that in a provocative *Washington Post* article on June 18, 2002.

"The events of Sept. 11 have blown away the health agenda in Congress, leaving 'little hope' that lawmakers will pass a prescription drug benefit for seniors, a patients' rights bill or legislation to help the uninsured, gets very little attention in Washington," Trafford claimed.

Georgetown University professor M. Gregg Bloche said, "If 18,000 people had been killed in a terrorist attack, we'd be in quite a state." Trafford writes that "victims of uninsurance" raise "little sign of outrage beyond the small circle of health care advocates." She adds that "with each terrorist threat, the public's fear barometer rises," and a large-scale attack, "though unlikely, becomes more real." However, the public and lawmakers have "no such dread that the plague of uninsurance will spread," despite increased health care costs that "mean coverage will become less affordable," Trafford writes. She concludes, "Covering the uninsured is a moral imperative. It's also a practical one. Without action, the health care system will continue to deteriorate" and the United States will face a larger crisis than Sept. 11.[34]

Health Care: Narrower and Broader View

All the discussion so far is taking place within the domain of what one could term a "narrow view of health care." When international agencies and United Nations bodies, on the other hand, talk about health care and the right to affordable care, they assume a very broad range of services, resources, and conditions that are properly included. These certainly include much more than just the right to have access to a physician, receive medication, or even prescriptions for drugs and treatment of a defined disease. The reactive nature of such examples could be defined as a narrower view of the health care system. A broader perspective would include, among other things, such elements as clean, healthy, and safe environmental conditions of life and work, strong investment in public health programs, health education in schools and many possible preventive measures and interventions. Such health emphases would generate, in the long run, health-optimal living and working conditions which would pay back many-fold in health care savings at the other end of the health care spectrum and improve quality of life and productivity.

Let me illustrate this point with an analogy often used in public health literature, as put together by Bart Laws:

Suppose there is a steep cliff in the town, and people are falling off. At the bottom of the cliff are all the caring, compassionate people who make up the medical industry. As the people hit the ground, the medical workers rush in to staunch their bleeding, set their fractures, and rush them off to the gleaming new hospital for recovery and rehabilitation.

Meanwhile, at the top of the cliff, there is no warning sign or fence. Indeed, some people are being enticed toward the cliff by people from tobacco and fast food companies and other firms, who are selling them tickets to jump off. Other people are actually in chain gangs, being driven towards the cliff by overseers with whips.

What is the sensible thing to do in this situation? Spend more on the doctors and ambulances and hospitals, so we can get to more of the people faster? Or stop squandering all that money and put up a fence? We do the former because we depend on the market: individuals who have already fallen off the cliff will pay (or their insurers will pay) for treatment; but only society, through its government, will pay to put up a fence, and as a society we have not made this choice.[35]

"It should be no surprise," says Steve Kangas, "that in America's health care business, entrepreneurs will take a pound of cure over an ounce of prevention every time."[36]

However, what affects the health of Americans lies much more outside the formal health care system than within it. For example, when we look historically, in Europe "life expectancy nearly doubled after nations purified their drinking water and created sanitation systems. In America during this [20th] century, the highest cancer rates are found in neighborhoods around chemical industry. A healthy diet and exercise provide better health than most medicines in most circumstances."[37] Clearly, the factors outside the hospital are more important for health in its broader sense than factors inside it.

"Some people are being enticed toward the cliff by tobacco and fast food companies who are selling tickets to jump off"

Health Care Is a Human Right

To repeat an earlier assertion that was quoted partially, "The United States is alone among virtually all industrialized nations in its refusal to recognize health care as a human right. Nations such as Canada, Germany, and the United Kingdom provide universal health coverage to their citizens." And yet, as many have concluded, health care is a human right, not a privilege. This "right to health care" is often paralleled with the "right to education." In an informative article on health care as a human right viewed from the point of the founding fathers, Thomas Jefferson, the founder of the Declaration of Independence, is quoted as saying, "If we're going to have a successful democratic society, we have to have a well educated and healthy citizenry."[38]

Then, as these two human rights are paralleled and explained, the article concludes:

> *A healthy citizenry will soon become recognized in a way analogous to an educated citizenry as crucial to a functioning democracy…. The value in having a healthy citizenry will become equated with the "Right to Health Care," just as the value of having an educated citizenry became understood as a "Right to Education" for the populace.*[39]

Granting a right to necessary and appropriate health care does not require discussion of which procedures are medically necessary and appropriate just as granting a right to elementary and secondary education did not require a detailed plan of how each special and difficult case in schools would be treated. Leaving "no child behind" would mean, in terms of the right to health care, that no one would be outside of coverage of basic health provisions.[40]

Of course, one could argue that health care as a basic human right has been recognized already and is behind the half-cooked provisions of *Medicaid* and *Medicare* and other publicly funded health schemes. After all, more than 40 percent of the population is already covered by government-supplied funds in health care programs. This would make no sense if, in some fundamental way, we as a society have not already recognized health care as a basic human right. However, this is by far too little and too late.

Some suggest that President George W. Bush recognized health care as a fundamental human right when he "spoke of the right to universal health care and universal education in Iraq following the bombing campaign." The implication is that Bush recognizes these as 'natural rights' which belong to "all peoples of the world (all of humanity except the low income workers in the USA?)." The writer then asks, "How could these rights be recognized as essential to Iraqis and yet withheld from people of his own nation?"[41]

There is little doubt that the United Nations Universal Declaration of Human Rights, signed by all members of the general assembly in 1948 including the USA, and, especially, its Article 25, regard health care as a basic human right. Its Preamble states: "Whereas recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice, and peace in the world…." and Article 25 says

> Everyone has the right to a standard of living adequate

> for the health and well-being of himself and of his family, including food, clothing, housing, and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age, or other lack of livelihood in circumstances beyond his control.[42]

The UN Universal Declaration of Human Rights has been used in more than 150 court cases in the United States even though the US Senate was never asked to ratify it. This was not a treaty but a declaration and it has become so well known that "it has become part of the common law of the United States as well as around the world."[43]

Article 25 clearly points well beyond the superficial right to see a doctor every six months to the preservation of people's well-being; beyond purely medical care to social services as needed to meet the same end; beyond a narrow view of medical services to a broad-based understanding of preventive, supporting, and well-balanced health welfare of the society at large. Specifically, it calls the signature nations to unique treatment of the sick, disabled, mentally unhealthy, elderly, and those most vulnerable, and calls for entitlement to security of their well-being. It does not suggest that health care should be a human right but asserts that health care is a right.[44]

"The United States may have the best medical technology in the world, but at $10,000 a procedure, who can afford it?"

Not only has the concept of human rights been clearly linked to health provisions and a broader view of health care through the United Nation's Universal Declaration of Human Rights, it has also been "inextricably linked to the founding of our nations—as it has never before been linked to the founding of any nation. Thomas Jefferson was the earliest major proponent specifically of the Right to Health Care."[45]

Universal health care coverage has garnered immense public support. Studies were conducted in 1968, 1975, and 1978 on whether health care should be a privilege or a right. All three polls have produced conclusive results, revealing that more than 75 percent of Americans believe that health care should be a right and not a privilege. In a 1986 poll, 86 percent responded that all Americans should have access to the same quality of health care. Two years later, a Harris poll concluded that 90 percent believed that everyone should receive health care "as good as a millionaire could get." Public outcry elevated health care as a key issue in the 1992 presidential elections. Clearly, the public firmly supports universal health care.[46]

For a country that was founded on the basis of inalienable human rights, it is highly ironic that the United States still denies its residents universal health coverage.

Poverty—The Biggest Issue in Inadequate Health Care

One of the main reasons why I, as a Christ follower, strongly support the concept of health as a human right and advocate for universal health care access is because of the direct link between sickness and economic condition, especially due to vulnerability to illness by the poor. This link has always been understood internationally, and therefore the United Nations, World Health Organization, and many other NGOs sponsored health development projects and campaigns in the poorest countries of the world.[47] However, the same socioeconomic principles, so essential in understanding the issues of public health, are at times glanced over when domestic issues are at stake.

The link between poverty and poorer health has been proven.[48] *The American Journal of Epidemiology* states that "a vast body of evidence has shown consistently that those in the lower classes have higher mortality, morbidity, and disability rates [and these] are in part due to inadequate medical care services as well as to the impact of a toxic and hazardous physical environment."[49] Moreover, *income inequality*, not just *absolute poverty*, is equally important in that equation, as studies from Harvard and Berkeley have shown.[50] "States with the highest levels of income inequality also have the highest mortality and morbidity rates. The reason why relative poverty matters is because prices and opportunities are relative too—the United States may have the best medical technology in the world, but at $10,000 a procedure, who can afford it?"[51]

There are numerous reasons why the health of the poor is worse. Political scientist Jeffrey Reiman wrote in *The Rich Get Richer and the Poor Get Prison*, "Less money means less nutritious food, less heat in winter, less fresh air in summer, less distance from sick people, less knowledge about illness or medicine, fewer doctor visits, fewer dental visits, less preventative care, and above all else, less first-quality medical attention when all these other deprivations take their toll and a poor person finds himself seriously ill."[52]

The World Health Organization ranked the United States 37th in the world in overall health system performance and 72nd on population health in its 2000 WHO Report. These findings have clearly suggested that "socioeconomic status is inextricably linked to health. Eight out of ten of the uninsured are in working families that cannot afford health insurance and are not eligible for public programs. Low wage workers infrequently receive health care through their employers and only 43 percent of workers earning less than $7 an hour are offered health insurance by their employers." Others have to decline their employer's health care insurance because they cannot afford the high premiums and co-pays.[53]

Another side effect of inadequate provisions of the present health system is the earlier reported vulnerability of economically challenged working people whose personal bankruptcies in 50 percent of the cases were a result of health problems. "For a family living on the edge financially and facing the onset of a serious illness or disabling injury, a lack of health insurance can trigger bankruptcy or even homelessness. Homelessness leads to more health care problems—a world of inadequate hygiene, communicable diseases, exposure to the elements, violence, and emotional trauma. Studies by the National Academy of Sciences Institute of Medicine find that the homeless are far more likely to suffer from chronic medical conditions such as diabetes, cardiovascular disease, and asthma."[54] All these in addition to the 18,000 deaths every year as a result of uninsurance, and one clearly feels a moral outrage at the health system that has still to recognize the health of its citizens as a fundamental human right as has been done by most of the world community.

In the 2002 report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* by the Institute of Medicine, "minorities have been found to receive lower quality health care than white people, even regardless of income."[55] The health gap between minority and non-minority Americans has increased in recent years. "African Americans are 8 percent more likely to be uninsured than whites and Hispanics are more than twice as likely to be uninsured." Alan Nelson, special adviser to the chief executive officer of the American College of Physicians, American Society of Internal Medicine, put it this way: "Disparities in the health care delivered to racial and ethnic minorities are real and are associated with worse outcomes in many cases, which is unacceptable…. The real challenge lies not in debating whether disparities exist, because the evidence is overwhelming, but in developing and implementing strategies to reduce and eliminate them."[56]

There is overwhelming evidence that the poor and minorities suffer the most under the present health care system in the United States. "When I look back on my years in office," says C. Everett Koop, Reagan's former surgeon general, "the things I banged my head against were all poverty."[57] It is also an undeniable truth that, as asserted by the columnist Matt Miller, "societies concerned with social justice are also medically healthier" places to live. If America is to improve its health statistics, it must not only provide health care for all its residents, but reduce poverty as well. Looking at it from the prophetic Judeo-Christian tradition of social justice makes me deeply aware of the need for substantial changes related to both 1) the concern for social justice that takes care of the poor, the underdog, the most disadvantaged person, the most vulnerable, and the one who has the least ability to be defended and 2) the concern for universal access to health care, both a) in its narrow sense: access to medical treatment, a prescription medicine, a physician, and a hospital bed and b) in its broader sense of preventive medicine, healthy environment of life and work, education, investment in public health programs, awareness of and striving toward optimal-health living, and alertness to wellness and holistic life.

> *"There is overwhelming evidence that the poor and minorities suffer the most under the present health care system."*

Religious Basis for Human Rights: Some Basic Suggestions for Further Look

As I argued elsewhere,[58] it would be foolish to claim that only Christian theology deals with human rights. To disclaim the relationship between Judeo-Christian thought and human rights, on the other hand, would be even more incorrect. The question that must be asked is: What is the relationship between Christian theology and human rights? Are human rights at the end of the day, as one theologian put it, theological or ideological considerations?[59]

A number of thinkers disagree on the point of origins of the concept of human rights. Many non-Christian thinkers argue, from a political or philosophical standpoint, that human rights originated in and were developed from the

Magna Carta, from the time of the Enlightenment, John Locke's philosophy, in the humanism and secularism of the 18th and 19th centuries, from the French Revolution, and, after World War II, from the establishment of the United Nations.[60] Some theologians and ethicists accept this explanation.[61] Strangely, others dismiss any relationship between Christian thought and human rights. Carlos Nino, for example, wrote that "human rights are instruments created by human beings [and are] among the greatest inventions of our civilization."[62] Others have argued that, although "there is much in Christian and Muslim tradition that could be used to support a human rights policy, the contemporary concept of human rights does not occur."[63]

However, while not disputing the fact that Christians can make no claim to an exclusive concern for human rights, yet another group of thinkers believes that the notion of human rights is grounded in Judeo-Christian tradition.[64] This is especially so "in the value of the created order,"[65] according to Richard Harries, bishop of Oxford, as he expressed it in his lecture to the British Institute of Human Rights at King's College, London. He argued against the idea that "the concept of human rights is usually a secular notion"[66] by showing that the American Declaration of Independence in 1776, which influenced the French declaration in 1789, had been based on a Judeo-Christian belief in the Creator. The American Declaration stated that "all men are created equal, [and] are endowed by their creator with certain inalienable rights."[67] In the same way, the French made their declaration "in the presence and under the auspices of the Supreme Being."[68] It is therefore doubtful whether the notion of human rights in its modern form can be divorced from the Christian tradition.

However, one could easily understand the concern that some raise against the Christian "privatization" of human rights in view of Christian history. And yet, despite the fact that "people of various cultures now are laying claims to this idea,"[69] the notion of human rights "being revealed by a long historical process [should not] embarrass theologians."[70] What Harries sees as "the doctrinal truths of the Bible…spelt out as the result of a process of development"[71] and consequently ethical truths therefore taking time to be seen in their fullness, Adventists have come to term the "present truth."[72] This is a belief in progressive revelation by which different biblical emphases are seen as essential at different times of human history.[73] While it might be true that human rights are a "philosophical idea whose related concepts may be rooted in diverse traditions,"[74] the modern tone of the human rights debate is inevitably a result of what Jurgen Moltmann calls, "the process of Christianization of societies and states."[75] However, no matter how much influence the Christian perspective of human dignity has had on the notion of human rights, in practical terms this should not be taken "as implying an *ecclesiastical go-it-alone*, or a *Christian solo-run* on the highly charged field of human rights."[76] What it should imply is that we Christians can freely engage in the debate, which we believe has certain roots in our tradition and theology. Furthermore, we could contribute to the debate by inserting our specific theological considerations which, in turn, could enhance the whole concept of human rights in the modern world.

1) Creation—"in the image of God" and with intrinsic "human dignity."—equality of created beings and responsibility as stewards of each other and the environment. (What implications would such strong theological perspective have on the disparity between poor-rich, black-white, men-women, insured-uninsured, etc?)

Seventh-day Adventists, as believers in the creation account of the first three chapters of Genesis, have a great opportunity to explore in depth the applications of the doctrine of creation in the context of social ethics. While maintaining their strong belief in the God of creation and mankind being created in the image of God, Adventists should study more creation's implications in regard to the issues of human rights. The meaning of creation rather than its actuality—what creation should mean to human relationships rather than whether it happened in six literal days—should be the Adventist concern at the end of the twentieth century.

2) Kingdom of God—"Now and Not Yet"—What could "realized eschatology" mean for living between the two comings? How does being a citizen of another 'kingdom' translate into relationships, especially 'human rights relationships'"? Mrs. White proposed the concepts of the "kingdom of grace," and the "kingdom of glory," which gave the foundation for other Adventist thinkers to develop the idea further…the dual nature of the kingdom expressed as the two phases or stages not only affected the theological discussion of the timing of the kingdom, but also opened up a discussion about the moral and ethical effects of the kingdom of God. For the first time, the doctrine of the kingdom of God resulted in considerations of a socioethical nature. The conclusion was that "eschatology and ethics must go hand in hand…." How we treat others in this world will not bring about the kingdom of God, but it should prove that this kingdom is in our hearts, that we are the new creatures who have entered the sphere of the kingdom of grace and that we anticipate the fulfillment of promises of the kingdom of glory in the near future.

3) Prophetic role—Not in the traditionally narrow description of Adventist 'prophetic movement' sense but in the par-

allel 'prophetic force' of the Old Testament prophets who called to repentance due to social injustice and treatment of the poor in unacceptable ways.

As a "prophetic movement," which Seventh-day Adventists believe themselves to be to a greater or lesser extent, the Church should balance proclamations about future events and eschatological predictions with calling people back to God-given principles of socioeconomic justice, Christian ethics, and human rights based on the moral law of the Old Testament and the explanation of it by the greatest of all Jewish prophets, and founder of the Christian church—Jesus Christ. As O'Mahony rightly observed: "In biblical times justice needed a prophet. Today, as ever, prophets are needed. From its very beginnings, the Christian community had a prophetic role." Seventh-day Adventists, as well as all other Christians, are called to fulfill this role in the modern world.

4) Sabbath—What does it mean to be liberated? How could we apply principles of the annual sabbaths and the Year of the Jubilee to 21st century Sabbath-keeping? How do we "proclaim" the "Acceptable Day/Year of the Lord?"

Seventh-day Adventists, believing themselves to be true Sabbath-keepers, should be among the first to advance ideas of justice, equality, and freedom among all people within as well as outside their communities. If they fail to do this, the letter of the law would be observed but the spirit of the Sabbath commandment would be totally lost.

5) The eschatology: The Second Coming—Why should the prospect of Jesus' *parousia* excite us and motivate us to give to the hungry and thirsty, visit the sick and prisoners, and do great deeds of compassion to the "least of His brethren"? ■

Appendix

[1]As quoted in Pat Armstrong and Hugh Armstrong, *Universal Health Care: What the United States Can Learn from the Canadian Experience*, (New York: The New Press, 1998), xiii. See also in <http://members.efn.org/~ramselj/zsay-gov.txt>.

[2]Claudia Fegan, "Preface," *Ibid*, xv.

[3]John R. Battista and Justine McCabe, "The Case for Single Payer, Universal Health Care for the United States," outline of talk given to the Association of State Green Parties, (Moodus, Connecticut, June 4, 1999) as cited at <http://cthealth.server101.com/the_case_for_universal health_care_in the united_states.htm> (accessed February 24, 2005).

[4]Steve Kangas, "America Does Not Have the Best Health Care System in the World," *Health Care: Opposing Viewpoints*. James D. Torr, ed. (San Diego: CA: Greenhaven Press, 2000), 24-30. Kangas' article can be also found on <www.huppi.com/kangaroo/L-healthcare.htm>. Statistics produced by Organization for Economic Cooperation and Development, Paris, France, OECD Health Data, 1993; *OECD Health Systems: Facts and Trends*, 1993. And Michael Wolff, Peter Rutten, Albert Bayers III, and the World Rank Research Team, *Where We Stand*, (New York: Bantam Books, 1992).

[5]Kangas, "America Does Not Have the Best Health Care System in the World," *Health Care: Opposing Viewpoints*, James D. Torr, ed. (San Diego, CA: Greenhaven Press, 2000), 25.

[6]Kangas, only at <www.huppi.com/kangaroo/L-health-care.htm>. Kangas' statistics are more elaborate in the website's article than the edited article published in the *Opposing Viewpoints* series.

[7]American Medical Student Association, "Universal Health Care," at <www.amsa.org/hp/uhcinitiative.cfm>. (accessed February 24, 2005).

[8]As cited by Robert Pear, "The Uninsured are a Serious Problem," *Health Care: Opposing Viewpoints*, James D. Torr. (San Diego, CA: Greenhaven Press, 2000), 44.

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[10]Cf., Armstrong and Armstrong, *Universal Health Care*, (1998), 2-3.

[11]Michael J. Hurd, "Loved to Death: America's Unresolved Health Care Crisis," *The Freeman*, (November 1997). Reprinted in Armstrong, *Universal Health Care*, (1998), 164.

[12]Steffie Woolhandler and David U. Himmelstein, "Quality of Care in Investor-Owned vs. Not-for-Profit HMOs," *Journal of the American Medical Association*, (July 14, 1999). Quoted in "New England Journal of Medicine Editorial Says Evidence Against For-Profit Hospitals Now Conclusive: Press Release—Physicians for a National Health Program," <http://cthealth.server101.com/pnhp_nejm_for_profit_hospitals.htm>. As another press release details it: "As compared to non-profit plans, investor-owned HMOs had a 27 percent lower rates of eye examinations for diabetics; a 16 percent lower rate of appropriate drug treatment for heart attack survivors; and a 9 percent lower rate of follow-up for patients released from mental hospitals. Childhood immunization rates were 12 percent lower, pap smear rates 9 percent lower and mammography rates 8 percent lower in investor-owned plans." In "Quality of Care Lower in For-Profit HMOs than in Non-Profits: Press Release—Physicians for a National Health Program," at <http://cthealth.server101.com/Old%20Universal%20Health%20Care/quality_of_care_lower_in_for-profit_hmos.htm>.

[13]"When Money is a Mission—The High Costs of Investor-Owned Care," *New England Journal of Medicine*, (August 5, 1999). Quoted in *Ibid*.

[14]*Ibid.*

[15]*Ibid.*

[16]As cited by Bernard Lown, "Health Care is Not Fast Food," *Hippocrates*, (May 1998), in James D. Torr, ed., *Health Care*. (2000), 106.

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[18]"When Money is a Mission—The High Costs of Investor-Owned Care," *New England Journal of Medicine*, (August 5, 1999). Quoted in <http://cthealth.server101.com/Old%20Universal%20Health%20Care/quality_of_care_lower_in_for-profit_hmos.htm>.

[19]Ronald J. Glasser, "Managed Care is Unethical," in James D. Torr, ed. *Health Care*. (2000), 77.

[20]American Medical Student Association, "Health Care Should Be Recognized as a Basic Human Right," in James D. Torr. ed. *Health Care*. (2000), 33.

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[23]This reference reprinted in James D. Torr, ed., *Health Care*. (2000).

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[26]This and other significant statistics found in Kangas, (2000), 25.

[27]As quoted in *New England Journal of Medicine* "Editorial Says Evidence Against For-Profit Hospitals Now Conclusive," <http://cthealth.server101.com/pnhp_nejm_for_profit_hospitals.htm>.

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[39]*Ibid*.

[40]The concept further developed at <www.everybodyinnobodyout.org/Editorials/MoTSlogan.htm#Ref1>.

[41]At <www.righttohealthcare.org/Phil.htm>.

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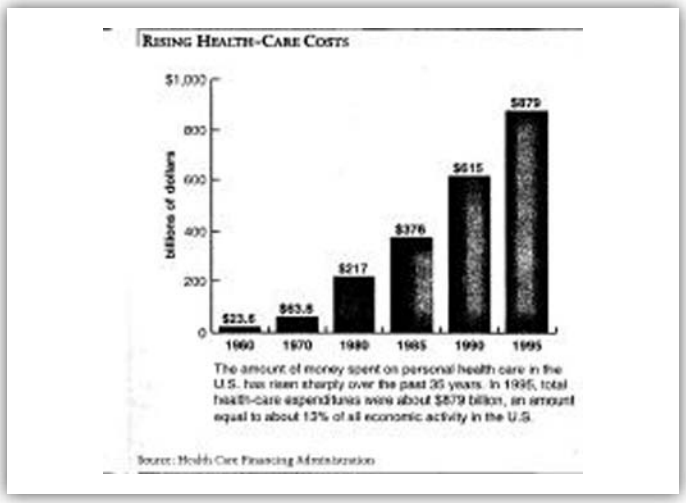
[43]<www.righttohealthcare.org/Docs/DocumentsA.htm>.

[44]See excellent and elaborate articles covering several international documents related to the right to health care at <www.righttohealthcare.org/Docs/DocumentsA.htm. Furthermore, there is assertion that "The only barriers standing between Americans and a respect for their 'Right to Health Care' is their own ignorance of existing law and the will to force recognition and implementation through the appropriate court challenges. The history of these such [sic.] law [sic.], their origin, intention, enactment, and consequence has been much neglected and disparaged. It is time now for some careful, thoughtful examination and that's what this new initiative at Project EINO is all about."

[45]"Philosophy and History of the 'Right to Health Care,'" *Ibid*.



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[65]Harries, (1991), 1.

[66]*Ibid.*

[67]The American Bill of Rights.

[68]The French Declaration of the Rights of Man.

[69]Pagels, (1979), 7.

[70]Harries, (1991), 8.

[71]*Ibid.*

[72]A phrase from 2 Peter 1:12 taken by Adventist pioneers to mean "truth applicable to that present time." James White, one of the founders of the Seventh-day Adventist Church, wrote: "The Church has ever had a present truth. The present truth now, is that which shows present duty, and the right position for us…." Quoted in "Present Truth," in *Seventh-day Adventist Encyclopedia*, (1976), 1149. See above, 232.

[73]Catholic theologian R. J. Hanle pointed to that fact when he observed that "human rights are prior to society and

the state, although positive refinements and additions can be made by human law." Henle, (1989), 88-89.

[74]Alan S. Rosenbaum, ed., *The Philosophy of Human Rights.*

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