

Editorial: What will we do when health care gets personal?

May 13, 2021

Last week, I asked, “If you had a medical need arise and didn’t have the money to pay for it, what would you hope would happen?”

Two days later, I was in the ER with a broken wrist, and the irony wasn’t lost on me.

I don’t have the money to pay the full amount of an ER visit with X-rays. I certainly don’t have the money to pay the full cost of the surgery I will have the day this editorial is posted. Despite what some might think, most journalists aren’t awash in cash.

Thankfully, I do have insurance, and as high as the premiums and deductibles are, it enables me to get the medical attention I need. I am, as some would say, one of the lucky ones. This is not lost on me, either.

Those with private insurance might not be too concerned [Texas’ 1115 waiver was rescinded](#) April 16, that a [proposed amendment](#) to the Texas budget related to Medicaid expansion was voted down on April 22, or that Live Well Texas—[HB3871](#)—is languishing in committee. We might not even know what those three things are.

We might yawn at news reports about who’s to blame for the inaction on addressing health care costs and availability in Texas. After all, it is complicated and contentious, and it doesn’t affect us personally.

Or does it?

I can tell you every time a friend, family member or church member has needed medical care and couldn’t access it or afford it, it affected me

personally. And I'm nowhere near alone. In fact, so many of us are affected, our problem isn't apathy; it's that we're overwhelmed.

We care a great deal about making sure all have quality health care, yet we feel the task is beyond our ability to solve.

All of this went through my mind as I did my time in the ER.

The role we play in our care

The availability, quality and cost of health care are not theoretical concerns for the vast majority of us. Even if they had been abstract concerns for me prior to May 8, they were clear and present as I thought about what hospital to go to and why, how I would get there, and what services I would accept.

Hoping to enhance my care, I listened intently to the doctor and RN explain X-ray results, medications, and what not to do and when. Thankfully, I was able to focus and think clearly, since due to COVID-19 safety protocols, no family or friends were allowed back with me to catch what I couldn't.

Something else kicked in as soon as I was taken through the doors of the waiting area into the maze of halls to radiology. All but a small handful of my trips to the ER were as a pastor. I felt a sense of being in my element, but not in the right role. I realized I had something else many don't when they need medical attention—a familiarity with hospitals and medical staff from “the other side.” Many experience the hospital with fear and uncertainty, but I had peace and confidence.

Furthermore, I've ministered to and with doctors, nurses, pharmacists and technicians. I know how much they care about what they do and the people they serve. I know they are affected deeply by all aspects of health care and want to be able to provide the best care possible to everyone they see. I've

even ministered to some of them when they were the patients.

On May 8, I wasn't there to minister; I was there to receive ministry, in a way. It felt strange, and yet, what a gift to watch the entire ER team that evening care for patients with excellence and joy. I want everyone who needs medical care to have that kind of experience.

The role we play in other's care

Last week, I wrote that health care funding has been a line in the sand in Texas since at least 2010. We often take up positions relative to the line, but seem not to notice we're all in the same sand. Being in the same sand, we're all going to pay, regardless who cuts the check.

When we understand we share responsibility for one another's care, regardless who pays, we may have a better perspective on why we need to ensure quality care for all people.

When health care becomes personal, our greatest need is for and to care. How we'll pay for it is secondary, however wise or unwise that may be for public policy.

We see a picture of this in Jesus' story about a good Samaritan, who made a stranger's medical care personal and primary, understood the cost, and pledged to pay it, even without knowing the total bill.

Our nation and state may never rise to the level of the good Samaritan—and I don't think Jesus expected the government to do so—but each of us is commanded, at the very least, to love our neighbor in ways the Samaritan characterized.

Our health care system is big and complicated, and we're wrapped up in it, like it or not. How, then, can we make other's health care personal and embody within it Christ's expectation that we care for one another?

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