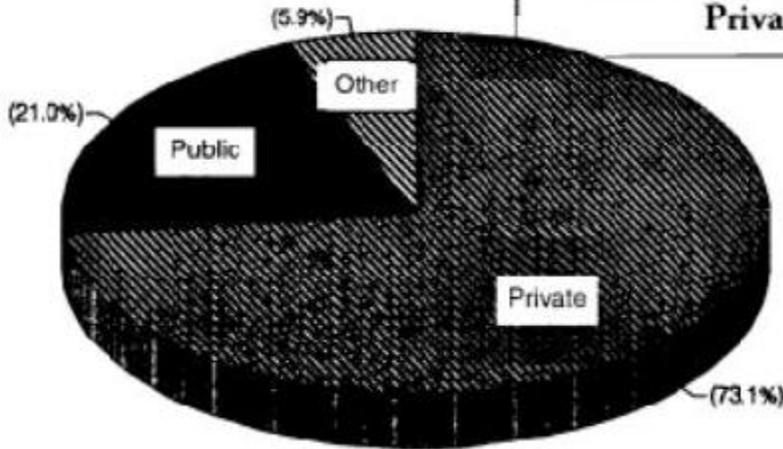


Beisner's Bites

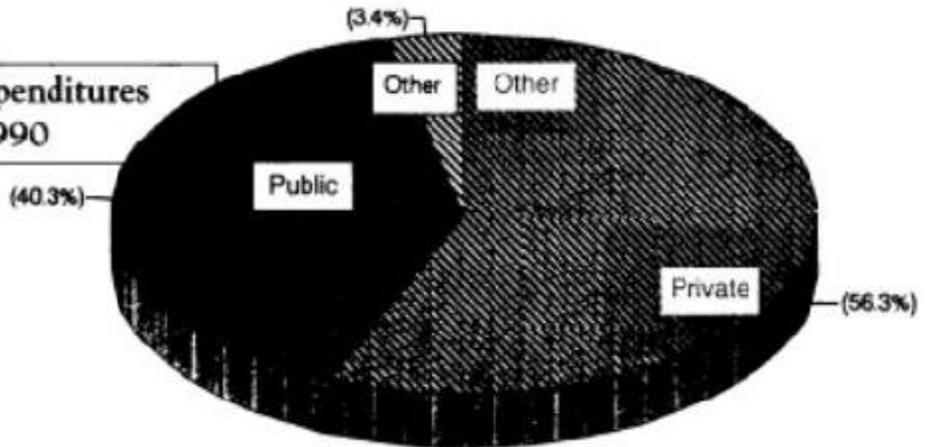
Excerpts from an address by E. Calvin Beisner to the Conference on Christians in a Pluralistic Society, Covenant College, (Tennessee) June 27 - July 1, 1993.

Cal Beisner has researched carefully a number of the economic features of health care in recent decades. Among the fascinating relationships he has uncovered is the following: "Most families spend several times more on such largely discretionary items as food eaten away from home, and a group of other combined expenses (including entertainment, "personal care," reading, education, tobacco and smoking supplies, cash contributions, and miscellaneous expenditures) than they do per capita on health costs, and almost as much on alcoholic beverages as on per capita health costs. Relatively non-painful shifting of spending priorities would enable most families to handle their health costs without assistance."

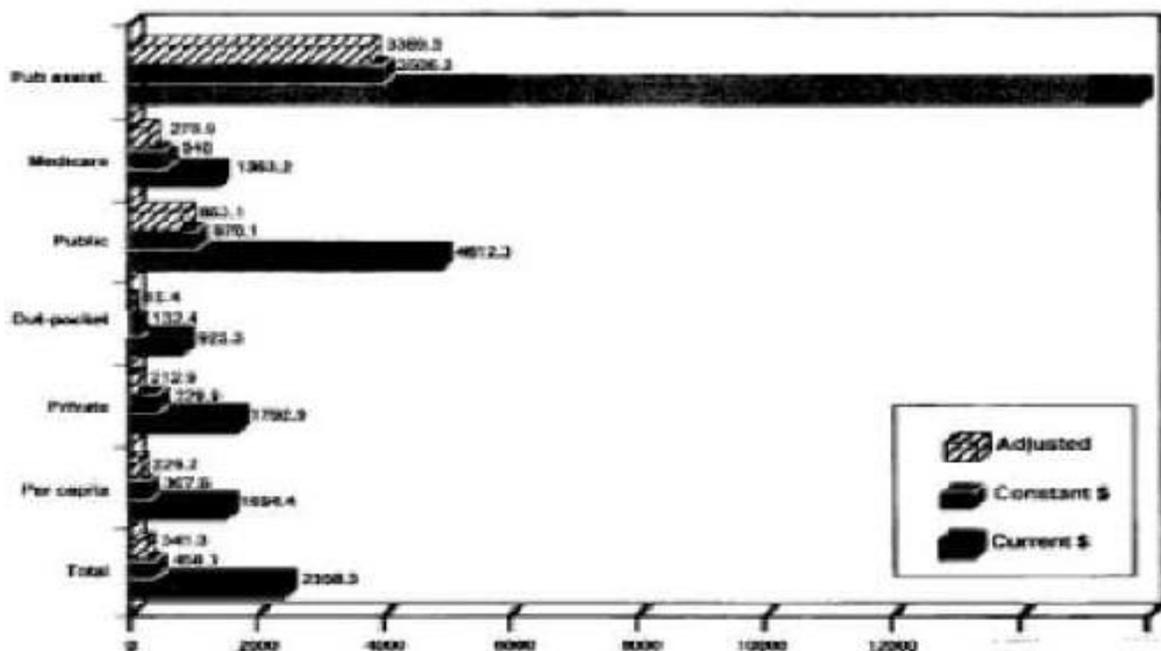
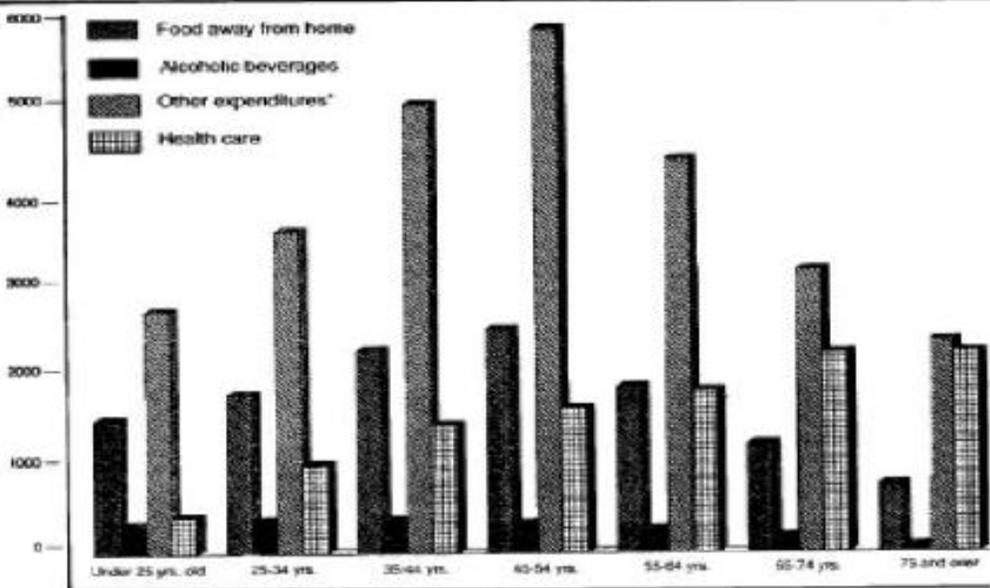
Shares of national health expenditures
Private and public, 1960



Shares of national health expenditures
Private and public, 1990

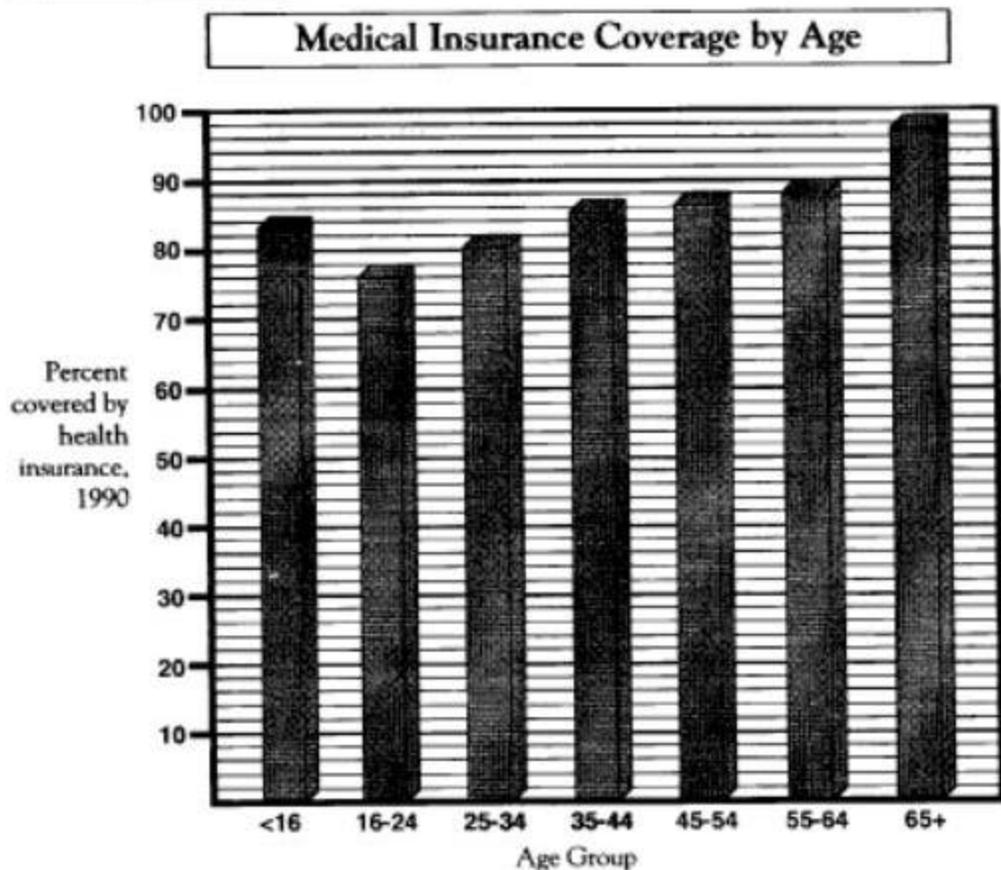


Per capita health expense compared with selected other expenses, 1990



Change in national health expenditures
Total and by category, 1960-1990

By comparing the years 1960 and 1990, Cal Beisner graphically illustrates for us the shift of the burden of health care expenditures from private payment sources to public sources. There has been a corresponding shift in the proportion of out-of-pocket expenses. (This reduction in proportion should not be confused with a reduction in the actual out-of-pocket expenses, since the total expenditures in the same interval have increased. Individuals pay more from our pockets than we did in 1960, despite insurance.) From these graphs we may note that the private and out-of-pocket expenditures become less prominent in the total cost, these two loci of governance of cost and quality are rendered economically less potent.



In this bar graph taken from data gathered by Cal Beisner we see illustrated the fact that "health insurance coverage, by age group, closely reflects the needs for health care by age group. In the oldest group, at highest health risk, insurance coverage is nearly universal - 99.7% in 1990. Among those 25 - 64 years old and under 16 years, coverage is all over 80%. Only for those 16 - 24 years old does it drop below 80% - to 78%."

Cal Beisner notes that there is good reason to doubt the overall efficacy of much of the increased spending on

health care. "The most fundamental work of health care is to extend human life. In the thirty years from 1960 to 1990, while total annual health expenditures, in constant dollars, have risen 458%, from \$91.4 billion to \$510.3 billion, and annual expenditures per capita have risen 308%, from \$482 to \$1,966, life expectancy at birth has risen only 8 per cent, from 69.7 years to 75.4 years.

"Additionally, only a small part of the increase in life expectancy appears attributable to health care consumption. Much of it stems from generally healthier

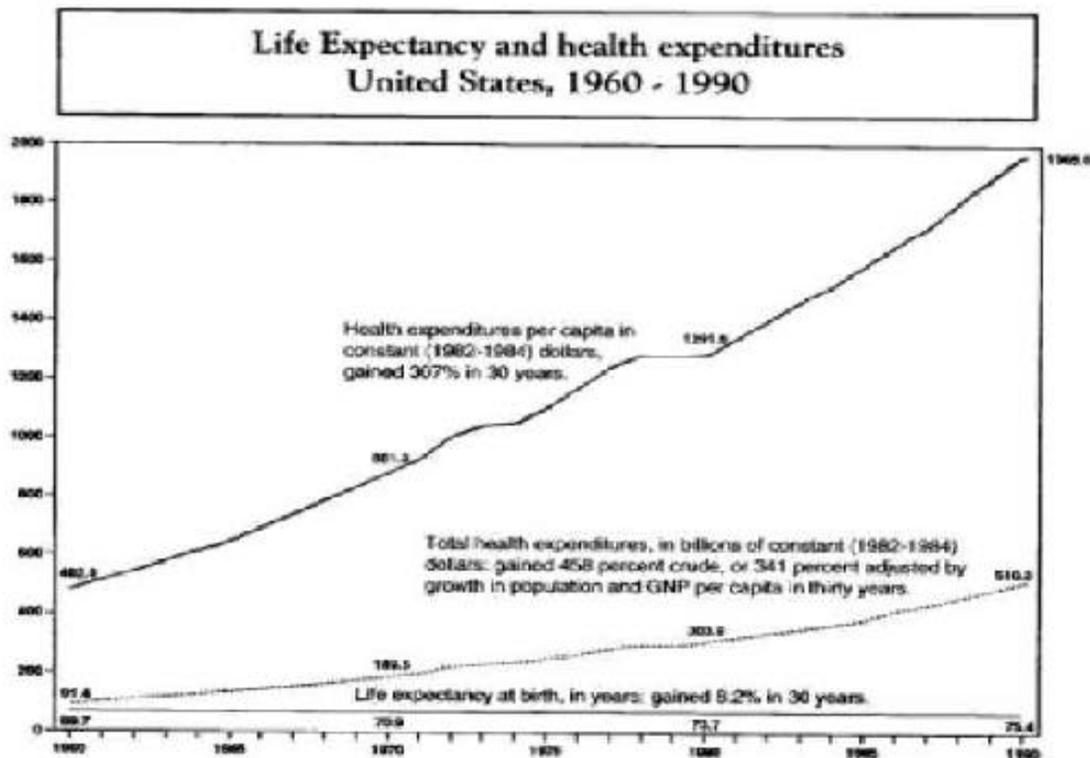
living by Americans, whose diets are improving; who reduced their accidental injury rates by 15 per cent from 1970-1989; whose cigarette smoking rate fell by anywhere from 26 to 57 percent, depending on age group, from 1974 to 1991; whose rate of alcohol use fell by anywhere from 4 to 40 percent over the same period; who have become increasingly involved in sports and other forms of healthy physical exercise; and who reduced their accidental death rate by 44 percent from 1970 to 1990.

"...We must not be too hasty to condemn health care providers for this as if it were a sign of their failure. The blame may instead be on health care consumers, who have unrealistic expectations about the degree of benefits to be expected from additional spending on health care. We may be pressing against the margin of additional life expectancy, and the marginal returns on additional investment may be small to vanishing. We may need to consider whether continued increases in such spending are wise stewardship."

"... If there is a crisis in American health care, it is more likely that we consume too much, spending money on it wastefully, than that we consume too little. There are exceptions - those who need care that they cannot afford and who are not covered by insurance. But these are few and far between, and private philanthropic resources appear more than adequate to meet their expenses.

"...Particularly as Christians, we need to recover appreciation for the sovereignty and providence of God. The almost feverish quest for health care, and insurance to pay for it, often betrays a failure to trust in God's faithfulness to keep His promise to work all things together for good toward those who love Him and are called according to His purpose (Romans 8:28), and our anxiety when we don't have insurance indicates our failure to learn, as the Apostle Paul learned, to be content regardless of our circumstances (Philippians 4:12)."

Dr. Beisner gives a personal illustration of an outworking of his views on health insurance. "Our family lived entirely without health insurance from late 1985 through mid-1992, during which four new children were born to us, one child broke an arm, and Debby and I suffered various mild illnesses. We tried early to buy health insurance, but found it unaffordable on our less-than-poverty-level income -and we believed it was wrong to seek or accept government payments for our health care. We never lacked what we needed, even when, during one pregnancy, complications led to the need for a large number of ultrasounds, at a price that we believe would have come to over \$2000; we never learned the cost, because the Christian doctor who performed them for us, having learned that I was a self-employed Christian involved in ministry and without insurance, refused to charge us, saying simply that it was his birthday and he could do that for us if he wanted to."



(With national health care in the offing, one wonders if Christians with Dr. Beisner's convictions will be legally permitted to act on our belief that it is wrong to accept government payments for health care. For the plans being proposed now in Washington the proscriptions will not be upon the seeker of self-paid care, but upon the providers, forbidding us from rendering services outside the system. Such systems are slave systems.)