The Eighth Sunday after Pentecost Proper 10: Amos 7:7-15

AMOS AND TENNCARE

In the seventh chapter of Amos, the prophet is haunted by a series of visions concerning the judgment of God on a vulnerable, helpless people. Amos sees first locusts, and then fire, destroying even the last of the grass of the land. He pleads:

> O LORD God, forgive, I beseech thee! How can Jacob stand? He is so small!

The LORD is not unmoved by the agonizing cry of a faithful prophet and repents of the first two visions, "This shall not But it is the third vision that silences Amos before God.

...the LORD was standing beside a wall built with a plumb line, with a plumb line in his hand. And the LORD said to me, Amos, what do you see? And I said, "A plumb line." Then the LORD said,

"Behold, I am setting a plumb line in the midst of my people Israel; I will never again pass by them; the high places of Isaac shall be made desolate, and the sanctuaries of Israel shall be laid waste, and I will rise against the house of Jeroboam with the sword."

Famine and drought are naturally occurring calamities of the creative power of God and thus quite beyond human control. For these reasons, one may plead to God for their mitigation.

But a wall is the work of our own hands, humanity's contribution to creation. We are given the tools to build it properly. If our project is constructed improperly, its deviation is inexorably marked by the plumb line. And from that verdict there is no appeal. When God holds out the plumb line, Amos is silenced. There is no pleading. It is what it is. The judgment is clear. The human builders are responsible.

Amos, a herdsman and dresser of sycamore trees, is forced to prophesy.

In 1994, Tennessee privatized its Medicaid system by assigning enrollees to private insurance companies who could better manage costs. Late last month, Premier Behavioral Health Systems, the insurer of mental health benefits to 700,000 TennCare enrollees, told the state Health Department it would not renew its contract. On July 1, many of Tennessee's most vulnerable psychiatric patients began being told they were not covered for outpatient medication and other services necessary for their continued survival in the community. It seems a deliberate and calculated move to place the system in as much crisis as possible.

Premier was the largest of the two behavioral health organizations (BHOs) insuring mental health services. It is a consortium composed of Columbia Behavioral Health of Tennessee, AdvoCare of Tennessee, and FHC Options of Norfolk, Virginia. If those corporate names sound familiar, it is because the powers behind Premier also provide mental health services through their Columbia and FHC hospitals. Premier's contract negotiations with TennCare Partners broke down over issues around psychiatric medications and use of regional state hospitals. Premier says the state does not provide enough funding to allow patients to use the more expensive state hospitals like Moccasin Bend and Lakeshore, and that the community mental health network is too costly and inefficient. Premier says it can deliver mental health care more cost effectively through its own system. It sounds greedy and makes sense at the same time. Welcome to managed health care under private enterprise.

The mental health centers and state hospitals complain that they are not paid on time by Premier and bear most of the financial risk. Moccasin Bend claims it is still owed \$4.2 million from last fiscal year. Yet these providers seem reluctant to enter the real world and compete with private health care on the basis of cost effectiveness and outcome. They say the population they serve has different needs than those typically seen by private health care, therefore they should not have to compete on the same basis. State hospitals exist for a reason: they provide service to people no one else wants. Yet, when Premier tried to channel TennCare patients to its own hospitals last month, the state hospitals howled. It would have been the beginning of the end for the regional state institutes, some state jobs, and the old way of doing things.

Shame be on both their houses. While powers and principalities posture and expostulate, God's people suffer. Psychiatric patients across Tennessee are going to the drug store to get their prescriptions refilled, only to find out the medication they need to experience and survive the same world as their friends and family will cost them money they do not have. For many of these human beings, anti-psychotic and anti-depressant medication is more necessary than food.

A Hamilton County patient contracted with me not to attempt suicide over the long holiday weekend. However, she added, "I really don't see the point, I can't afford my medication. If they find me dead, call it murder." Suicide and selfinjurious behavior is "hard-wired" into some mental and emotional illness, just like stroke and heart attack is hard-wired into coronary artery disease. People in our midst, formed by and made in the image of God, are going to die for lack of care.

Last week, a Bradley county patient--finally working again after a hospital admission in April--was told the only way she could get her medications was to have another hospital admission or be in the prison system. She is considering her options.

TennCare Partners says that they are still in negotiations with Premier, that nothing has really happened, and no one will have an interruption of benefits. If there is a problem, they say, call the hotline. But private clinics, pharmacies and other providers are not convinced and are already advising they cannot give care in exchange for promises. Toll-free hotlines produce busy signals and recordings.

As a result, some of the most vulnerable, humiliated and powerless human beings in our society are being used as pawns in a political struggle between medical corporations and state civil servants. Very simply, this is about greed and a misuse of the knowledge entrusted to us to alleviate suffering. The God of the prophets would not be pleased. The Gospel which holds a preferential option for the sick, the poor and the powerless is not being heard. The plumb line is being ignored.

Mental illnesses such as depression, schizophrenia and mood disorders are a naturally occurring, largely biological calamities within the created order. Their occurrence is largely out of the control of humanity.

Trauma-based personality disturbances are natural human responses to extraordinary events. Such events are often violent, abusive and avoidable, but it is not the victims who should be punished.

For these reasons, one may plead to God for the mitigation of suffering for those who live with mental illness and emotional disorder. We can pray for understanding and grace upon those who love and support them. Some things are simply beyond human control.

But TennCare and its behavioral health network is the work of human hands. Supposedly, it was built with a plumb line. We really do know how to do the right thing. If our delivery system is constructed improperly, its deviation is inexorably marked by the plumb line. And from that verdict there is no appeal. It is what it is. The wall is not very straight these days. And the human builders are responsible.

LORD, have mercy on us all.

Howard W. Whitaker +

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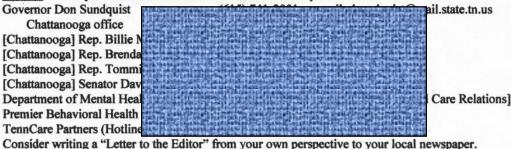
(The Rev. Dr. Howard W. Whitaker is an Episcopal priest, board certified psychiatric chaplain with Clinical Pastoral Services in Chattanooga. For the record, CPS is not a TennCare vendor and has no financial stake in the contract negotiations.

Also contact CPS to be placed on a list for updates on this critical issue.)

Things you can do:

1. Pray. Pray for justice and compassion for those with mental illness and emotional disorder. Pray for humility and a sense of servanthood for those who work for them. Pray for a restoration of care.

2. Witness. Make yourself heard on this issue. Here are some places to start.



3. Give. While this standoff continues, someone will have to help people obtain their essential anti-depressant and anti-psychotic medication. Be prepared to help financially. Contact your clergy or Clinical Pastoral Services.