
Case Studies on ELCA Social Statements, Part Two: *For Personal Reflection and Group Discussion*

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Wartburg Theological Seminary (WTS) received a generous Science for Seminaries grant from the American Association for the Advancement of Science, Dialogue on Science, Ethics, and Religion program, in consultation with the Association of Theological Schools. This project helped WTS further integrate science into our core curriculum. One of the courses selected at our seminary for integrating science with theology was my course on Christian Ethics taught each fall semester.

This course has long included study of social statements by the Evangelical Lutheran Church in America (ELCA). I have been disappointed each year at how little familiarity students have with these social statements based on their participation in ELCA congregations. The ELCA social statements are best understood as study documents, useful as curricula for teaching and learning about ethical responsibility in the contemporary world. Strengthening the interface of church and society through greater engagement with the social statements could contribute to renewed congregational vitality.

To increase the accessibility of the ELCA social statements as study documents and deepen awareness about the relation of science and theology in ethical argument, students worked in small groups to prepare a case study based on one of the social statements. The publication of the case studies aims to broaden and deepen engagement with the ethical issues raised by the social statements in congregations. This article presents case studies based on five of the social statements: “Human Sexuality: Gift and Trust” (2009), “Caring for Health: Our Shared Endeavor” (2003), “Sufficient, Sustainable Livelihood for All: A Social Statement on Economic Life” (1999), “Freed in Christ: Race, Ethnicity, and Culture” (1993), and “Abortion” (1991).

Although the subject matter varies, the structure of each case study is alike. Each case study has been given a title, reflecting something of its content, followed by the name of the social statement and a link to it on the ELCA webpage. The first major section, “Background,” provides scientific and other information pertinent to informed discussion of the case. The second section is the “Case Study” itself, followed by “Discussion Questions.” The cases are best employed by study groups, whose members have read the social statement as preparation for discussing the

cases, although they can also be used profitably as stand-alone curriculum. The names of the authors for each case study are listed at the end.

The Case Study, *The Gift and Curse of Conscience-Bound Belief*, based on “Human Sexuality: Gift and Trust” (2009) explores a congregation’s struggle to embrace a longtime church member who is transgendered and desires to have her wedding performed by her pastor at the church.

The Case Study, *Our Shared Endeavor*, based on “Caring for Health: Our Shared Endeavor” (2003) involves the high costs of medical care, misinformation about medical treatment based on the Internet, and maintaining ethical employment practices in a congregation-based daycare and preschool.

The Case Study, *Modern Day Gleaning: Can Business Be a Ministry?* based on “Sufficient, Sustainable Livelihood for All: A Social Statement on Economic Life” (1999) deals with the challenges facing a small business that attempts to implement economically just employment practices and still maintain a viable business model.

The Case Study, *Displacement and Gentrification*, based on “Freed in Christ: Race, Ethnicity, and Culture” (1993) engages the displacement of people of color from their homes due to the rerouting of the local highway system through their neighborhood in the process of urban gentrification.

The Case Study, *The Sanctity of Life: Making Difficult Pre-Birth Decisions*, based on “Abortion” (1991) examines the ethical dilemma facing a couple who have struggled with infertility in seeking to conceive a child, and now discover their long-awaited baby has genetic abnormalities.

I encourage those using these case studies to discuss these cases based on the best information they have received from the background explanation, the case study itself, and the respective social statement. It will be less useful to allow the discussion to become derailed by speculating about details not defined by the case.

We encourage you to make creative use of these cases based on ELCA social statements to introduce congregation members to the social statements themselves and to engage in moral deliberation on the concrete ethical issues presented. I am grateful to the authors for their original work in producing these cases and for granting me permission for their publication.

The Gift and Curse of Conscience-Bound Belief

Social Statement: “Human Sexuality: Gift and Trust” (2009)

<https://www.elca.org/Faith/Faith-and-Society/Social-Statements/Human-Sexuality>

Background

The Evangelical Lutheran Church in America (ELCA) Social Statement, *Human Sexuality: Gift and Trust*, advocates “deep respect” toward the “conscience-bound belief of others” and their interpretation of the “scriptural witness” about same-sex couples, as well as their place and status in Christian communities.¹ The ELCA voted in 2009 to allow the calling of ordained clergy in committed same-gender relationships by congregations who choose to do so. This action became an occasion for schism in the church. The North American Lutheran Church was founded in part as a response to this controversial decision, despite the church’s official teaching allowing for conscience-bound dissent.²

Dialogue concerning sexuality and gender presentation are increasingly prevalent in modern society. One of the topics that continues to be divisive in conjunction with human sexuality involves transgender issues. Society is still working to discern what it means to be transgender. “We know that there is a significant, durable biological underpinning to gender identity,” said endocrinologist Dr. Safer.³

What we don’t know are all of the biological factors at play that explain gender identity. As far as we in the mainstream biological-medical community understand it in 2018, it is hard-wired, it is biological, it is not entirely hormonal, and we do not have identified genes, so we cannot specifically say it is genetic.⁴

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The line of difference between gender and biological sex, and the implications of these definitions, is a topic of conversation among scientists, theologians, and others. With multifaceted complexity, many practical issues abound in scientific and theologically informed ethics.

Biological sex is not a simple issue. Indeed, *Human Sexuality: Gift and Trust*, attests to the complexity of gender identity and its biology.⁵ Many are familiar with the concept of X and Y chromosomes: if one has two X chromosomes, as it is commonly understood, one is female; if they have an X and Y chromosome, one is male. Swyer Syndrome is one example that shows how easily this simple assumption is muddled. People with Swyer Syndrome have XY chromosomes, but “they develop as female.”⁶

Genetics appears to play a role in whether a person will be transgender. “In studies of twins, if one is transgender, the other is far more likely to also be transgender if they are identical, rather than fraternal twins,” given the identical genes between identical twins.⁷ Neurologically, a transgender person’s brain shares “structural characteristics” and “functional similarities” to the target gender’s brain chemistry.⁸

1. “A Social Statement on Human Sexuality: Gift and Trust” (Evangelical Lutheran Church in America, August 19, 2009), 19–20.

2. Julia Duin, “Lutherans Second Church to Split over Gays,” *The Washington Times*, November 19, 2009, Online edition, sec. National.

3. Endocrinologist and executive director of the Center for Transgender Medicine and Surgery at Mount Sinai Health System in New York and president of the United States Professional Association of Transgender Health.

4. Denise Grady, “Anatomy Does Not Determine Gender, Experts Say,” *The New York Times* (*The New York Times*, October 22, 2018), <https://www.nytimes.com/2018/10/22/health/transgender-trump-biology.html>.

5. “Human Sexuality: Gift and Trust,” 28.

6. Katherine Wu, “I’m XY and I Know It’: Sex Determination Systems 101,” SITN Blog, August 2, 2016. <http://sitn.hms.harvard.edu/flash/2016/im-xy-know-sex-determination-systems-101/>.

7. Denise Grady, “Anatomy Does Not Determine Gender, Experts Say,” *New York Times*, October 22, 2018, Online edition, sec. Health, <https://www.nytimes.com/2018/10/22/health/transgender-trump-biology.html>.

8. Cleveland Clinic, “Research on the Transgender Brain: What You Should Know,” *Health Essentials*, March 27, 2019, <https://health.clevelandclinic.org/transgender-brain-research/>.

Case Study

Jessica is a 25-year-old woman assigned male at birth and the only child of Hans and Hilda. The family is deeply connected to their small ELCA church, St. Luke's Lutheran Church, located in Adair Village, Oregon, that boasts a population of fewer than 850 people. Jessica's grandfather, Andreas, is the president of the congregation council. Including Jessica, her family has had five generations as members of St. Luke's parish. Growing up, she was lovingly accepted at St. Luke's, doing all that was expected of young boys in the parish: playing, serving as acolyte, and actively participating in the youth group. Jessica loved St. Luke's and always remembered it fondly.

When Jessica was born, her parents named her Joshua, but she always felt gender dysphoria throughout her childhood. She never brought up her identity questions to her parents, because Hans and Hilda held conservative stances toward politics. Jessica began to transition when she was 18, after discovering the Stonewall club, an LGBTQIA+ student organization at her university, which helped her come out to herself. Immediately, she began hormone therapy and saved money for sexual reassignment surgery. She also met Monique, a cisgendered lesbian woman from the school club, who supported her throughout her transition. They quickly fell in love, and Monique supported Jessica as she prepared to come out.

At Thanksgiving that year, she came out to her parents and grandparents. Her parents were distressed and did not take the news well, while by contrast her grandparents were nonplussed. Grandpa Andreas summarized his sentiment succinctly: "Be who ya' are, but I wanna be a great-grandpa, dangit!" Jessica reassured them she wanted to adopt. After graduation, Monique proposed to Jessica. Jessica gladly accepted and began planning her dream wedding: a small ceremony at the church she loved in Adair Village.

Pastor Jim has been an ELCA pastor since the formation of the ELCA in 1988 and has served as pastor at St. Luke's since 2007. With his undergraduate studies from the University of California Berkeley, he holds progressive beliefs, even as he understands that St. Luke's is divided regarding interpretations of the Bible and sexual ethics. Shortly after the ELCA's 2009 decision to allow congregations to call clergy in committed same-gender relationships, Pastor Jim taught a well-attended class on the social statement, *Human-Sexuality: Gift and Trust*, where he affirmed the "bound conscience" teaching, in order to keep the congregation unified. When Jessica came out in 2012, Pastor Jim promptly called her to provide affirmation and offer his support in whatever way he could.

St. Luke's is split on the issue of allowing Monique and Jessica to be married at St. Luke's. Pastor Jim is working hard to foster a caring community. He is going out of his way to touch base one-on-one with people and talk them through the situation. Grandpa Andreas and Pastor Jim have also discussed how they might approach individuals from council for conversation.

There has been some increase in acceptance; some members who had been opposed to the wedding are now open to the idea. However, there is a group of council members and other congregational members who remain opposed. Unfortunately, the people in opposition are either keeping to themselves or having side conversations on the topic, criticizing the pastor and those who support the wedding. The wedding is now a month away and St. Luke's is still divided. Some members have stated that they will leave the church if the issue is not settled to their satisfaction. Although Pastor Jim is steadfast in his support for the wedding at the church, he would be sad to see the congregation split. If enough people left the church, St. Luke's may not remain financially viable.

Human Sexuality: Gift and Trust invites congregations to take primary agency in decision-making in social justice situations. The primary ethical dilemma for St. Luke's is whether the congregation council wants to allow its childhood member, Jessica, and her fiancé, Monique, to get married in their church building. Pastor Jim, in talking with the council, made the recommendation to let them get married. He feels it would be prudent since the congregation uses the hymn "All Are Welcome" as a theme song and faith statement in the life of the St. Luke's.

Several council members have voiced their concerns that same-sex relationships and transgenderism "go against biblical morals." Further, the church constitution has not been updated since 1972 and therefore does not allow for same-sex weddings. Another segment of the congregation is fine with allowing a same-sex wedding at the church, but objects because Jessica is transgender. A final, small group of members categorically seek to deny Jessica's transgender identity altogether. To them, Josh is marrying Monique, therefore it is a heterosexual marriage and should be allowed.

Discussion Questions

What role should Jessica's lifelong (since childhood) relationship with the congregation play in this decision?

What is the church's responsibility in this case? How can the congregation best engage conversations about sexuality and gender identity?

What is the pastor's responsibility both to Jessica and to St. Luke's as a whole?

How would you engage with the contrasting beliefs around sexuality and gender identity in relation to the stance of the ELCA?

Authors: *Ollie Bergh, Thomas Kreis, Colin Neubarth, and Amanda Randa*

Our Shared Endeavor

Social Statement: **Caring for Health: Our Shared Endeavor (2003)**

<https://www.elca.org/Faith/Faith-and-Society/Social-Statements/Health-Care>

Background

The price of insulin—once reasonable—has skyrocketed in recent years. This price increase has made access to life-saving medication a significant expense and burden, especially to the underinsured and uninsured. Costs have risen so dramatically that some patients ration their insulin; some of these attempts at rationing have resulted in death.⁹

Low-income families face three barriers in accessing health care: insurance, access, and cost. Sometimes families might have the means to address one or two of these but cannot get adequate care without adequate access to all three.¹⁰

The growing mistrust in medicine is not always mistrust in the science itself. In many cases, this can be traced back to a trauma that occurred while receiving medical care. Many of these traumas involved medical error and/or death of the patient. Furthermore, patients and their families are often still responsible for large medical bills even in cases of medical malpractice. While legal recourse is available; it is timely, expensive, and comes with no guarantees.¹¹

In an era of instant access to information, it can be difficult to discern between credible and non-credible sources. For example, the vaccine safety debate began with the flawed medical research of Dr. Andrew Wakefield. When Wakefield reported a link between the MMR vaccine and autism, many trusted him because he was a medical doctor. Over time, Wakefield's findings were discredited as fraud. Now, despite numerous retractions and massive public outreach by the medical community, many simply do not know

The reasons that people avoid health care are nuanced and varied. These include high cost, little or no health insurance, time constraints, religious beliefs, misinformation, and the hope that medical ailments will simply get better on their own.

what or whom to believe.¹²

There are other findings that support this medical science. Between 1975 and 1995, an estimated 172 children died after their parents rejected medical care on religious grounds. Of these, 140 suffered conditions for which survival rates exceeded ninety percent. If there had been timely medical intervention, more could have survived at a rate exceeding fifty percent.¹³

The need for clinical trials on children has been recognized by the scientific community and broader public, in some countries leading to new legislation that makes trial studies of interventions mandatory in children as well as adults before granting drug approval.¹⁴ Congress passed the 2002 Best Pharmaceuticals for Children Act to increase the number of clinical tests performed on pediatric populations.¹⁵

9. *Washington Post Magazine*. "Insulin is a lifesaving drug" in *Washington Post Magazine*, January 7, 2019. <https://www.washingtonpost.com/news/magazine/wp/2019/01/07/feature/insulin-is-a-lifesaving-drug-but-it-has-become-intolerably-expensive-and-the-consequences-can-be-tragic/>.

10. Oregon Health and Science University. "Low income families face three barriers to health care" from OHSU News, November 29, 2007. <https://news.ohsu.edu/2007/11/29/low-income-families-face-three-barriers-to-health-care>.

11. *Washington Post Magazine*. "A medical mistake happens who pays the bill?" in *Washington Post Magazine*, November 9, 2015. https://www.washingtonpost.com/national/health-science/a-medical-mistake-happens-who-pays-the-bill/2015/11/09/9d4f6ee6-78d1-11e5-b9c1-f03c48c96ac2_story.html.

12. David Gorski. "Did a high-ranking whistleblower really reveal that the CDC covered up proof that vaccines cause autism in African American boys?" in *Science Based Medicine*, August 25, 2014. <https://sciencebasedmedicine.org/did-a-high-ranking-whistleblower-really-reveal-that-the-cdc-covered-up-proof-that-vaccines-cause-autism-in-african-american-boys/>.

13. Richard A. Hughes. "The Death of Children by Faith-Based Medical Neglect" in *Journal of Law and Religion*, (Cambridge University Press), 247-265. <https://doi.org/10.2037/4144687>.

14. "Paediatric research should take centre stage," in *The Lancet*, Volume 364, Issue 9436, 28 August - 3 Sept 2004. Page 732. [https://doi.org/10.1016/S0140-6736\(04\)16942-0](https://doi.org/10.1016/S0140-6736(04)16942-0).

15. Heinonline.org. Lauren Hammer Breslow.

The reasons that people avoid health care are nuanced and varied. These include—but are not limited to—high cost, little or no health insurance, time constraints, religious beliefs, misinformation, and the hope that medical ailments will simply get better on their own. Delays in medical care often result in more care than originally needed. Many hospitalizations and deaths could have been prevented.¹⁶

Case Study

Bill and Jill have been married for ten years and reside in a suburb of Los Angeles. They live with their five children, ranging in age from eight years to six months. Bill works at a local boutique butcher shop and Jill operates an in-home daycare. They have health insurance through Bill's job.

Bill is diabetic and the price of his insulin has been increasing dramatically over the past few years. It has now become unaffordable. After trying to ration the more expensive insulin to make it last longer, Bill had a drastic blood sugar spike which landed him in the hospital for three days. Bill has worked with his doctor to find a less expensive insulin that provides the same result but these attempts have been unsuccessful so far. The insulin that the insurance would cover at an affordable copay did not control Bill's blood sugar adequately, leading him to miss even more days at work due to illness. With his reduced hours at work, his boss dropped him from their health insurance policy. When Bill and Jill applied for the state funded health insurance plan, they were told they made too much money to qualify.

Bill's doctor continued to research alternatives for Bill and informed him about a clinical trial for a new brand of insulin. Together they determined Bill would be a good candidate. The clinical trial would provide Bill with the new insulin free of charge for up to a year as they monitor him for reactions and side effects. Bill ended up being in the small percentage of people who reacted very badly to the new insulin. His blood sugars were out of control. Eventually Bill lost consciousness and was rushed to the hospital by ambulance. He was diagnosed with diabetic ketoacidosis and admitted to the CCU in a diabetic coma. Bill's blood sugars were too far out of the 'normal' range for the doctors to stabilize, which caused cardiac distress and brain swelling. Ultimately, his medical condition continued to deteriorate, leading to cardiac arrest and Bill's death. Though the clinical trial covered participant costs related to the study, they deemed Bill's hospitalization to be a result of his diabetes and not directly tied to the insulin test. Jill was now left to pay for a funeral, large hospital bills, and to provide for five children whom she now had to raise alone.

For about a year after Bill's death, Jill tried to continue as before, operating her in-home daycare. She decided she did not need health insurance for herself or her children and stopped going to the doctor entirely. Her trust in the health care system had been

completely broken by her husband's death. Prior to this, all the children had received their normal check-ups and vaccinations, but after Bill's death Jill stopped taking these medical precautions. She turned to a combination of Internet information and homeopathic remedies to care for herself and the children.

Recently, Jill researched natural healing and landed on essential oils. According to "antivax.com" and other websites, essential oils are safe and can cure a myriad of diseases. The website claims that oils healed diseases for years before poisonous vaccines were created by the government and big pharma. Jill cited a case from a parent in Florida where children suffered life threatening illness as a result of vaccines. The words of a hurt mother read online ring in Jill's ears: "How is a vaccine that caused my son's intestine to fold in on itself and almost die safe or effective?"¹⁷

It has become impossible to make ends meet and pay back the \$150,000 in hospital bills for Bill's treatment through the income from Jill's home business and she has had to seek employment outside the home. She found a job at St. Raphael Lutheran Church, which has a large (50-75 children) preschool and daycare center where she could work and where her two youngest children could attend at a discounted rate. St. Raphael Lutheran Church is located near a large medical testing facility and many of the members of the congregation are employed as researchers and biological engineers. Jill works in the office answering phones, filing, and handling paperwork for new enrollments. Jill is aware of the school's policy on vaccinations for all students and staff but enrolled her children, disregarding the policy.

While auditing the files before a State inspection, Karen, Jill's supervisor, noticed that Jill's children did not have up-to-date vaccination records in their files. She asked Jill to provide them before the inspection. Jill explained to Karen that her children would not be getting any more vaccinations, because "vaccinations cause autism or worse." Jill claimed she could show Karen the proof on Internet sites, asserting that the essential oils she uses will keep them safe from any germs or viruses. Jill stated: "All the other kids are vaccinated, so that will keep my kids safe too. I just can't trust doctors after what they did to my Bill."

Karen asked Jill whether that was the reason she did not enroll in the employee health insurance plan when she was hired. Jill admitted that was the case, although she originally said she could not afford to pay her portion of the health insurance plan, because she was still paying off the hospital debt. Karen had accepted that reason at the time. Now Karen wants to fire Jill for her unethical practices. However, she knows very well the amount of Jill's medical bills and is conflicted. Karen tried to talk with Jill about her lack of desire to vaccinate, but Jill will not listen because of the ways the medical system failed her.

16. Taber, Leyva, and Persoski. "Why Do People Avoid Medical Care?" in *Journal of General Internal Medicine*, March 2015 30(3): 290-297. Published online by NCBI. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4351276/>.

17. Meredith Wadman, *Health, Science and Policy*. American Association for Clinical Chemistry, March 4, 2019. doi:10.1126/science.aax2213.

Discussion Questions

Should St. Raphael Lutheran Church fire Jill for her actions, or work to support her even though she does not attend the church?

What steps should St. Raphael Lutheran Church take next regarding Jill as an employee?

Do you think it would be helpful for members of the congregation who are medical researchers to talk with Jill, in order to address her fears and concerns?

To what degree would you draw upon Christian ethics in your reasoning process in relation to healthcare laws?

Authors: *Elizabeth Carr, Timothy Jacobsen, Susan Kleps, and Matthew Shapton*

Modern Day Gleaning: Can Business Be a Ministry?

Social Statement: **Sufficient, Sustainable Livelihood for All: A Social Statement on Economic Life (1999)**

<https://www.elca.org/Faith/Faith-and-Society/Social-Statements/Economic-Life>

Background

Economic systems are foundational for our personal lives and society. They affect individual and corporate behaviors around spending and saving, consumption and waste, and the difference between material needs and wants. Economic systems can be viewed from the perspective of abundance or from scarcity. A perspective of abundance holds that there is more than enough money for all people to attain sufficient financial status for daily living. A perspective of scarcity reflects the belief that there is not enough money to go around for all people to attain economic sufficiency.

The social science field of economics seeks to study and explain the financial behavior of individuals, groups, and organizations, as well as attitudes of scarcity and abundance. In the United States, this field examines financial behavior in the free market, known as capitalism, in which the country's trade and industry are controlled by private owners for profit, rather than the state.¹⁸ In the system of capitalism, financial wealth (abundance) is possible for some but not for most. Capitalism is not a system that addresses sufficient, sustainable economic activity for all people. The pursuit of individual and corporate wealth tends to cast aside those who do not achieve financial success by their own merit, resulting that those on the margins of society are vulnerable to the risk of being abused by unjust financial practices and policies.¹⁹

In light of an imbalanced financial system that favors the rich, economic justice has become a scientific, spiritual, and legal pursuit in its analysis of root causes and the systemic failures of society that keep people in poverty.²⁰ Justice, however, is not the predominant normative construct in the United States economy. The accepted norm in the U.S. assumes the financial good of the individual rather than the good of the community.

In this framework, the individual assumes responsibility to achieve financial security in the form of wealth and status, based

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on the ideal that if one works hard, one will be rewarded. If an individual does not achieve financial success, cultural constructs assume they are not working hard enough and are to blame for their lack of financial security. This framework minimizes communal responsibility and ignores the imperative of a neighborly love that is central to Lutheran theology: the understanding that our individual activity in the world is intended to serve neighbor and creation for the good of all. Economic justice cannot be attained when an individual or family is stuck in a cycle of poverty.

If basic needs are not met, the person is not able to focus on or address other problems or issues they may be experiencing. In 1943 Abraham Maslow presented "A Theory of Human Motivation" that delineated a hierarchy of human needs. Above all, humans should have their physical needs met, including the needs for clean water, shelter, and food. People who are homeless do not have everyday access to these basic human needs. Therapists, counselors, and social service agencies assist people with life problems that can impact their well-being, such as employment, housing, extreme poverty, lack of adequate food, access to safe drinking water, and

18. Merriam-Webster Dictionary.

19. Economics Online, *The Nature of Economics*, accessed November 1, 2019 https://www.economicsonline.co.uk/Competitive_markets/What_is_economics.html.

20. Southern Poverty Law Center, *Economic Justice*, accessed November 1, 2019 <https://www.splcenter.org/our-issues/economic-justice>.

homelessness.²¹

Jesus captured the meaning of economic justice in Luke 16:13: “No slave can serve two masters; for a slave will either hate the one and love the other, or be devoted to the one and despise the other. You cannot serve God and wealth.” In serving God, our response to God’s love leads to service of neighbor. This neighbor ethic underscores the pursuit of economic justice that involves the implementation of honest and ethical employment practices in both private and public businesses to assure economic equity.

One employment practice that seeks economic justice for all, particularly for people at the edge of financial stability and for those living at or below the federal poverty level (\$25,750 for a family of four in 2019),²² is modern-day gleaning. “Gleaning” refers to the mandate within the Mosaic Law that harvesters should leave behind “gleanings” for the sake of the poor, who subsist on the literal and figurative margins of society. Although this biblical mandate is generally neglected and considered irrelevant in modern business practice, it offers powerful lessons to guide businesses into transformational solidarity with the poor and marginalized... Biblically, gleaning can be considered a timeless demonstration of God’s concern for economic shalom. Therefore, gleaning is a mandate whose intent is as relevant today as it was in ancient times.²³

We can classify the modern day practice of gleaning as having six characteristics: (1) sustainability for business, profits, market, and society; (2) experiential links with the poor; (3) enhancement of human dignity; (4) disruption of the cycle of poverty; (5) grace-infused economy (*caritas*); and (6) revelation of transformational power (*transformatio mundi*).²⁴

Case Study

Bo and Cara Azmon own a relatively new construction company in Chicago, Illinois. The company supports a workforce that allows for several building contracts to be in progress concurrently. As a part of their business model, they have been committed to economic justice and the right to work for all. As Christians, Bo and Cara are committed to economic justice. They have incorporated the biblical ideal of gleaning into their business practices in the following ways: providing services at a fair cost to customers, hiring people experiencing homelessness and those living below the poverty line to staff their labor crews, providing on-the-job training with opportunities for advancement, and company perks, such as temporary housing, laundry services, and payment plans for the purchase of trade tools.

Bo and Cara are committed to providing a working environment that is transformative for their employees by giving opportunities to experience a sense of dignity and pride in their work through the practice of unconditional acceptance. In order to provide these opportunities, the owners of the business have minimized their own salaries and have reinvested their profits into the business.

In the first year, their venture was seeing modest success and gaining notoriety. A local news story aired, covering their “unorthodox” business. After the story was broadcast, however, their business could not keep up with demand due to the lack of trained and experienced crews necessary to complete the work.

Now at the end of their third year, Bo and Cara realize that the clients who would have come to them in the past were no longer asking them to submit bids or entering contracts with them. They have not invested in publicity and have had mixed reviews of their work on social media websites. Compared to previous years, their financial numbers are no longer looking viable and payroll is their largest expense. If they abandon their practice of modern-day gleaning, they can increase profits, lower payroll, and increase their marketing budget.

Bo and Cara are now facing business decisions that would allow them to remain competitive but at the expense of their mission and vision. As it has become harder to remain a viable business, they are grappling with several challenging questions: Should they be in business to help the poor and disenfranchised? Does their vision of the common good come at the expense of running a successful and efficient business?

Discussion Questions

What personal and business economic practices stand in tension or opposition to Gospel-driven, “neighbor-minded” economics?

How might the pressures of profit-making impact the ability of a business owner to have trusting, life-giving relationships with their employees? Can relationships remain central when personal financial gain is at stake?

Should a *business* ever be a *ministry*? Can a *business* be a *ministry*? How might these contrasting organizational identities co-exist for the sake of God’s kingdom?

What efforts can you imagine for your church, community, or organization in becoming more economic justice-minded?

Authors: Jason Davis, Elisabeth Himmelman, Teri Sutherland, and Grant Vanderford

21. American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorder, Fifth Edition, DSM-5*, “Other Conditions That May Be a Focus of Clinical Attention.” (Washington, D.C., American Psychiatric Publishing, 2013), 723-725.

22. U.S. Department of Health & Human Services, *2019 Federal Poverty Guidelines*. Accessed November 25, 2019. <https://aspe.hhs.gov/2019-poverty-guidelines>.

23. Bruce D. Baker, *Gleaning as a Transformational Business Model for Solidarity with the Poor and Marginalized*, (SPU Works 98, 2016), 2. <https://digitalcommons.spu.edu/works/98>.

24. Ibid.

Displacement and Gentrification

Social Statement: Freed in Christ: Race, Ethnicity, and Culture (1993)

<https://www.elca.org/Faith/Faith-and-Society/Social-Statements/Race-Ethnicity-and-Culture>

Background

“Religious beliefs and institutions can foster prejudice or inhibit it; enhance family cohesiveness or destroy it; encourage copying activity or suppress it; and/or provide life perspective of hope and optimism, or of fear and resentment. Understanding the role of religion with respect to any particular problem requires a highly differentiated view of both religion and the problem under consideration, as well as a coherent model of their interrelations.”²⁵ Gary Gunderson makes the argument that one’s community, whether that be a congregation, neighborhood, or school, deeply affects one’s health. Being in a community aids in decreasing isolation and meaninglessness. Gunderson continues: “[J]ust as one cannot very well fix an elbow without some understanding of the larger organism, so it is difficult to understand an individual’s health apart from those things that make the person coherent, whole, meaningful.”²⁶ One’s health is deeply affected by how one views oneself within a community. By taking a person or family unit out of their community, it affects not only their lifestyle but their health as well.

Nearly two-fifths of the people of color interviewed after the Rondo freeway displacement in St. Paul, Minnesota, from 1956-1968 said they faced racial discrimination in trying to move into neighborhoods that were predominantly white, and half of them experienced it more than once. While white people were able to scatter throughout the city without incident, the people of color tended to relocate together in “small pockets” within the city. Those who tried to move into predominantly white areas were met with resistance. Some found that real estate agents would not sell or rent to non-whites and, of those who were willing, many of the homes were poor quality.²⁷

Studies on racial segregation have shown that people of color are more likely to live in high-poverty areas and the fear of hostility from white neighbors may prevent them from moving into neighborhoods. “White avoidance” may stem from the fear that an increase in non-white residents may drive down property

25. Gary Gunderson, *Deeply Woven Roots: Improving the Quality of Life in your Community* (Minneapolis: Augsburg Fortress, 1997), xi-xii.

26. *Ibid.*, 7.

27. James F. Davis, “The Effects of a Freeway Displacement on Racial Housing Segregation in a Northern City.” *Phylon* (1960) 26, no. 3 (1965): 209-215. doi:10.2307/273848.

By taking a person or family unit out of their community, it affects not only their lifestyle but their health as well.

values, increase crime, and create neighborhood disorder.²⁸ In the following case study, we explore how a landlord is reacting out of fear in trying to place the Martinez family on the outskirts of the neighborhood, while also trying to make money by leasing them a substandard rental.

Case Study

The Martinez family household is made up of husband, John (48); wife, Rosa (42); their three children, Maria (12), Rosie (8) and Miguel (6); Rosa’s mother, Rosalinda (72); and John’s father, Miguel Sr. (75). Throughout their married life John has maintained full-time employment, while Rosa has never worked outside the home. They value a Latinx lifestyle, in which Rosa’s full-time job has been raising their children and caring for their aging parents.

Although John speaks English at his workplace, Spanish is his primary language. Rosa has basic knowledge of English, good enough to get around town, but Spanish is also her primary language. Neither of the elders speak English, while the children are fluent in both languages. They have, until recently, lived in a predominantly Latinx neighborhood that allowed them to keep the family close to the cultural traditions of their Mexican heritage. They are long-term home renters and live in a three-bedroom house in the same neighborhood as many of their long-time friends.

The neighborhood is in a part of town experiencing in recent years a slow “rebirth” also known as gentrification. Several major construction projects have been designed to bring more people into the city from the suburbs and create an economic boom. This has led the city to explore the expansion of the central free-

28. Margery Austin Turner, Solomon Greene, and Ruth Gourevitch, “Racial Residential Segregation and Neighborhood Disparities,” US Partnership on Mobility from Poverty. August 2017 <https://www.mobilitypartnership.org/about>.

way system that borders the neighborhood and the relocation of those living there. After several city council meetings, a vote was approved to proceed with the proposed freeway expansion in the name of community development at the expense of the long-established Latinx community.

The Martinez family has been notified by their landlords that they have accepted an offer from the city to buy the home where they are living. Rumors have begun to spread throughout the community that the offers made by the city are less than fair market value. Yet some owners fear getting nothing at all because of a disinformation campaign led by the city attorneys and other parties.

Since the Martinez family are renters, they are not entitled to compensation and now are faced with needing to relocate within two months. There are state laws requiring municipalities to offer financial and relocation assistance to those displaced due to eminent domain, the process by which the city has claimed the right to the neighborhood properties. However, those laws are not connected to the process of negotiating a fair market value and price. Many people, including the Martinez' landlord, are altogether unaware of these laws.²⁹

The Martinez family is struggling to find quality housing within their price range. Because of the anticipated increase in property values and amenities tied to the gentrification process, prices for a three-bedroom home near their current neighborhood are extremely high. The homes within their price range are rundown. Caring for their children and elderly parents makes it almost impossible for John and Rosa to afford the required maintenance, let alone the moving costs and utility deposits that take up all additional money from their single income.

Uprooting the entire family undermines the physical and mental well-being of the children and creates an employment barrier for John. This is where John and Rosa have cultivated a support system for their family that also supports the care of the elderly parents and children.³⁰ Since learning of the impending move, their children have been having trouble eating and sleeping; their teachers have reported that the once happy, hard-working students are now struggling to focus at school and stay on task.³¹ Furthermore, John and Rosa are finding it difficult to find new landlords, who are fair and willing to provide upkeep to housing at a livable standard.³²

First Lutheran Church is centrally located in a neighboring,

predominantly white neighborhood with several houses for sale or rent. Nearby the church is a two story, four-bedroom home for rent, and the family has inquired about renting it, only to receive pushback from the landlord. He has offered them a price well-above the going rate for similar rental properties offered to white renters. Instead, the landlord is trying to convince them to rent a smaller dilapidated home on the edge of the neighborhood, even further from the Martinez' long-time residence.

The homeowner has used the language barrier to his advantage, saying that they do not understand what he is offering them. Although not a member of First Lutheran, the homeowner often interacts with Pastor Smith when he is in the neighborhood to check on and fix up his property. In a conversation with Pastor Smith, the landlord uses derogatory language while talking about the Martinez family and jokes that he can easily make money by getting them to rent the smaller house in hopes of renting the better home to a more affluent family who are "more like us."

Pastor Smith knows this is an illegal practice and thinks he can put a stop to it immediately with the help of an attorney, who works pro-bono in such cases. Pastor Smith is aware that one of the parishioners at Blank Lutheran practices real estate law but wonders about the ethical implications of asking them to consider this case.

Although the Martinez family are not members of First Lutheran Church, Pastor Smith feels it is the congregation's calling as Christians to stand up for the poor, marginalized, and oppressed. While the Martinez family are not part of a formal worshipping community, they consider themselves faithful servants of Christ. Pastor Smith is discussing what options the church can provide for the Martinez family, should they reach out to the church for assistance.

Discussion Questions

What responsibility does the pastor of First Lutheran Church have based on the landlord's behavior?

Would it be ethical for the pastor to discuss this confidential issue with the parishioner who practices real estate law?

What can First Lutheran Church do in response to the gentrification that is displacing the urban poor?

What is the responsibility of the affluent white members of First Lutheran Church to the Martinez family and other marginalized communities affected by gentrification, which is primarily benefiting wealthy white people?

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29. <http://eminentdomainlawcalifornia.com/process/>

30. "A healthy person is one who is able to play a role in the family, the community, and the whole of created life. So health is not determined by a comparison against arbitrary average scores of some kind. It is best understood as the ability to fulfill many shifting personal roles as the years go by, as life wounds and bruises us and removes and adds people to our social web." Gary Gunderson, *Deeply Woven Roots: Improving the Quality of Life in your Community*, (Minneapolis: Augsburg Fortress, 1997).

31. <https://www.citylab.com/equity/2019/09/gentrification-effects-children-depression-economic-data/597292/>.

32. <https://www.law.georgetown.edu/poverty-journal/blog/examining-the-negative-impacts-of-gentrification/>.

The Sanctity of Life: Making Difficult Pre-Birth Decisions

Social Statement: *Abortion* (1991)

<https://elca.org/Faith/Faith-and-Society/Social-Statements/Abortion>

Background

The ELCA Social Statement on *Abortion* is grounded in the conviction that “Christians are united in Christ through faith with both the freedom and obligation to engage in serious moral deliberation.” From the legal stand point, “The position of this church is that in cases where the life of the mother is threatened, where pregnancy results from rape or incest, or where the embryo or fetus has lethal abnormalities incompatible with life, abortion prior to viability should not be prohibited by law or by lack of public funding for abortions for low income women. On the other hand, this church supports legislation that prohibits abortions that are performed after the fetus is determined to be viable, except when the mother’s life is threatened or when lethal abnormalities indicate the prospective newborn will die very soon.”

Case Study

Adam and Ava got married at the age of 25. They met in college and began dating after reconnecting in their small town. Ava was a schoolteacher and Adam was a local agronomist. They spent the first five years of marriage establishing their careers and creating a home for their future family. They became active members of a local church and started planning their future together.

Being a young couple, people regularly asked about when they were going to have children. They both wanted kids but were not in a rush, despite the pressure from their families and the older churchwomen. After five years of marriage, they decided it was time to start trying to have children. After a year of unsuccessfully trying to get pregnant, the couple became worried. They decided to go see a doctor to figure out if something was wrong. The local doctor ran multiple tests that spanned several months, while Adam and Ava continued to try to get pregnant. Over the course of the next two years they visited multiple doctors seeking different opinions, attempting a variety of medications, and even engaged in two rounds of in-vitro treatments in the nearby city. The doctors finally concluded that it was highly unlikely that Adam and Ava could have children.

Ava was diagnosed with Polycystic Ovary Syndrome (PCOS), a common hormonal disorder that affects approximately one in ten women.³³ Among other symptoms, PCOS can make it incred-

33. “Polycystic Ovary Syndrome,” Office on Women’s Health, last modified 2019, <https://www.womenshealth.gov/a-z-topics/polycystic-ovary-syndrome>.

“Christians are united in Christ through faith with both the freedom and obligation to engage in serious moral deliberation.”

ibly difficult for a woman to get pregnant, and can lead to further complications if they do manage to get pregnant later on in life.³⁴ While early diagnosis and treatment, along with weight loss, may reduce the risk of long-term complications such as Type 2 Diabetes and heart disease, any pregnancy that may happen could be dangerous for Ava.³⁵ Ultimately, though medications and lifestyle changes could result in a pregnancy for Adam and Ava, the odds were still against them.

Adam and Ava were devastated by the news. They had dreams of raising their children in their small town, bringing them to church, and watching them grow up. Living in a small town meant that nothing was secret. Quickly, this news was the talk of the town. The quilting group at church was devastated and sent cards and flowers for support. The church community had been saying special prayers for the couple in hopes they would conceive. Adam and Ava could not go anywhere in town without someone offering up a comment of support and disappointment.

After receiving the news, Ava and Adam considered adoption. People at the church shared many resources with them. One family who had adopted children from another country shared with them the joys, struggles, and the process. However, adoption is expensive.³⁶ The average cost of a domestic adoption ranges between \$35,000 and \$40,000. While Ava and Adam loved their jobs, neither made a lot of money. Finances were tight. They investigated adoption but decided it would not work for them financially.

They became accustomed to the idea of not having children. But then the unthinkable happened. Almost ten years after being

34. “Treatments for Infertility Resulting from PCOS,” National Institute of Health, last modified 2019, <https://www.nichd.nih.gov/health/topics/pcos/conditioninfo/treatments/infertility>.

35. “PCOS - Symptoms and Causes,” Mayo Clinic, last modified 2019, <https://www.mayoclinic.org/diseases-conditions/pcos/symptoms-causes/syc-20353439>.

36. “Comparing the Costs of Domestic, International and Foster Care Adoption,” American Adoptions, last modified 2019, https://www.americanadoptions.com/adopt/the_costs_of_adopting.

told they could not have children, they discovered Ava was eight weeks pregnant. The couple was shocked; hearing the heartbeat of the unborn fetus meant that their dream of having children was finally coming true! But Ava, now 43, was concerned about the health risks involved for both her and the developing child.³⁷

The couple went to the doctor regularly. At first, everything was going well with the pregnancy. The doctors did confirm for Ava that, at her age, there would be many risk factors, but they were going to take everything one-step at a time. Furthermore, the doctor informed her “that a maternal age older than 35 years was associated with a 65 percent increase in the odds of stillbirth.”

At one visit to the doctor, Ava and Adam received the information they were dreading: Ava was experiencing complications. Following her 16-week check-up and an assortment of tests, the results showed that if brought to term, the child would have Down syndrome, a chromosomal condition where the baby has an extra copy of chromosome 21.³⁸ This extra chromosome causes problems as the brain and physical features develop. Even more, Ava was diagnosed with pre-eclampsia, or high blood pressure.³⁹ Left untreated, preeclampsia can lead to many complications for mother and child.

This was another blow to Ava and Adam’s dream of having children. Due to the pre-eclampsia, the risks were high that the baby would be lost, and that Ava’s life could be in danger as well. The doctors informed Ava of her options regarding the pregnancy, which included abortion. Because the fetus was not yet viable, it would not survive outside of the mother’s womb due to the lack of development in vital systems. The options weighed heavily on Adam and Ava. Do they abort the baby they had dreamed of having or risk both the baby’s life and Ava’s life? Being in a small town, news got out about the pregnancy and about the possible need for an abortion. There were mixed responses from the church members. Everyone was initially excited for the couple. Once people heard the “A” word though, they were quick to pick sides and share their opinions.

On one side, some people felt Ava should not have an abortion. “Human life in all phases of its development is God-given and, therefore, has intrinsic value, worth, and dignity. Guided by God’s law, which orders and preserves life, human beings are called to respect and care for the life that God gives.”⁴⁰ These argued that life is sacred, and it is not up to humans to choose death for a child. People of faith must stand for those who do not have a voice, including and especially the child in the womb. They said that the couple wanted a baby so badly that God had answered

their prayers, therefore they must continue to pray and have faith that God would see this through to make sure that the baby and Ava were safe and healthy. The diagnosis of Down Syndrome is not classified as an “extreme fetal abnormality” and referring to the ELCA Social Statement, congregants argued that an abortion should not be allowed.⁴¹

On the other side, some people had deep concerns for the safety and health of Ava, the mother. These argued: “An abortion is morally responsible in those cases in which continuation of a pregnancy presents a clear threat to the physical life of the woman.”⁴² The probability that Ava might die during the pregnancy or labor was high, as were the possibilities of the baby dying. Many felt it is not worth the risk when one could be saved through the abortion. The diagnosis was soon enough that an early term abortion could still happen, however the window was closing. The question was also raised about the child’s quality of life after birth. For this child there would be a higher risk for heart defects, hearing and vision loss, respiratory problems, leukemia, and many other health issues, which many might classify as “severe suffering” for the child.

Knowing that the doctors were doing everything that they could to ensure the health of Ava and the fetus, Adam and Ava knew that the medical window for termination of the pregnancy was quickly closing. Not wanting to make an uneducated decision, they decided to take time to do research about the disorder and what the life of their future child would be like. Beyond learning the potential health risks from their doctor at the latest visit, they also discovered that there can be complications with motor, language, social and adaptive skills, and psychosocial development.⁴³ Reading about the additional doctor’s appointments and the specialists who would be involved in the future care of their child, Ava and Adam’s level of anxiety began to rise. There was some hope that with newer surgical techniques, early therapy to minimize developmental delay, and proper health supervision, the functional prognosis for infants with Down syndrome is considerably improved.⁴⁴ But these measures also require a lot of social support and money.

Even with all this information, the question remained: what support is available for them in this time of anxiety and the need to make decision? The church community was divided and their finances were tight. They were looking at both large medical bills and the potential loss of life.

37. Ruth C. Fretts, “Effects of advanced maternal age on pregnancy.” FACOG Literature Review, last modified: Mar 04, 2019.

38. “Down Syndrome: Causes, Types, and Symptoms,” Healthline, last modified 14 November 2019, <https://www.healthline.com/health/down-syndrome#causes>.

39. “Preeclampsia - Symptoms and Causes,” Mayo Clinic, last modified 2019, <https://www.mayoclinic.org/diseases-conditions/preeclampsia/symptoms-causes/syc-20355745>.

40. “A Social Statement on Abortion,” ELCA, last modified on September 4, 1991, 2-3.

41. “A Social Statement on Abortion,” 7, where it allows that it may be ethical to have abortions in the case of “extreme fetal abnormality, which will result in severe suffering and very early death of an infant.”

42. Ibid.

43. Rebecca Saenz, “Primary Care of Infants and Young Children with Down Syndrome,”

American Family Physician, last modified 1999, <https://www.aafp.org/afp/1999/0115/p381.html>.

44. “A Healthy Start,” National Down Syndrome Society, last modified 2019, <https://www.ndss.org/resources/a-healthy-start/>.

Discussion Questions

What are the central ethical or theological issues involved in this case?

If you were the pastor of this congregation, how would you handle the situation?

Place yourself in the shoes of Adam and Ava: What would you do in this situation and for what reasons?

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