

Leader’s Guide

 Episode 10

Considerations For The Medically Underserved

Summary

When it comes to material wealth, it has been said that what we humans strive for is “just a little more.” But in the Lord’s economy material wealth can often be a roadblock to true faith and can create snares that entangle and preoccupy us. Conversely, Jesus showed great compassion for the poor, the oppressed and the physically challenged, and He calls us to do likewise. Both we and each of our patients suffer from a poverty of spirit, and the Gospel fills our accounts like nothing else can.

Speakers

Drs. David and Janet Kim are physicians, co-founders and the CEO and Chief Medical Officer, respectively, of Beacon Christian Community Health Center ([www.beaconcchc.com](http://www.beaconcchc.com/)), which strives to live out the gospel daily serving a medically underserved community in Staten Island in New York City. David and Janet have been involved for many years with teaching and mentoring students and residents in New York City and beyond, most recently with the health center’s teaching ministry, [www.Beacon360.org](http://www.beacon360.org/). They have been blessed with four incredible children. For further information about Beacon’s work or to contact Drs. David and Janet, please email them at either davidk@beaconcchc.com (David) or janetk@beaconcchc.com (Janet).

Discussion Questions

1. What from this video inspired, edified or challenged you?
2. What does it mean to be “poor?” How do we as Christians move past politically-motivated divisions in gospel-centered compassion?

If we understand “poor” to refer only to a lack of material possessions, we will think all solutions involve improving someone’s financial situation. Sociologists and Scripture affirm that financial poverty is not the only form of poverty. We know that humans, across cultures, are bereft of wholeness as it relates to finances, relationships, faith, health, you name it. As Christians, we have the opportunity to see everyone as potentially poor in spirit in order to minister to their needs. Certainly, the Bible demonstrates God’s particular affection for “the poor” who are financially destitute and calls Christians to minister to them in ways that are direct and indirect. Matt Chandler, when preaching on the Sermon on the Mount, connects ministry to the poor not to an obligation, but to an opportunity for worship by saying “There is an ethical component to worship that is tied to being pure of heart, and what we see here is mercy is compassion extended to others as an ethical practice of worship to God.” May we begin to see our service to the poor as a worshipful event God is present within.

1. Dr. Daisey Dowell states, “… all of us in healthcare have been called to serve those who are without resources.” What are some of the many ways we can do this?

We can work either full-time or part-time in clinics designed to treat the poor, we can provide treatment in a private practice setting and we could even decide to live among those we seek to serve (as Jesus did when He came to earth to show His love to us). We could also be involved in international care through either short term or long-term service. In addition to all of the above, we can provide funds to support care for the needy. It is hoped that this question will provide more than just an intellectual exercise; that it will actually inspire group members to seek God’s will for showing His love to the underprivileged around us.

1. How can Philippians 2:3-11 help us in our attitude toward the underserved?

Being in healthcare can create in us an air of perceived superiority, especially toward those who are of lesser means. The clearest and most powerful illustration of care for the needy is found in the incarnation, that Jesus would give up heaven itself for us. We will never have to stoop as low as He did to rescue us. In fact, we have no right to stoop to care for the needy, as we are all the same height at the foot of the cross. The love of Christ is to control us (2 Corinthians 5:14) in our treatment of our patients, especially those esteemed least by the world (Matthew 25:40).

1. Consider Jesus’ words in Matthew 19:24: “…it is easier for a camel to go through the eye of a needle than for a rich person to enter the kingdom of God” (ESV). How does that verse resonate with you? How do you live as a disciple of Jesus despite the financial opportunity your place as a healthcare professional affords you in our society?

Entire libraries could be filled with analysis of Jesus’ view of wealth and poverty. It is important to note that Jesus’ response to individual’s wealth was not consistent in the Gospels. Prominent examples such as Zaccheus and the Rich Young Ruler stand out as those whose wealth was a roadblock to faith, but others such as Joseph of Arimathea financially supported the disciples during Jesus’ time on earth. One reason why Jesus says it is hard for a rich man to enter the kingdom of God is that wealth can be blinding and binding. It can lead some to be bound by the trappings of their possessions, to trust in them for security or even to worship them as a functional savior (Mark 4:18-19, Matthew 6:24). To avoid this blindness, those who have wealth must develop the practice of seeing themselves as stewards of this otherwise dangerous resource, learning to walk with the Spirit to wield this tool for kingdom purposes.

1. In response to the difficult plight of the Jews who had survived the exile, Nehemiah 1:4 says, “When I heard these things, I sat down and wept. For some days I mourned and fasted and prayed before the God of heaven” (NIV). What circumstances in your life have caused your compassion for others to grow? How could you live out that compassion for the benefit of others and the glory of God?

Possible answers include international mission trips, working in clinics for the needy, perhaps growing up with limited material means, etc. The hope is that this discussion will enable participants to realize we ALL have a role to play in helping the least of these (Matthew 25:40). Many of us just need to take some intentional steps to put ourselves in proximity to the poor. It may be helpful to prompt participants to think of their next best step to put themselves in positions where they can be challenged to feel and grow in compassion as an ethical act of worship.

1. How does your faith shape how you think about your work? About the “poor?”

Among other things, our faith should inspire a humility that is contra-mundum, since the world will tend to put us on pedestals because of what we have achieved. Our ultimate illustration is Jesus (Philippians 2:3-8, 2 Corinthians 8:9). Because all we have received is ultimately by the grace of God, and because at least to some extent we realize our spiritual poverty, this should help to maintain our attitude of service to all we meet, including those whom the world esteems least. Jesus told us how to be great in His kingdom, and it is through service to others (Mark 10:43).

1. Dr. Kathryn White says that caring for those in poverty is “… just loving my neighbor…when I care for someone in poverty, they have something to teach me.” What have you been taught by the “neighbors” for whom you have cared?

Dr. White speaks of her patients demonstrating a resilience through their ability to stand firm in the face of challenges that we can only imagine. One cannot build strong muscles without subjecting them to heavy weights, and in a similar fashion those whose faith has been tested will demonstrate a faith that can inspire and equip us to better serve our Lord, who bore the heaviest burden of all.

1. What is one take-home item from today’s session that you hope to implement?

Additional Resources

1. www.beaconcchc.com
2. [www.beacon360.org](http://www.beacon360.org)
3. Matt Chandler, Sermon on the Mount: <https://www.tvcresources.net/resource-library/sermons/character-and-influence/>