

# Economic Development: A Moral Imperative for Creating Flourishing Communities

The transformation of personal health services followed technologically the transformation of the economic system from agriculture to industry. The personal health services became recipients of the social surpluses that were growing beyond basic food, clothing, and shelter for the increasing capital and operating requirements of a voracious human needs enterprise.

—Odin Anderson<sup>1</sup>

Some months ago I asked my graduate students in health-care administration to do an in-class exercise. They were given the following scenario: All were to play the role of new administrative residents assigned to large and prestigious hospitals in our city's medical center. In this hypothetical setting the medical center hospitals agreed to contribute fifty million dollars up front and ten million dollars a year for the next five years for a major project. The executives of the donor hospitals gave the residents only one instruction: "Turn our city into a flourishing community."

For the next hour and a half they

engaged in building a grand *health system*. They decided that the hospitals of the medical center already provided more than enough for the acute care inpatient needs of the area. So they would develop instead a system of ambulatory care clinics, public health services, community outreach programs, extended educational services (multilingual), and even a shuttle bus service that would take people where they needed to go. The students were reminded on several occasions to work toward building a "flourishing community," whatever that might mean to them. But such reminders did not deter them from continuing work on a health system—a more robust one, perhaps, and even more public health oriented—but a health system nonetheless.

Once that phase of the exercise was completed, I asked the students to close their eyes, take a deep breath, and imagine an entirely new situation. Now they were to think of themselves in a new scenario: They are poor, unemployed, or marginally employed young adults living in the poor and deteriorated sections of the city. They are provided with the same pool of money and the same instruction: "Turn our city into a flourishing community." I told them, "Now, open your eyes and get to work." There was a long silence. Finally there were a few smiles and even a laugh or two. All

of a sudden there was no interest in building community health centers, creating health education programs, and so on. All they said, almost to a person, was, "Give us decent jobs. Use that money to give us decent jobs and the rest will follow naturally."

The classroom experiment gives credence to the point Odin Anderson makes in the quotation at the beginning of this column. Health systems are built out of social surpluses. The first thing the people of a community must do is find food, clothing, and shelter. Once that is accomplished, the community can turn its attention to other things, presumably those that allow the creation of greater social surpluses. Education does that in a positive way: Through education one learns better how to hunt and grow food, make clothing, and construct shelters. Health systems do it in a more neutral way: They keep us healthy (ideally) or return us to health so that we can keep on doing what we wish to do. Internationally known economist Uwe Reinhardt put it this way: "Health systems have to be funded out of a nation's real resources. The more of those a nation has, the more it can allocate to health care. In Africa [for example], GDP per capita is so small that only the most rudimentary health systems can develop."<sup>2</sup>

From this reasoning it follows that the

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best way to create a great healthcare system is to maximize the economy's surplus. Ideally, such surplus grows out of a flourishing community.

*What is the flourishing community?*

The flourishing community is one that is self-empowered. Even an authoritarian community can flourish only if the individuals within it give assent to those in authority. Englehardt identifies individual "permission" as the source of authority in a secular world: "By default, authority is derived not from reason, nor from God, nor from a will to power (i. e., force), but from the bare will to have the one authority moral strangers can share: permission. Secular moral authority is derived from a bare will to morality."<sup>3</sup> Given Englehardt's rule of permission, the argument for a flourishing community assumes two principles. The first is that all within the community recognize their interdependence one upon the other. The Dalai Lama persuasively argues that the fundamental desire of all people is to be happy. Whether business person, performer, stockbroker, or priest—in all, there exists the desire for a deep and abiding happiness. But—*one's own happiness is vitally connected to the happiness of others. To the extent others suffer, I suffer as well.*<sup>4</sup> This is akin to Krishnamurti's teaching that we recognize each person as personally responsible for the suffering in the world.<sup>5</sup>

The second principle is that all individuals desire, in their own way, to work out their own destiny, which includes a richer life not only for the self but for the community. Richard Shaull, in reference to the work of Paulo Freire, puts it better: "[M]an's ontological vocation (as he calls it) is to be a subject who acts upon and transforms his world and in so doing moves toward ever new possibilities of fuller and richer life individually and collectively."<sup>6</sup> Not only do we want to be happy—and happy within a community of fellows who are happy—but we are both capable and desirous of transforming the self and the community into such a state.

*The economy of flourishing communities evolves out of self-empowerment.* The

best way to achieve economic surplus is within a context of self-empowerment.<sup>7</sup> Those who work toward self-empowered communities ask, What do the people want? How do the people define their own needs, and how do they see themselves as having the power to meet those needs? The questions are consistent with the "rule of permission" and, concomitantly, exclude paternalism.

*The Clark Street Community Project.*

The Clark Street Community Project, in Rocky Mount, North Carolina, is an example of a "work in progress" community that is taking shape as a self-empowered community. Chaplain Preston Smith, of Nash General Hospital in Rocky Mount, is a leader in this program. In viewing his community, Chaplain Smith works from the perspective that "if unhealthy systems could change, then unhealthy people would change."<sup>8</sup>

In future study, I will be observing the work in Rocky Mount through a lens strongly influenced by Paulo Freire and his work in South America. Freire asserts that the first step on the road to self-empowerment is to *speak* of the goal as a possibility. To speak it is to recognize it; the *word* makes it possible.

The subsequent steps—or ingredients—are love, humility, dialogue, critical thinking, and hope. The intellectual implications and effects of love are subjects for another column. Humility is needed if one is to engage in transformational dialogue. "Dialogue" refers to conversation that assists the community in becoming aware of itself and defining its own needs. In contrast to traditional teaching practice, in which one party assumes a position of power, authentic dialogue helps create a vision of the future from which the community can be called. Freire defines critical thinking as

thinking which discerns an indivisible solidarity between the world and the people and admits of no dichotomy between them—thinking which perceives reality as process, as transformation, rather than as a static entity—thinking which does not separate itself from action . . .<sup>9</sup>

Finally, hope is essential. What is anything without abiding hope—in this case, the hope that one can be called

from one's vision? Hope, then, is a cornerstone of transformation.

At this writing I'm not prepared to evaluate the project—neither its substantive content nor how it evolves in light of Freire's philosophy, or even whether it should. Those matters I'll consider in future columns.

The Clark Street Community Project, according to Chaplain Smith, has its roots in a grant from the Duke Endowment to create something for the community that has health and spiritual components. The Nash Health Care System and the Rocky Mount District of the United Methodist Conference took on the role of carrying out the grant's mission. It was in the Nash General Hospital's interest to engage in such a project, not only in the name of good health, but because approximately \$290,000 had been written off by the hospital in uncollectibles. However, the project was to do far more than eliminate uncollectibles. It was to bring together a community.

Smith held discussions with executives in the hospital and a pastor who had long experience within the Clark Street community. Out of those talks, Smith created an approach centered on healthcare, spirituality, mental health, networking, and economics.

A family nurse practitioner has begun work in the community, but in an arrangement different from the original design. In a creative solution to the financial crunch created by the Balanced Budget Act of 1997, she is expected to stay on the Nash payroll at least through the year but continue under contract with another agency. At this point, no information is available about the effect of the project on local health or on hospital services or billings. That will be one of the objectives of continued work in this study.

Spirituality and community building are integral to Smith's and the pastor's work in the community. They feel that the objectives of spirituality are met when the community works together on such things as clean-up and beautification projects. Block captains—volunteers from the community who serve as links to the neighborhoods—and a local

pastor were critical to the success of the clean-up efforts.

The mental health and emotional well-being dimension of the program was slow to develop but has become a bright spot in the project. The mentorship program is turning into a jewel. During early 2000, five volunteers were trained to be mentors for children and their parents. Smith writes that the working assumption behind the program was that "if a child is helped academically and emotionally, then parents will be more open to learning how to help their child."<sup>10</sup> The mentors, children, and parents ultimately gained the trust needed to work on family dynamics and relations with the school and community. They found success in improved academic performance of the children.

To date, one of the greatest successes has been in networking: providing access to resources in the community—local housing agencies, the health department, outreach programs, training opportunities, and so on.

Economic development, which is critical to the thrust of my inquiries, has made the least headway. A construction company was to have been created to rehabilitate houses within the community and employ "displaced workers." That did not happen. I will evaluate the reasons for it and determine what happened (and may happen) in a future column.

This is an early report. In future issues of *Hospital Topics*, I hope to be able to

report on the continued progress of the Clark Street Community and on other community ventures as well.

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Should you have any comments, questions, or suggestions, I always welcome them. Kindly e-mail them to me at <bruder@cl.uh.edu>.

#### NOTES

1. Odin Anderson, *The Health Services Continuum in Democratic States: An Inquiry into Solvable Problems* (Ann Arbor: Health Administration Press, 1989), 7.

2. Uwe Reinhardt, personal e-mail correspondence, 12 April 2000.

3. H. Tristram Englehardt Jr., *The Foundations of Bioethics*, 2nd ed. (New York: Oxford University Press, 1996), 72.

4. Dalai Lama, *Ethics for the New Millennium* (New York: Riverhead Books, 1999).

5. J. Krishnamurti, *Talks and Dialogues* (New York: Avon Books, 1970). See his excellent statement, "not until you feel that you are completely responsible for this monstrous society, with its wars, with its divisions, and so on, not until each one of us realizes that, will we act" (15).

6. Richard Shaull, foreword to Paulo Freire's *Pedagogy of the Oppressed*, trans. Myra Bergman Ramos (New York: Continuum, 1993), 14.

7. I will leave it to the economists to sort out whether social surpluses can be achieved better through such self-empowered communities or through other means. For example, is it better to seek economic improvement by the creation of

flourishing communities as defined here or by the maintenance of economically marginal people?

8. Preston Smith, personal correspondence, 25 January, 2000. I also recommend the text *Why Are Some People Healthy and Others Not?*, ed. by Robert G. Evans, Morris L. Barer, and Theodore R. Marmor (New York: Aldine De Gruyter, 1994). Many references are made throughout the book to social systems being the source of most human ailments and the acute-care personal healthcare system doing little to alleviate them. In the chapter "Producing Health, Consuming Health Care," authors Robert Evans and G. L. Stoddart assert that although public policy acknowledges that many system effects on health—social support systems, socio-economic status, level of education, employment status, and so on—are significantly associated with health status, "no account is taken of such relationships in the formulation of public policy. . . . Such policy is, by contrast, acutely sensitive to even the possibility that some new drug, piece of equipment, or diagnostic or therapeutic manoeuvre may contribute to health. That someone's health may perhaps be at risk for lack of such intervention is prima facie grounds for close policy attention, and at least a strong argument for provision. Meanwhile the egregious fact that people are suffering, and in some cases dying, as a consequence of processes not directly connected to health care, elicits neither rebuttal nor response" (31).

9. Paulo Freire, *Pedagogy of the Oppressed*, trans. Myra Bergman Ramos (New York: Continuum, 1993), 73.

10. Smith, see note 8 above.