

Inside

*Clarke E. Cochran on the
Crisis of Institutions*

*Report on Future Issues
in Aging Conference*

*Religion and the American
Family Debate*

Faculty Notes

*Second National
Conference of Christians
in Political Science*

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Conference on Religion, Social Capital, and Democratic Life

In recent years, scholars have given a great deal of attention to the role of civil society in fostering democratic life and to the role of social capital in sustaining civic life. Religious life, in particular, may serve to enhance the vitality of civil society as well as to generate a good deal of social capital. But, despite religion's likely contributions in these areas, scholars have given little systematic attention to these matters. As a result, the purpose of the Henry Institute's conference on "Religion, Social Capital, and Democratic Life" was to provide scholars with a forum to examine the interrelationships among religion, social capital, and democratic life. This academic conference was held at Calvin College, October 16-17, 1998.

The conference began with an assessment of the nature of civil societies in an era of globalization and ended with an evaluation of how religion may contribute to the revitalization of civil society. The conference addressed a variety of questions: Why are religious institutions among the more "effective generators" of social capital? How does the social capital generated by religious institutions differ, if at all, from that generated by other voluntary associations? What types of religious cultures, structures, and values foster and promote the formation of social capital? How may religion serve to empower people politically?

Scholars from a variety of different disciplines (history, political science, religious studies, sociology, and theology) presented papers drawn from different analytical perspectives. Authors advanced different, but related, kinds of arguments. For example, it was argued that while religion in the

United States may becoming more individualistic, privatized, and idiosyncratic in nature, it is, at the same time, becoming more engaged in civic life. It was argued that congregations are the key producers of social capital in American society and the necessary glue that produces democratic society. And, it was argued that religious structures generate a kind of social capital that is qualitatively different from that generated by other social entities.

Different studies, employing different kinds of methodological approaches, presented findings related to the generation of social capital, the fostering of civic skills, and the development of civic virtues. Ethnographic studies revealed that: "faith based" community organizational efforts tended to enjoy greater success than "race based" community organizing; differences in theology, institutional structure, and geographical location affect the likely success of faith-based community organizational efforts; and different religious worldviews affect the creation of social capital. Survey research studies revealed that: religious life contributes to, rather than detracts from, volunteer activity outside church life; being involved in one's church or synagogue encourages giving not only to religious causes but to non-religious charities as well; and religious tradition and especially church attendance play an important role in fostering civic engagement in both Canada and the United States.

If you would like more information about the conference and the papers presented, check the Henry Institute website. It is anticipated that selected papers from the conference will be published as an edited volume.

Responding to the Crisis of Institutions: Christian Vision and Politics

Clarke E. Cochran

On March 8, 1999, Professor Clarke Cochran delivered two addresses on the relationship between Christianity and public justice. Cochran is Professor of Political Science and Adjunct Professor of Health Organization Management at Texas Tech University, and in 1998-99 is Senior Research Fellow at the Erasmus Institute at the University of Notre Dame. Extended excerpts from one of those addresses follow. The full text can be found at the Henry Institute website.

Why should we care about institutions? Especially when we know in advance that they will disappoint us and break our hearts? Of course, behind framing the question the way that I did is the assumption that in fact we should care! The question is why? You may think otherwise, think that it is a mistake to invest any emotional capital in institutions. It's my job today to sketch some reasons why institutions matter to us, matter in ways deeper than accidental sentimental associations.

I have used the pronouns "we" and "us." Who is hidden within that vagueness? Christians, of which I am one, and political scientists, of which I also am one. So my task translates into giving reasons why Christians should build, and political scientists should study, institutions.

Catholic Healthcare is Emblematic

Let me start with some examples from Catholic healthcare as a way of opening up my larger topic. Never have Catholic healthcare institutions been more resilient. They are the dominant institutions in the United States' not-for-profit hospital sector. They are among the most financially stable and the most active in mergers and acquisitions. Catholic organizations are significant players in home health, nursing homes, urban and rural clinics. In state and federal policy-making, Catholic institutions are active advocates, routinely testifying and regularly influencing legislation.

Here's a paradox. At the time of its greatest vibrancy, Catholic healthcare is preoccupied with its future, indeed with its very identity. A constant stream of articles, memos, brochures, and leadership workshops pour out of the Catholic Health Association and centers for Catholic ethics focusing on what makes Catholic healthcare "Catholic."

There is a paradox within the paradox. As Catholic organizations and leaders struggle to define Catholic identity and the future of Catholic healthcare, they continually cite the same principles of Catholic social thought and ministry

(principles, by the way, that all Christians care about): human freedom and dignity, commitment to justice and serving the poor, the common good of society, stewardship of the resources given by God, healthcare ministry to heal and to care for the suffering. Broad and deep consensus on principles should support consensus on identity. Yet, rather than solidifying the case, constant repetition seems only to deepen the sense of something missing, a nagging sense that these principles and commitments are not enough, that there is some other element, some special "glue" that holds together the principles and the diverse activities of Catholic healthcare.

Moreover, there is a sense within Catholic institutions that commitment to principles and traditions becomes lost at the operating level. When it comes to daily activities, are Catholic organizations any different from other religious or from secular counterparts? Catholic identity makes it into hospital brochures; does it make it into the operating rooms?

Realize that the dilemmas described for healthcare pervade other parts of the Christian Church and civil society. Realize too that the paradoxes sketched are not simply internal to healthcare. First, social services and parish/congregational life exhibit similar paradoxes. Second, these institutional paradoxes affect other religious traditions equally profoundly. Take, for example, higher education. Protestant scholars such as Marsden and Noll, and Catholic scholars such as Burtchaell have documented the failures of most religious colleges and universities to respond well to the challenges of modernity. Buying into the premises of Enlightenment academic methods, in the early to mid-20th Century they abandoned distinctive religious identities and weakened denominational ties. Now they wonder about their religious identity and mission.

Religion and Social Capital

The issues and examples just cited are well below the radar of most political sci-

tists, but there is one topic directly related to institutional church life that has captured their fancy. Political scientist Robert Putnam's *Bowling Alone* brought "social capital" to the forefront of popular and scholarly attention. In brief, the concept refers to reserves of interpersonal and social trust and loyalty that any society needs for social prosperity, analogous to the reserves of financial capital necessary for economic progress. Trust generates willingness to participate in community affairs, to pay taxes, and to support the social and political institutions that organize collective action and that hold the society together.

Putnam's argument, supported by some and challenged by others, is that American social capital has been in decline for some decades, a decline manifest in such phenomena as falling membership in traditional associations such as Elks and Rotary clubs, falling levels of trust in such basic social institutions such as media, Congress, business, and labor, and falling rates of political participation.

Some social scientists have studied the potential of churches and other religious institutions to respond to social crises, crises that include declining social capital, but extend to juvenile crime, drug addiction, family disintegration, and general social anomie. Political scientists and sociologists have attended particularly to community-building efforts in marginal or run-down neighborhoods, in which parishes, congregations, and other religious organizations often are the only viable institutions facilitating reconstruction. The point here is not to affirm or deny the diagnosis of crisis, but to consider the implications of widespread calls for churches directly to help to repair or to recreate the institutions of civil society and indirectly to generate the social capital necessary for social advancement.

This development in the social sciences raises fascinating questions for the political theorist interested in religion generally and faith-based institutions specifically. Suppose it were true that religious

institutions are essential for community-building and social reconstruction in marginal urban and rural neighborhoods. Suppose it were true both that social capital is declining in turn-of-the-millennium America and that religious institutions are central repositories of social capital.

What are the implications for theories of church and state? One alternative might be rejection of “bright-line” separationist stances as both unworkable and damaging



to democracy. If getting drug addicts into a personal relationship with Jesus Christ will cure their addiction, the argument might go, then government and the public will benefit from funding programs that do just that. Worries about separation of church and state must take a back seat to attacking our drug problems. Another response to the social capital issue could well take the opposite position: commitment to maintaining separation of church and state and its unique value for American democracy and for American religion is of the highest value. Even if funding religious institutions would reduce crime and drug addiction or better educate children, reluctantly we must be willing to pay the price of religious and political freedom by forgoing these benefits.

But there are more fundamental principles at stake when we think about religious institutions and social capital. Why, for example, accept the legitimacy of a religious contribution to civil society? Is it the business of religion to prop up any political system, including the United States? What changes in religious institutions themselves might be required to make them more efficient generators of social capital? The danger is turning faith

into civil religion, an idolatrous religion of the nation that marks faith as important only when useful for secular purposes. Why should religious support of civil society be viewed as salutary, rather than as betraying the essence of faith?

The social capital debate, taken seriously then, forces us as political scientists to think afresh about classic issues of church and state, or religion and political life.

Healthcare and Social Services

The focus of my own research has been Catholic healthcare and social service institutions. The United States provides health care and assistance with basic needs in a wide variety of ways, including direct government provision and indirect use of private, not-for-profit religious institutions. Familiar examples are church-related hospitals and nursing homes and faith-based providers of adoption, food distribution, homeless shelter, counseling, and child welfare/child care services.

Religious healthcare and welfare institutions face fundamental internal and external challenges. Internally, they can no longer depend primarily upon their affiliation with particular denominations for mission and identity. The nature of these linkages and the nature of clients have changed. Until the last few decades, one could reasonably expect that (for example) a Catholic Charities agency would serve almost exclusively a Catholic clientele; that it would be staffed by Catholics, including priests, sisters, and brothers; and that its principal sources of financial support would be Catholic. None of these can any longer be assumed. Persons are served regardless of creed, and most will not be Catholic. People wearing clerical garb or habits have virtually disappeared from the scene, and the principal staff persons in many agencies are not Catholic. Government contracts have replaced religious sources of funding.

External challenges stem from basic changes taking place in family and community and in the ensemble of federal and state public assistance programs with which faith-based organizations contract. The 1996 federal welfare reform legislation and its state-based counterparts radically restructured the programmatic assumptions that characterized government-religious provider relations. Old programs disappeared; new ones with new regulations appeared. Vouchers rather than direct service contracts now fund many programs.

Governments contract with secular, for-profit social service providers in addition to religious non-profits. The “Charitable Choice” provisions of the 1996 welfare reform legislation opened such programs more widely to faith-based institutions.

Analogous changes characterize the healthcare system. Religious institutions operate approximately 15 percent of the community hospitals and perhaps 20 percent of the hospital beds in the United States. They run thousands of nursing homes, clinics, home health, and hospice services. Government and market forces, however, are fundamentally transforming the healthcare sector. Once-familiar physician offices, pharmacies, and hospitals no longer look the same or carry the same names. Mergers and acquisitions, closure or sale of hospitals, ecumenical ventures, and new financial pressures make both viability and faithfulness to religious mission questionable.

These changes spurred religious healthcare institutions to embark on quests to define their “missions,” “values,” and “identity.” How are we, such institutions ask, different from our secular counterparts, often committed to precisely the same medical principles and codes of ethics, pursuing the same healing mission, subject to the same market pressures, and answerable to identical government regulations?

What Commitments are at Stake for Christians?

Why should we care about institutions? What Christian commitments are at stake in faith-based hospitals, nursing homes, addiction treatment centers, and family intervention programs? My contention: Social ministry and healing are constitutive of Gospel, and they require institutional expression. Certain foundational principles lead me to this conclusion.

Foundational Principles

Ministry to the poor, the suffering, the outcast is inseparable from our salvation. The most clear text is Matthew’s Gospel, chapter 25, verses 31-46. You know the passage: “For when I was hungry, thirsty, a stranger, naked, sick, and in prison . . .” Here is a “simple truth” of our faith: Our entrance into eternal life with God acutely depends upon our service to the sick, the suffering, the hungry, the outcast, and the imprisoned.

This truth is so challenging in its sim-

plicity that we go to any lengths, fill our heads with noise, build up systems of morality and doctrine, and fight battles over the right way to worship — all to avoid coming face to face with the truth that God has a most special care for the poor, cherishes peace, and loves justice. Therefore, the truth is that we as individuals and as Church will be judged by the degree to which our care for the poor and our love of justice matches the standard set by God in His Word in Scripture and in His Word made flesh, Jesus Christ.

Now here is the point about institutions. Your lives and mine seldom come naturally into contact with the hungry, the naked, the stranger, the imprisoned. Our institutions of social service bring us into contact with them and give us the chance of salvation, if only we reach out our hands to their needs.

Our faith is a faith of simple truths. We do not save the poor; the poor save us and bring us into the Kingdom of God. Without Catholic Charities or the Salvation Army or Habitat for Humanity the Church would not be the Church. Your salvation and mine would be deeply in jeopardy.

Healing is a special manifestation of Jesus' own action. Jesus' cures were never simply for the personal, physical benefit of the one healed. They were signs of a deeper healing of soul in response to faith. The cures were also signs of the reign of God breaking into history. Even more profoundly, Jesus does not simply heal the sick; he identifies himself with the sick. "I was sick and you visited me" (Mt 25:36). "He took our infirmities and bore our diseases" (Mt 8:17; Is 53:4). On the cross Jesus takes on the whole weight of physical and moral evil, especially suffering and death. Therefore, Christians have always imitated Jesus' healing action: from Peter in Acts to the healing ministry of monasteries to modern hospitals and clinics.

Remembrance of his words and deeds becomes the holy ground of Christian healthcare ministry and public advocacy. It's no great stretch from this point to institutions, for 20th and 21st century healing needs lots of money, medical professionals organized into health care systems, and large buildings. So Christians not only enter individually into healing ministries, they are also deeply and necessarily embedded in the healthcare system itself. This location is institutional, not simply personal or professional. Christian concern extends simultaneously to public advocacy

for policies that reflect their faith and to direct service according to that same faith. Personal advocacy and personal care for the sick are not and never have been sufficient for Christian ministry. The Church has organized itself to do these things. It has developed these ministries within its own organizational structures (parish nurses, for example), or it has spun off affiliated or subsidiary institutions (hospitals and nursing homes, for example).

These institutions are testimonials to Christ's presence in the world, especially his presence to the vulnerable. The Christian community witnesses that another way of life from the life of the world, a different way of health care, is indeed possible and salvific. Faith witnesses the reality of hope in the face of pain and loss, life in the midst of suffering and death.

Church Institutions as Witnesses

Dutch Catholic theologian Edward Schillebeeckx famously described the church as the "earthly representation of the sign of salvation in heaven." The political-policy-institutional task of the Church is to represent a different vision of the way the world truly is and, in aspiration, can be, a vision through the lens of the crucified and resurrected Lord. Appeals to justice or common good or human dignity are not Catholic (or Christian) unless they draw strength from and point to this Kingdom, represented in this person, Jesus Christ, now sacramentalized in this Church. The Church as sacrament of Christ (witness to Christ) persists through (changing) institutions, a sign of God's actual presence with humanity.

In this sense the Church may be defined as the "community of competence to recognize Jesus as Risen Lord." The recognition is two-way. The church community recognizes Jesus in the faces encountered in health care settings (for example), but church institutions also represent Jesus to the world, so that the ill and injured experience the love of Christ in those who heal.

The role of the Church is always to witness the truth of Christ; that is, to represent Christ. But not Christ outside the tensions of the world, not the Christ from above, but the Christ within, immersed in the fragments and divisions of life. It is like salt or leaven, metaphors from the Gospel that point to the Church as an "active ingredient" in the here and now. Salt and leaven flavor and energize from within. A church of salt and leaven does not take

itself or those it serves out of the world, nor tidy up the world, but rather witnesses to (represents) Christ precisely in the untidiness and the injustices of the world.

In this regard abstractions won't do. The Church cannot point to justice without being just. Hospitals cannot point to compassion without being compassionate. Christian healthcare or social service cannot point to principles without embodying the Christ who animates all principles. So there must be real people (and real institutions, structures through which real people witness in the world) ministering to other real people, mutually encountering Christ. Therefore, Christian healthcare institutions really must be different and distinctive. Christian healthcare must be distinctive in political advocacy as well. Advocacy works to teach the whole society to see each other in a solidaristic way, to see each other as



parts of the same community, with obligations of care and of justice to one another.

What's at Stake for Political Science?

Political science and other social sciences too can profit from attention to religious institutions. I'll make only a few suggestions.

Political scientists interested in the role of churches and other religious organizations might well consider the ways in which such entities conceive their reasons for existence. The differences may partly explain variations in their approaches to policy arenas. That is, in addition to the theological and philosophical dimensions of the way in which different churches approach (for example) medicine, the ways in which lay persons, clergy, and social activists view (and operate) church itself

~ concluded on back panel

Future Issues in Aging Conference

On March 15, the Henry Institute hosted a conference on "Future Issues in Aging: Governmental Policies, Medicare, and Alternatives," in Calvin's Fine Arts Center. The conference was held in partnership with the Calvin College-Grand Rapids Community College Consortium on Aging and the Older Learner Center of Grand Rapids Community College.

Two of the nation's top gerontologists—Dr. Fernando Torres-Gil and Dr. Robert Binstock—were on the Calvin campus for the day-long seminar. Dr. Torres-Gil, author of *The New Aging: Politics and Change in America*, served as the Clinton administration's chief advocate on aging and organized the 1995 White House Conference on

Aging. Dr. Binstock is Professor of Aging, Health, and Society at Case Western Reserve University, former president of the Gerontological Society of America, and author of 19 books, including *The Future of Long-Term Care*.

The focus of the conference was the wide range of implications to health care tied to the aging of American society—its impact on government budgets and deficits, on families caring for aging family members, and on the role of churches and other non-governmental agencies addressing the varied needs of aging citizens and those who care for them. The conference was intended for both practitioners and policy makers and attracted some 200 persons from across the state.

Religion and the American Family Debate

On Thursday, February 18, Dr. Don Browning of the University of Chicago Divinity School delivered two addresses on the Calvin campus related to contemporary debates over the nature and structure of the American family. Dr. Browning, renowned scholar on marriage and family issues, spoke to audiences in the College's Meeter Center Lecture Hall and the College Chapel.

Few issues in contemporary American life have been more controversial within politics than those related to marriage and family. The political aspects of the debate have fostered a highly polarized environment pitting women's advocates against those who endorse the traditional family. Dr. Browning sought to provide a third perspective above and beyond the divisiveness of contemporary politics, one deeply rooted in the Christian tradition yet responsive to contemporary realities. He summarized carefully the extant literature on both sides of the argument, pointing out that at least in the scholarly community there is a new and growing consensus that marriage plays a far larger and more important role in the healthy and socially constructive development of children.

Dr. Browning was the recipient of a major recent grant from the Lilly Foundation to head a research project on Religion, Culture and the Family. Ten books have been published under the grant—including *From Culture Wars to Common Ground: Religion and the American Family Debate*. The public lecture in the evening was co-sponsored by the Pine Rest Family Institute.

Faculty notes

Corwin Smidt continues his publication activities. He has just finished co-editing *Reformed Vitality: Continuity and Change in the Face of Modernity* (University Press of America), and co-authored a *Christian Century* article on the 1998 elections. He is also serving as the 1999 Program Chair for the Religion and Politics Section of the American Political Science Association.

Doug Koopman has received two separate grants to conduct a summer research project on public opinion about Christianity and politics. He plans a telephone survey across Kent County (in which Calvin College resides), asking a series of questions on political and religious views and prac-

tices. Many of the questions will track closely those asked in previous national and international surveys; the local survey will provide additional insight into the community surrounding Calvin College, and especially the strong Reformed Christian presence in that community. Under generous funding provided by Calvin's new McGregor Fellows program, Doug will employ a Calvin undergraduate full-time to analyze the data and prepare its findings for public dissemination. This project fulfills one of the major goals of the Henry Institute, to involve undergraduates in high-level research on the interaction between faith and public life.

Second National Conference of Christians in Political Science

The Paul Henry Institute will host the second national conference of Christians in Political Science, June 17-20, 1999. Christian political scientists from the United States, Canada, the Netherlands, and Australia have already registered to attend the event. More than twenty different panels,

each addressing different thematic issues, have been organized, with more than sixty papers being given by different scholars in the field. On Friday, June 18, the Rev. Richard John Neuhaus will deliver an address that will be open to the public.

~continued from inside

can influence health care policy behavior.

There are clear differences in ecclesiology between Catholics, Mainline Protestants, Evangelicals, Jews, and so forth. These differences say quite a bit about how they behave politically. Dimensions of different policy arenas might make certain ways of doing church more or less likely to have an impact on policy. "Public church" traditions, such as the Catholic, will produce a politics different from those of more inwardly focused ecclesiastical traditions. To illustrate: a voluntaristic conception of church polity might incline evangelical Christians to establish medical missions in urban neighborhoods, but a sacramental and hierarchical conception among Catholics might produce hospitals. The kinds of institutions that evolve from contrasting church polities then place the two church types in separate spheres of interest when it comes to health care policy reform. Why do Roman Catholics and Seventh Day Adventists (proportionate to their demographics) build so many hospitals? Why

does the Christian Reformed Church build none? How do these differences play out in the public activity of these church bodies and their members?

What's at stake for political scientists as they attend to the intersection of faith-based institutional life with politics and public policy is the opportunity for a better empirical sense of the messy religion and politics border. Normatively, what is at stake is more complex justifications of church-state relations: neither "bright line" separationist ideology, nor a "fuzzy" accommodationism dangerous to both faith itself and to democratic politics. Religious institutions are a vital topic for social science research. This is true not only for institutions that may contribute to social capital (currently fashionable), but also for institutions that challenge modern medicine or modern education or, even more radically, smuggle illegal aliens across the Mexican border or boycott college apparel sweatshops.

We have our work cut out for us as Christians and as social scientists if we take institutions seriously.

Upcoming Events

Friday, June 18, 1999

Richard John Neuhaus, President, Religion in Public Life, will deliver a public address as part of the Christians in Political Science conference.

Monday, September 20, 1999

Corwin Smidt, Paul B. Henry Chair and Executive Director of the Institute, will speak on "The New Religious Order of American Politics."

Wednesday, October 6, 1999

David Levine of the University of Michigan will speak on "The Study of Religion and Politics in Latin America: Are We Getting Better At It?"

Henry Website

For more information on the Henry Institute and timely updates on our activities, be sure to see our website at <http://www.calvin.edu/academic/pols/henry>