

Faith for All of Life
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FAITH FOR ALL OF LIFE

PROCLAIMING THE AUTHORITY OF GOD'S WORD OVER EVERY AREA OF LIFE AND THOUGHT

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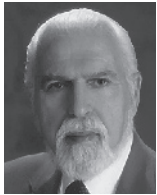
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The Principles and Practice of Quackery

By R. J. Rushdoony

(Reprinted from *Roots of Reconstruction* [Vallecito, CA: Ross House Books, 1991], 495-499.)



At the beginning of the 1950s, I had a very searching conversation with a treasured friend. Whenever I was in his area, I stayed at his home, and we talked until one or two in the morning. He was almost twice my age; he was a surgeon of national stature, and taught at the medical school of a major university. I guided Dr. G. C.'s theological reading; he guided me in far broader fields.

One evening I spoke with great interest of a popular writer on medicine, Paul de Kruif was his name, as I recall it, and of the medical miracles he was forecasting. I then commented on the apparently remarkable results a doctor one hundred miles away was getting with some of the newest wonder drugs. At first, G. smiled, but, finally, he opened up to me as a friend in need of correction. This other doctor was moving into quackery, he said flatly, and all the new wonder drugs which promised to revolutionize life in the post-World War II era were close to being quack medicines.

He asked me to recall the old-time medicine men and their quack medicines. One ad I recall seeing had a long list of ailments which it declared it could heal. The list included tuberculosis, female complaints, rheumatism, impotence, and many, many more things.

The difference between a quack doctor and a good one begins with a sense of limitation. A quack medicine

and a quack doctor both promise too much. A sound medicine offers limited help for a limited and specific problem. It offers no miracles and works none. It cannot replace good hygiene, sound nutrition, and healthy habits. The wise doctor makes no large promises; he knows how limited his role is, and yet, *within those limits, very important.* The more we demand of a doctor or of medicine, the more likely we are to fall prey to quackery.

Dr. C. expressed both skepticism and fear concerning the new "wonder drugs." At best, he held, we have only the most preliminary and cursory of reports on their results, effects, and side effects. He was fearful that too great a trust in the new medicines, and too uncritical an attitude, would turn medical practice into the dangerous vagaries of quackery. To expect too much of doctors and medicine was to leave oneself wide open to trouble, and it was like preferring a Ponzi pyramid scheme to an old-fashioned, conservative bank.

Not too much later, another fine doctor and friend told me rather wearily one evening that he had all too many unnecessary patients. They come to him daily for "wonder drugs," when a little rest and/or aspirin would do them more good. If he did not prescribe one of the newest "miracle" drugs, they were annoyed, and they regarded him as a doctor who was not "up" on his medical practice.

I thought of these things very much of late, as I regard various accounts of

the harm wrought by a variety of "miracle" drugs, of the ugly consequences of the IUDs, and the birth control pill, and then Christopher Norwood's article, "The Hormone Babies: A Condemned Generation?" (*New York*, Vol. 13, No. 20, May 19, 1980, 49-55). About ten million mothers-to-be were dosed over a period of years with human sex hormones, including DES (diethylstilbestrol). The girls born of such mothers are prone to a rare genital cancer, and the boys to genital abnormalities, including microphallus, according to Norwood and others.

The saddest fact of all is that this is but one "miracle" drug among many. Worse yet, the doctors are the sole "villains" in the story, and all doctors are equally condemned, the promiscuous "wonder" drug dosers and non-dosers alike. Even worse, the appetite is for much more quackery. On a recent trip, I sat in an airport waiting room, awaiting the announcement of my flight. Two women behind me were talking randomly and apparently drifted into a discussion of some loved one's illness. Then came a sentence which, of all the talk, alone interrupted my reading and caught my attention: "You'd think the doctors could come up with some medicine to take care of that!" People demand quacks and quackery, because of their own bad character.

As a result, we have quackery all around us, in the church, the school, and in politics. Quackery in the church is not limited to the cults; it is present

wherever men offer something short of God's Word as the bread of life. In the state schools, we have educators promising us the best kind of education as their stock in trade, while turning out thirty million functional illiterates in America. Politics, of course, is our most fertile ground for quackery, because it is for most people the central area of life. No old-time medicine man promised as much as our quack politicians: cradle to grave security, health care for all, the abolition of unemployment, and almost anything and everything else one can think of. We live in the Golden Age of Quackery, and, instead of merely giving an Oscar to our top quacks, we have been giving them the White House with increasing frequency. Quackery is in great demand.

On a plane trip recently, I glanced through a few of the available magazines, after completing my planned reading. I encountered a hostile note concerning doctors, and a "news" report on expected breakthroughs with "wonder" drugs which would in a few years solve many problems and give us longer, healthier, problem-free lives. The two items go hand in hand. If you expect miracles from doctors, you will be disappointed, and you will demand quacks, not doctors.

Dr. David Ehrenfeld, professor of Biology at Rutgers University, has described much of modern humanistic and scientific thinking as not only arrogant but as "magical." Modern man is substituting the word *magic* for *science* in his thinking and identifying the two. (David Ehrenfeld, *The Arrogance of Humanism* [New York: Oxford University Press, 1978.]) As a result, he approaches every discipline with unreasonable demands and a belief in the possibilities of total control by man. I recall, shortly after the 1971 earthquake in Los Angeles, listening day after day

to the comments of people in check-out lines and elsewhere. One comment was, "Why doesn't the government do something about it?", i.e., why doesn't the federal government spend enough money to learn how to eliminate all earthquakes? No doubt, the same hope prevails concerning floods, tornados, and other natural disasters!

One patient, aware that he was going to die, asked of a nurse plaintively, "Can't they do something about it?" Instant miracles are demanded by men when they need them. Thus, we live in an age of quackery.

The problem at heart is theological. The theology of all who demand humanistic miracles is that of Genesis 3:5; as sinners, they see themselves as gods, and they want life to move at their behests. The writer, Ambrose Bierce, married one of the most beautiful women in the San Francisco Bay area. In addition, Mollie Day was the daughter of one of the wealthiest men of that part of the state. Not too many years later, in 1888, he left her, after discovering that she had kept some letters from a man who loved her, although she had never been involved with him or returned his affections. Life had to be on Bierce's terms, and his wife could not have even a keepsake or thought apart from him. Later, Bierce, fearful of old age, went to Mexico to join Pancho Villa's rebels (and die), and he was never heard from again.

Life becomes an impossible burden for those who play god. Trifles become crises, and life becomes a continual problem and an unending burden. We are all familiar with people who have everything, and are miserable. We are also familiar with people who do not have everything, and are also miserable. Such people want life on their terms. If things go contrary to their will, no matter how trifling, they are miserable. They resent a world they never made, and yet the

only world any man can live in is God-made, not man-made. Their attitude is, "I do well to be miserable," as though the world will stop in its tracks to satisfy them when the world sees that they are offended.

Such egocentricity (or sin) is a fertile ground of quackery. These men demand impossible things and require that they be given them. It was one of the most successful of all con men, Weil, who said that he never "conned" any man who did not first of all have larceny in his heart, and expected to take advantage of him; they had one thing in mind, their own expectations and satisfaction, *not reality*.

The prevalence of quackery means a departure from reality into fantasy and magic. It means a denial of God's world in favor of the world of imagination. It is no accident that the prevalence of evolutionary thought has coincided with the return and prevalence of magic. Both presuppose a world of chance rather than God's sovereign creation and His laws. Magic and evolution enthrone chance and deny any meaning beyond man. If Christianity is weak or wanes, magic and quackery will prevail. Eric von Kuehnelt-Leddihn, in *The Intelligent American's Guide to Europe* (Arlington House, 1979), describes how a journalist in Iceland attacked him furiously for his religious "superstitions" such as belief in Christ's resurrection, the Virgin Birth, and so on. Half an hour later, the same man whispered to him, pointing through the window of his library: "You see that man there? Beware of him! Several weeks ago he changed himself into a bull and chased me across the fields" (202). Why not? If you believe in chance, you will believe that anything is possible, except God, Who is the antithesis of chance.

The problem of quackery is thus at

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Obamacare: Major Problems, But Hope Remains in American Medicine and Health

By Ed Payne, M. D.



In perhaps the most bizarre and heinous act of Congress in the history of the United States, the Affordable Care Act (ACA) came into being. As Nancy Pelosi said, “We have to pass it to find out what is in it.” Well, the American people *will find* out what is in it, *will pay* for its virtually unlimited costs, *will experience* its ineffectiveness, and *will suffer* all the consequences of a state controlled entity.

But I do not want to talk about Obamacare so much as underlying Biblical principles. Up front I must mention my partner of over thirty years in medicine and medical ethics, Dr. Hilton Terrell, who died three years ago. Without our “iron sharpening iron,” I would never have comprehended what follows here, and made grave mistakes. *My work is essentially his work*—except any errors are my own.

In addition, Rousas John Rushdoony was light-years ahead in prophecy and analysis of the issues, particularly in his twelve Chalcedon Medical Reports from the 1970s and 1980s reprinted in *Roots of Reconstruction*, one of which appears in this issue of *FFAOL*.

I have written extensively on medical and medical-ethical issues for thirty-five years and cannot cover everything here. Interested readers can visit my websites and track down the three books I published on these issues through various used book services (see *Resources*), one of which is available for \$10.00 postpaid.¹

More Negatives Than Positives

What I want to cover here is a basic understanding of health and medical issues, and surprisingly suggest that the ACA can bring about positive health benefits for the American people in general and for regenerate, Biblically knowledgeable Christians in particular. But let me say clearly that the deadliest effects of the ACA have to do with economic burdens and increasing totalitarianism by the state, not its effect on health and medicine. Rushdoony provides the proper perspective:

There is no reason to suppose that a socialized and federalized medicine will be any more benevolent than the Internal Revenue Service. The IRS, after all, was created with at least equal idealistic motives. Anyone who can think of the IRS as the people’s friend will be no better than the IRS and potentially far worse. Any and everything which puts us into contact with a powerful state and its bureaucracy is dangerous, and socialized medicine will place us in a very close relationship to that power-state: at pregnancy and childbirth, in ill health and accidents, for a variety of required medical examinations, and much more. Also, as euthanasia becomes an accepted practice like abortion, the more the state knows about you, the less safe you are.²

I will focus on the negatives of modern medicine because the negatives outnumber the positives. But I do not want to leave the impression that practitioners are intentionally deceptive and evil. They are just blinded by the noetic effects of sin and a functional belief in

humanism, as in other professions. For all these limitations and for the most part, physicians do have good, even the best of intentions, for their patients. It is just that good intentions, in the absence of Biblical and rational truth, are often as destructive as evil intent.

Again, Rushdoony puts health and medicine in perspective.

The doctor cannot guarantee health, nor can he guarantee healing. He cannot even guarantee to bring the best available knowledge and skill to bear on a particular illness, because no doctor is omniscient, and no patient can legitimately expect his doctor to be the outstanding practitioner with regard to a particular ailment.

Such unreasonable expectations have their origin in resentment against aging and dying, and this resentment manifests itself in hostility against the clergy and against doctors.³

As one grows older, one attends an increasing number of funerals, provoking my wife and me to comment that we do not want more than basic life-sustaining measures in our own dying process. The most common response to this is, “Oh, no, we want the best, most comprehensive treatment, especially for our loved ones.” And we have seen this tenacious embrace of earthly life, as persons suffer through intravenous needles, catheters, noisy machines, an increasing array of medications (often to combat the side effects of previous treatments) many of which cloud the mind for final farewells, constant interruption of sleep of patients and families for nursing duties, isolation from families,

and a host of other actions for “sound medical practice.” For what? Heroic measures that will give only a few more hours or days *with no hope* of eventual physical recovery and continuing days of prolonged agony?⁴ Recently, we attended a conference that was definitively Biblical and pro-life where one of the themes was “to avoid starving grandpa” and using all measures available to sustain life for as long as possible. But the Apostle Paul said, “To live is Christ, to die is gain.” God has promised a better life ahead!

Now—hear me clearly. Food, water, and air should *never* be withheld from those who can take them naturally. And all means of comfort should be used in the dying process. Euthanasia should never be perpetrated. But *euthanasia is the removal or withholding of food, water, and air with the intent that the person (patient) is to die.*⁵ It is not necessarily the withholding of, or failure to implement, these life-prolonging measures by *medical means.*⁶ These latter actions, if implemented in every dying patient, would bankrupt our entire society in less than a year. We cannot violate one commandment (not to steal) in an attempt to honor another (not to kill or preserve life). I cannot go into all the complex details of end of life issues, but have written at other times on this subject.⁷

Perhaps Biblical economics may be well understood among theologians. But I have found that medical care often distorts what otherwise are well-known principles. As all theologians and Biblical ethicists know, “You shall not steal,” and by logical extension, “... for any reason!” If your family is starving and you know that your neighbor has food, it is wrong for you to steal to feed your family. With all the wrong notions of modern medicine, how much less should the impulse arise to steal from

others to provide medical care?

What if you steal for the “good” of others and discover that you have actually harmed them? You committed a sin that is doubly heinous. If people could grasp the lack of efficacy, and even harm, of medicine in so much of what it does, there would not be the plaintive and heart-driven desire to provide it regardless of cost to taxpayers and society.

Quackery and the Nature of Medicine

I doubt that medicine is any better or worse than any discipline, but it is my field of expertise. We live in a time where logical positivism, as scientific method, reigns supreme in the practical epistemology of the marketplace. Education at the primary and secondary levels has virtually no clue what truth is, much less a “unifying” theory for “uni-versities.” I need say nothing about economic theory to *FFAOL* readers. Likewise, politics, art, management theory, archeology, mathematics, and other disciplines are well-known to you. Rushdoony places medicine in this perspective.

We have quackery all around us, in the church, the school, and in politics. Quackery in the church is not limited to the cults; it is present wherever men offer something short of God’s Word as the bread of life. In the state schools, we have educators promising us the best kind of education as their stock in trade, while turning out (millions) of functional illiterates in America. Politics, of course, is our most fertile ground for quackery, because it is for most people the central area of life ... We live in the Golden Age of Quackery, and, instead of merely giving an Oscar to our top quacks, we have been giving them the White House with increasing frequency. Quackery is in great demand.⁸

On medicine in particular, he says:

The difference between a quack doctor and a good one begins with a sense of limitation. A quack medicine and a quack doctor both promise too much. A sound medicine offers limited help for a limited and specific problem. It offers no miracles and works none. It cannot replace good hygiene, sound nutrition, and healthy habits. The wise doctor makes no large promises; he knows how limited his role is, and yet, *within those limits, very important.* The more we demand of a doctor or his medicine, the more likely we are to fall prey to quackery.⁹ (His emphasis)

Few people are more anti-modern medicine than I am, yet I do not embrace much of alternative medicine, either. I fear that Christians have been more than gullible in this area. They make the same mistakes that orthodox practitioners make: they conclude that X medicine or procedure given at a certain point in time *caused* the healing. That is, they make the fallacy of *association with causation.* In an orthodox practice, I estimate seventy percent or more of problems are *self-limiting.* That is, the problem will get better no matter, even in spite of, what the practitioner does. In my retirement, I supervise physician assistants. They are equal to any physicians with whom I have worked, and better than many. However, I estimate that they over-treat at least seventy to eighty percent of the patients that they see.¹⁰

The great difference between orthodox and alternative medicine is that the former *attempts a scientific approach* in spite of its limitations, whereas alternative medicine is mostly based upon individual testimony. There has been a significant attempt, with little impact, towards *evidence-based medicine.* I say “little impact” because *patients want something done,* and practitioners are quite willing to satisfy such requests to have a “happy” customer and get paid

their fee. We live in a drug-seeking culture, whether legal or illegal.

I believe in the Biblical free market of supply and demand. As long as a person or family has the money to pay for a service, and it does not violate Biblical precepts, then he or they should be free to purchase it—alternative or orthodox. But I caution Christians not to make the same mistakes that modern medicine, as logical positivism, has made. The problem is that any science of medicine *generally* is extremely difficult, approaching impossibility.

There are some bright hopes in *particular* areas of orthodox medicine. Technology has greatly advanced in artificial limbs, lab and surgical procedures, monitoring devices, emergency room treatment of severe injuries, antibiotics in certain situations, treatment of burns, and some other areas that do not come readily to mind. But there are the negatives.

With precious few exceptions (leukemia, lymphoma, and especially in children), the “War on Cancer” begun in the 1970s has been lost. Drug treatment of irregular heartbeats (arrhythmias) in the 1980s and 1990s resulted in tens of thousands of deaths.¹¹ The fall in heart disease and deaths from it *is not* due to modern medicine, but likely to a decrease in smoking and other lifestyle changes. Tens of millions of adults are on mind-altering drugs, and millions of children are on similar drugs, mostly for *behaving like children*. To make the greatest use of modern medicine would require the application of Biblical principles throughout the practice of medicine. These are just a few examples. Others can be found in the resources that I have provided.

Evangelical Christians could have prevented statist welfare, which inevitably led to Obamacare. Too many Christians who address medical eth-

ics believe that *government welfare is consistent with or equivalent to Christian charity*. I do not need to develop the Biblical position on welfare with the audience of *FFAOL*, but readers should note this fact. Perhaps, Obamacare and the totalitarian steamrolling of Christian institutions which apply moral constraints to medical care will open some eyes to the true Biblical position: charity is personal and must be administered personally by individuals, churches, and other social groups. The Gestapo-like mandates to provide contraceptives and other measures for immoral activities is just the tip of the future iceberg.

Biblical truth is not complete without rational thinking about medical science. It is here that many Christians, and some theologians, may go astray. *Biblical thinking requires that one be a logical thinker, not just about the Bible, but in all areas of knowledge*. Modern medical care, for all its glitz, glamour, and nearly three-trillion-dollar cost has a *net negative benefit for the American people*. One could call this recognition the Prophetic Calling of medicine for the thinking Christian.

Medicine as Priestly Calling

Rushdoony repeatedly states that medicine is a “priestly calling,” in the same category as being a pastor. I will mention only two reasons why this is so. First, man is a psychosomatic unity—a material (physical) and immaterial (spiritual) component.¹² Today, medical students are taught, and physicians practice upon, the metaphysical belief that man is only material—only a chemical structure, a mere confluence of subatomic particles. Thus, their answer for any malady is a chemical. “Mental problems” are seen as chemical problems, so they are treated as such. Interestingly, patients have bought into this metaphysical position—with rare exceptions, they want a chemical “fix,”

not a spiritual one. Most Christians follow the crowd, seeking sanctification through their local drugstore.

Second, because man is a psychosomatic unity, health is inescapably tied to health of both body and spirit. Many Christians may not know the intimacy of bodily *and* spiritual health that is represented in Scripture. In Mark 10:52, Jesus said to Blind Bartimaeus, “Go; your faith has made you well.” “Well” in the Greek derives from *sozo*, the word from which soteriology—salvation—is derived. The Apostle Paul speaks of being “saved” (*sozo*) from shipwreck (Acts 27:31). “Hygiene” (*hugaino*) is used for spiritual health in the context of Luke 5:31. “Therapy” or “therapeutic” is translated “healed” after Jesus cast out a demon in Matthew 12:22. There are many other words in the Old and New Testament that clearly demonstrate that health and salvation are dependent upon conditions of *both body and soul*. In the first several chapters of *Salvation and Godly Rule*, Rushdoony has the fullest development of the totality of Biblical salvation that I have seen anywhere.¹³ I have a more thorough discussion of such words pertinent to health and salvation.¹⁴

Implications for Christians

(1) Neither the health of the body nor that of the soul can be neglected. For a period of time, I was the pastoral counselor for a church. During that time, very few counselees I met with led lives that reflected physical and spiritual health (regular Bible study, strong church attendance and involvement, vigorous personal and corporate prayer, etc.). Most lives were chaotic, lacking family worship, regular meal times (especially with the whole family), regular sleep, and periods of quiet. Schedules were top-heavy with church activity, childrens’ (and parents’) sports and other “cultural” activities,

and television-watching. While Jesus cautioned against linking physical illness with sin (John 9:1–7), He *does* state that sin must be considered as a cause for illness (James 5:13–16). Unfortunately, most Christians seem to lead “lives of quiet desperation” on a par with their pagan neighbors. Such lives invite illness, even severe illness, which may have these covert origins but is nevertheless sin-engendered.

(2) There are only two reasons for any Christian to pursue the practice of medicine. The first is to practice medicine on the mission field to promote evangelism. The second is to *reform*, or in Rushdoony’s words, *reconstruct* medicine. I see no reason for a Christian to simply practice medicine in the common way that it is practiced in America today—which actually promotes ill-health on the whole (as argued above).

What does reconstruction entail? There are the obvious moral battles (abortion and euthanasia) but there are others. The National Association of Evangelicals has been embracing birth control for single women and accepting funding from the liberal National Campaign to Prevent Teen and Unplanned Pregnancy.¹⁵ Children have been co-opted and will eventually be forced to be vaccinated for sexually transmitted diseases. Many readers may not know that it is legal in all fifty states for their children to be “treated” *without parental consent or knowledge* (including distribution of birth control, treatment for sexually transmitted diseases, and abortions).

We must also confront the long-neglected empirical nature of medicine mentioned earlier. As Christians we are called to study and proclaim truth. Like evolution, medical science is not truth. In fact, any basic book on logic teaches that empiricism is a fallacy because it extrapolates from an extremely small,

well-defined area to the entire universe. One of the most egregious examples in present medical practice are lipid-lowering drugs that affect cholesterol, triglycerides, and other fats in the blood. They are promoted on the basis of a statistical trick. In a study of a hundred patients, one might see a 33% reduction of cardiovascular events (from six heart attacks down to four). This 33% statistic is how the efficacy of these drugs is reported. But note that only two people out of a hundred benefit—one out of fifty! This value is called the “Number Needed to Treat” (NNT). The numbers for these drugs range from one in twenty to more than one in 200. In addition, drugs used in clinical practice are much more loosely controlled than in formal research—the informal fallacy of universalization from a small sample to the entire universe of patients.

Other issues showing poor efficacy are various cancer screens (e.g., breast, prostate, and colon), use of anti-arrhythmic heart drugs, carotid artery surgery for strokes, treatment of common conditions (e.g., colds, sinus infections, sore throat, cough, and fever), and many others. While *individuals* may benefit from these actions, there is no way to identify who these are without treating the entire group, leaving only a small net benefit.

Ultimately, all healing comes from the body’s own extraordinary powers created by God. No medicine can make skin and other tissue grow back together. No medicine can mimic the two dozen or more chemical sequences that cause each heartbeat. No medicine can cause skin, liver, and intestinal tissue to replace itself. Surgery may remove diseased tissue, but the body must repair itself from the surgery. Ultimately, all healing comes from God’s reparative mechanisms that are built into the body’s systems. Medical practice is merely an aid to that process.

Further, all medical practice to a varying degree *harms* the body, so the body must also thwart and overcome the destructive nature of the treatments themselves, even though there might be positive overall benefits.

The will to understand and expose the fallacious nature of medical “science” is almost non-existent among Christians. I know of no other orthodox practitioner other than myself who has spoken or written on this subject. There are naturopathic, homeopathic, and other alternative medical practitioners who have done some of this reporting, but they have their own agendas with which I do not always agree. But I have reported on numerous non-Christians who have written on this subject and have cited some of their work here.¹⁶ *There is a science of medicine—an extensive science of medicine*—but it must be carefully discerned through Biblical ethics and the best empirical evaluation. For all my criticism of empiricism, it is the only method that we have to discern the practice of medicine, so *we have a science of medicine* that should be used carefully for God’s glory with Biblical understanding.

Thus, Christians should see only Christian physicians who possess such discernment. As Rushdoony has shown, the body cannot be isolated from the soul, and medicine is a priestly calling. Given proper analysis, we might be amazed to find how many of our *medical* problems are actually *spiritual* problems. Unfortunately, the needed cadre of physicians does not yet exist.

Obamacare Can Bring Better Health!

I conclude that *Obamacare will not significantly change the efficacy of modern medicine* which has been thoroughly naturalistic and anti-God for decades. Again, Rushdoony puts medicine in perspective.

Most Americans, where their health is concerned, are guilty of malpractice in taking care of themselves. They are totally tolerant of *their* life-time health malpractice, and yet highly intolerant of an occasionally real or imagined malpractice by a doctor. They forgive every kind of health malpractice in themselves, and they forgive nothing in doctors.¹⁷

I have briefly but strongly argued here that, taken as a whole, American medicine has a negative effect on our health. However, *if* readers educate themselves and act on that information to better their family's health in the face of Obamacare, then they can improve their chances of not needing medical care, or needing it less, in the future. With the Internet, almost all knowledge available to physicians is available to non-physicians.

Are the readers of *FFAOL* who are physicians, or their children, willing to develop a truly Biblical model as I've sketched out? Apart from my work with Dr. Terrell, I know of no other efforts that even begin to approach medicine via Biblical law *and* a discerning empirical basis. The nature of medicine, as Rushdoony argues, calls for Christians to be treated only by Christian physicians, but there are few who can fulfill this role.

It is possible that economic restrictions may actually improve the efficacy of medical care, as more and more provisions have to be curtailed. Already hospitals and nursing homes are dangerous places;¹⁸ Christians will have to care more for their own. Across the country, psychiatric institutions are being closed and their patients returned to families and others. Medicaid is already the largest item in many state budgets and cannot continue to be increased.¹⁹ Families can learn to eat more nutritiously and exercise more. More importantly, they can "trust and obey, for there is no other

way, to be (healthy) in Jesus, but to trust and obey."

It may be possible for physicians to work "outside the system" under Obamacare for a while. Christians and others could provide services for free or even pay-as-you-go, but this activity will likely be criminalized in short order. We ought to consider it for as long as we are free to do so. I currently work in a family practice office which emphasizes "urgent" care. Eighty to ninety percent of the charts I review involve minor, self-limited problems handled by physician assistants and nurse practitioners. Families could be taught how to deal with such matters on an ongoing basis without long lines at government clinics.

Obamacare provides an opportunity to develop what medical care ought to look like in a theonomic society. This issue is the most important one for us here. Christians, even evangelicals and Reconstructionists, continue to neglect applying Scripture to medicine. Rushdoony gave us the foundational tools to do so with his Chalcedon Medical Reports. Dr. Terrell and I worked for more than thirty years through conferences and publications that have been virtually ignored while medical costs skyrocketed and medical ethics imploded. This article is only my third published in the last twelve years, during which I've had only one speaking engagement of any consequence despite the number of worldview conferences sponsored nationwide by serious Christian ministries. Because of this lack of interest, I have mostly moved on from medical ethics, but someone—many someones—*must* pick up the mantle or we will never build a biblically-consistent medical ethic and practice. Dr. Terrell and I only started the process—others now need to develop it towards a better finish.

I am grateful for this opportunity

to speak to Chalcedon's readership. May God use it as He sees fit to advance His Kingdom through Biblical reconstruction. 🙏

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3. *Roots*, 470–471.
4. While costs should not always be an issue, 18–26 percent of all medical expenditures are in the last year of life.
5. I wrestled for two years for a definition of euthanasia, and I believe that this one covers our responsibilities.
6. A clear distinction should be made between what is "medical" and what is common and natural.
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11. David H. Freedman, *Wrong: Why Experts Keep Failing Us...* (New York, NY: Little, Brown, and Company, 2010).
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Will Modern Medicine Reject Deadly Sovereignty Transplants?

By Jerri Lynn Ward, J.D.

Salvation in the Bible means literally health, health of life in relation to God, and also health of body, since the body is God's creation. The biblical fruits of medical practice are in the Levitical ministry. The relation between patient and Pastor or Dr. is immune from man's controls and intervention, because it is a facet of God's ministry to man's total life. ~ Chalcedon Medical Report No. 6: Sovereignty and Medical Practice¹

Today, this isolated relationship [between doctor and patient] is no longer tenable or possible ... Traditional medical ethics, based on the doctor-patient dyad, must be reformulated to fit the new mold of the delivery of health care ... The primary function of regulation in health care ... is to constrain decentralized individualized decision making. ~ Troyen A. Brennan and Donald M. Berwick M.D., *New Rules: Regulation, Markets, and the Quality of American Health Care* (Jossey Bass/Ana Press Series, 1995)²



A vast part of the American public has been deeply concerned about the implications of the passage in 2010 of Patient Protection and Affordable Care Act (PPACA). Recognizing the collectivist implications of the Act and the threats to individualized medical care, taxpayers put tremendous pressure upon their Congressional legislators to defeat it, to no avail. Now that the lawsuit filed against it upon constitutional grounds has failed, the bureaucracies are proceeding with all speed to continue implementing the Act through the regulatory process.

R. J. Rushdoony aptly described the role of the doctor as a priestly calling in his series of Chalcedon Medical Reports published in *Roots of Reconstruction*. He discusses how the early church regarded the profession:

So seriously did the early church regard the priestly vocation of the doctor that, by the fifth century A.D., it became a popular requirement that doctors, like monks, be celibates ... this high regard for doctors as holy and priestly men,

because of their healing work, was Biblical and Hebraic to the core. Medicine was plainly seen as a holy profession.³

The priestly vocation of doctor is immune from the controls of statist government. But man, seeking salvation from law and civil government, has attempted to transfer sovereignty from God to man's institutions. This is the root of our problems in medical care: the claim of sovereignty by the state over doctors. This claim seeks to divide the loyalties of doctors, with the lion's share going to the state rather than the patient, and sets doctors up as targets for hostility when the smallest infraction of the massive regulatory scheme is committed. The major claim the statist make is ethical:

Traditional medical ethics, based on the doctor-patient dyad, must be reformulated to fit the new mold of the delivery of health care ... The primary function of regulation in health care ... is to constrain decentralized individualized decision-making.⁴

This statement appears in a book co-written by Dr. Donald Berwick, who

is the technocratic face of the statist who favor complete governmental control of medicine through the formation of a monolithic healthcare "system." He is a proponent of rationing and the single-payer model, and he is a spokesman for those who claim healthcare is a "right." On April 19, 2010, just days after the enactment of PPACA, Dr. Berwick was nominated to be Administrator of the Centers for Medicare and Medicaid. Because he could not obtain Senate approval, he was installed as a recess appointment. A man who seeks to destroy the religious relationship of doctor and patient was tasked with leading the agency that has implemented much of the regulatory rule-making scheme undergirding PPACA. Though Berwick has left the position, the new leader will carry on in the same vein.

The rest of this article will discuss what I, as a Christian who practices health law, see as the continuing transformation of medicine and healing into a humanist, unbiblical thing. I will discuss the future of medical privacy, the consolidation of medical care into a "system," and the top-down control of

the “system.” There are other terrifying aspects of this regulatory scheme being developed, but it would take a dissertation to cover them all.

Medical Privacy

Communications between doctor and patient have long been considered religious and therefore privileged in nature:

Privileged communications to a doctor, priest, or pastor are different: they are religious communication. In confessing to a pastor, we are in effect confessing to God through the medium of His servants, and we seek spiritual healing and health. In both cases, the purpose is religious in the Biblical sense and a part of the redemptive process. The “confession” in either case is privileged communication and is closed to other men, and to the agencies of man and the state.⁵

Introducing third-party payers hacked away at this privilege. Third-party payers are “institutions that stand between patients and doctors to fund health care” via employer-provided health insurance or government health insurance such as Medicare and Medicaid. The third-party payer system, seen first during WWII with employer-provided insurance, has taken us down the path to where the state will no longer recognize the Biblical immunities in doctor-patient communications. This will be a necessary step in the increasing controls that the state places upon medicine, including controls of cost through rationing. The result is that:

The infringement of this privileged communication by the state is religious: the state usurps the place of God and claims the right to be privy to all that goes on between man and man, and between man and God, because it claims to be the acting god of this world.⁶

HIPAA

Statist interference with the privi-

leged nature of doctor-patient communications began in earnest with the Health Insurance Portability and Accountability Act (HIPAA) passed in 1996. This act followed the 1994 routing of “HillaryCare.”⁷ Although Americans believed they dodged a bullet with that defeat, they failed to realize that determined politicians and bureaucrats never give up. What politicians can’t enact wholesale, they will effect incrementally. That is the case with HIPAA.

HIPAA was co-sponsored by Ted Kennedy (D-Mass) and Nancy Kassebaum (R-Kan). It had virtually no opposition. The dirty little secret about the Act is it incorporated many of the provisions of HillaryCare that were so feared, such as the requirement for a medical identification number for each patient and requirements for uniform electronic databases of personal medical information nationwide.⁸ This was done through the Administrative Provisions of the Act, which also address the security and privacy of health data. Fortunately, due to the hue and cry by privacy experts over the medical identification numbers, Congress has each year refused to fund the measure. But as the system continues to assimilate doctors, you can expect it will eventually prevail.

The stated purpose of HIPAA was to protect health coverage for workers and their families upon leaving or loss of a job. The public knows it mainly for its provisions regarding security and privacy of personal health information which spawned the privacy rules written and adopted by the Department of Health and Human Services (HHS).

When passing HIPAA, Congress ignored the web of medical record privacy protections that already existed. Those ran the gamut of established ethical and professional requirements, state licensing board enforcement, contract, and market-based and legal theories such as tort.

While most of the foregoing included individual patient recourse for wrongful disclosure of such information, HIPAA expressly precludes a private cause of action, reserving enforcement and discipline to the state. Although enforcement was benign for the first years after HHS implementing the Privacy Rules, the federal government is now stepping up its enforcement efforts due to reported increased numbers of medical privacy breaches.⁹ As admitted by the director of the U. S. Department of Health & Human Services’ Office for Civil Rights (OCR) which enforces HIPAA privacy requirements, seventy-six percent of the breaches involved electronic data on computers as opposed to twenty-four percent involving paper.¹⁰ Electronic data is one of the biggest threats to the doctor-patient privilege—as well as the linchpin of total statist control of medical care.

Electronic Records

Prior to HIPAA, many hospitals and other health care providers were moving away from paper medical charts to electronic formats. HIPAA was written to capture control of that process and to form a national database of the information contained in electronic records. Charlotte Twilight, a professor of economics, has done extensive research on the HIPAA privacy rule and the implications of the Act regarding electronic medical charts and the plan for a national database of patient information. In 2002, after the HIPAA privacy rule had become final under the administration of G. W. Bush, she said:

Copied almost verbatim from the 1993 bill [Hillarycare] were HIPAA’s requirements for uniform electronic databases of personal medical information nationwide and for the creation of a “unique health identifier” for every American. The 1996 act empowered the federal government, at its discretion, to require

detailed information on what lawmakers called “encounters” between doctors and patients.

The secretary of the U. S. Department of Health and Human Services (HHS) adopted standards to enable “health information”—that is, everything a doctor, employer, university, or life insurer ever learns about an individual— “to be exchanged electronically.” The legislation aimed to create a “health information system” through the “establishment of standards and requirements for the electronic transmission of certain health information” by medical practitioners (Public Law 104-191, Title II). Issuing privacy regulations to protect this new electronic flow of personally identifiable medical information was not required until three and a half years after passing HIPAA.¹¹

The combination of HIPAA privacy rules that facilitate disclosures of information without your consent, an electronic format subject to standards dictated by the federal government, a “health information system” created by those standards and a unique health identifier for every American—all of this portends disaster for the privacy of your interactions with your doctor. Constructing this “health information system” was accelerated by combining the HIPAA privacy rules with the Health Information Technology for Economic and Clinical Health Act (HITECH) in the 2009 stimulus package. As Dr. Twilight explains, the vaunted privacy rules of HIPAA are more akin to a sieve than a protective shield. The numbers of entities (especially governmental entities) to whom your records can be disclosed belies the rhetoric.¹²

Though presented as a measure limited to strengthening the privacy and security of electronically transmitted health care records, HITECH includes incentives to health providers to adopt Electronic Health Record Technology

(EHR).¹³ Though rarely mentioned, HITECH includes mandates regarding the adoption of EHR, seeking the complete integration of the healthcare system through the adoption of Health Information Technology and Electronic Health Record system:

The National Coordinator shall, in consultation with other appropriate Federal agencies (including the National Institute of Standards and Technology), update the Federal Health IT Strategic Plan (developed as of June 3, 2008) to include specific objectives, milestones, and metrics regarding the following:

- (i) The electronic exchange and use of health information and the enterprise integration of such information.
- (ii) The utilization of an electronic health record for each person in the United States by 2014.¹⁴

“Enterprise integration” is defined as “the electronic linkage of health care providers, health plans, the government, and other interested parties, to enable the electronic exchange and use of health information among all the components in the health care infrastructure in accordance with applicable law, and such term includes related application protocols and other related standards.”¹⁵ By 2014, we will have a nationwide EHR system (and database), even if the Republicans repeal PPACA.

With this, we can expect that the national medical ID will become a reality, and HHS has taken steps in that direction, working through stakeholder groups such as the Workgroup for Electronic Data Interchange.¹⁶ HIPAA privacy rules allow disclosures of your records without consent. It is estimated that 2.2 million entities, including government agencies, can access your medical records.¹⁷ For such access to be meaningful, patient ID numbers will be necessary.

The threat to your private medical records is imminent. Health and Human Services mandated in October of 2011 that private insurance companies must transmit their medical records on patients to the federal health information database, without the consent of the patient.^{18 19 20} Therefore, the state is instituting the infrastructure to access all information about the state of your health. With EHR mandated under federal standards and a federal database to which private insurers submit health records:

[T]hey will know who has cancer, heart disease, or diabetes, or other conditions of interest, and will also know how much patients with a certain disease profile “cost.” This is the ominous death panel feature that without EHR has no teeth.²¹

But there is another purpose of the EHR mandate: to herd physicians into organizations that will turn their allegiances away from patients to the collective. Not only will records be stored in a monolithic database, doctors will be practicing in collectives.

The Tower of Babel

That the outlines of a new Tower of Babel in health care emerged in HIPAA and HITECH should be obvious. Now, with PPACA came legislative support for grouping physicians into Accountable Care Organizations. An Accountable Care Organization (ACO) is an organization of healthcare providers sharing responsibility for the cost and quality of care for a specific patient population. More than any other policy the Patient Protection and Affordable Care Act (“PPACA”), enacted in March 2010, encourages such integration in health care by incentivizing the herding of physicians into ACOs. ACOs integrate local physicians with other members of the health care system,

such as hospitals, and reward them for controlling costs and improving health care quality. Doctors will be financially rewarded for stinting on your care. A blunt if inflammatory description of how they will work is offered by Dr. Fogoros, author of *Fixing American Healthcare: Wonkonians, Gekkonians, and the Grand Unification Theory of Healthcare*, on his indispensable blog: *The Covert Rationing Blog*.²²

The ACOs will be run by administrators who (theoretically) will become expert at navigating the morass of rules and regulations now being conjured up under Obamacare. These administrators will interpret the rules and regulations in such a way as to determine The Way It Must Be Done, and then will pass The Way It Must Be Done down to the ACOs' clinical chiefs (doctors who perhaps used to practice medicine, and maybe still do, a little, but who are now mainly brevet administrators), and the clinical chiefs will finally pass the restrictive rules of engagement down to the doctors who will actually take care of the patients. These doctors, struggling in the trenches, will attempt assiduously to follow those rules without exception, if they would like to keep their jobs as well as avoid a federal fraud rap. The patients, of course, will get whatever they get, but always with official assurances that whatever it is they get, it will be of the highest quality.²³

Therefore, not only will physicians be financially rewarded for cost savings, they will be subject to civil and criminal penalties for failing to ration. This is the true structure of PPACA. It goes further than any previous program, including Medicare/Medicaid and HMOs, to dislocate the physician's responsibility to their patients, transferring it to the collective. In an article in the *Annals of Internal Medicine* published in 2010, Ezekiel Emanuel from the White House's Office of Management and Budget, and Nancy-Ann M. De Parle, Mr. Obama's

Czar of Healthcare Reform said:

[Obamacare] will unleash forces that favor integration across the continuum of care. Some organizing function will need to be developed to track quality measures, account for and manage shared financial incentives, and oversee care coordination ... As physicians organize themselves into increasingly larger groups —patient-centered medical home practices and accountable care organizations— they are, out of necessity, investing in the acquisition or development of management skills that could provide these organizing functions efficiently for physicians groups ... For physicians, this means a profession that is more rewarding, more productive, and better able to realize its moral ideal.²⁴

The darkly humorous Dr. Fogoros, in his new book entitled *“Open Wide And Say Moo! – The Good Citizen's Guide to Right Thoughts And Right Actions Under Obamacare,”* published at his blog, has helpfully interpreted the true meaning of this statement:

Physicians! You have been neglecting your moral obligation to the collective, in favor of your archaic devotion to the individual patient. Under Obamacare you will need to join organizations which are devoted to the proper collective goals, and which therefore will guarantee the proper moral ideals. You must function not as individual decisionmakers, but as integrated cogs in a vast healthcare continuum, which will stretch from the centralized bastion of gleaming moral authority (from which we pen this message) all the way down to the humble tip of your stethoscope. You will be rewarded for your cooperation, or suffer for your resistance (resistance, of course, being futile). So rejoice for the health of the collective, and for your own well-being, and prepare to be assimilated!²⁵

Dr. Alieta Eck, of the Association of American Physicians and Surgeons, has

compared Accountable Care Organizations to collective farms where “Obamacare will centralize payments to ACO's where care would be controlled and physicians compensated according to strict government guidelines, including dollars saved by giving less care. Patients would be expected to do what they're told.”²⁶ The logical outcome of such vertical integration of medical care will be to deny patients needed care, to diminish your chances to obtain objective second opinions because of fewer independent physicians and entities, and to place parents seeking to direct the care of their children in a worse position because of the size of the bureaucracies they oppose.

At the present, participation in an ACO is voluntary. However, that is an illusion. The economics and the regulatory requirements will make it extremely difficult for independent practitioners to survive and thrive. One specific reason for this is the federal take-over to control electronic medical records described earlier. Instituting such a system and maintaining it in compliance with the regulations is a massive expense. Huge health systems and electronic medical record companies have supported government coercion, as pointed out by Dr. G. Keith Smith, who has written for the *Journal of American Physicians and Surgeons*:

Hospitals wanted this EHR requirement for two reasons: First, desperate physicians are more likely to fold when big hospitals attempt a takeover of their practice. The doctors may think: “I've got employee expenses, malpractice insurance, office rent, and now this EHR thing! I can't take it any more! I just want to practice medicine. I'm going to give these problems to someone else and just take a salary, or I'm quitting.” This is the perfect entrée for the hospital.²⁷

The second reason the hospitals

wanted EHR was that once the physicians surrendered and become employees the EHR would be the remote control of those doctors and their practices.

Dr. Smith explains that a physician will be constrained from ordering needed tests, or sending patients to the best surgeons if those surgeons are outside the network—upon pain of being removed from his position. Big hospital systems will crush small hospitals that can't afford EHR.

Dr. Fogoros also describes it:

Doctors, and all other healthcare workers, are to be integrated into localized healthcare delivery collectives, which will dance to the ever-changing tunes set by the Central Authority. Everything in these ACOs will be shared collectively, including the financial risk, the medical decisions, and even the ethics of those medical decisions. The notion of doctors working as independent professionals, answerable only to their professional standards and to their patients, is to be abolished once and for all. In an Accountable Care Organization doctors do not owe the featured accountability to the patients, but rather, to the ACO itself, and to the Central Authority that regulates it.

This, then, is the fundamental structure of Obamacare. It finally places doctors into their proper place. They become interchangeable cogs in an integrated healthcare machine, a machine which is tied irrevocably, flesh to flesh, to the Central Authority.²⁸

Further, says Dr. Fogoros:

Under this structure patients will lose their personal advocates once and for all. They will finally be reduced to the position that Progressive healthcare requires of them. They will no longer be individuals whose doctors owe them a duty. They will be members of a herd which an ACO is charged with husbanding at the lowest cost possible. And so, assimilating doctors into the Borg is the final step. It removes the last re-

maining obstruction to the widespread implementation of herd medicine.

Everything else about Obamacare—all those new agencies and all that new bureaucratic complexity—is just details.²⁹

So we see the ultimate intrusion of an unholy (fascist) alliance of government and giant, monolithic health systems into the religious and priestly relationship between patient and doctor. The function of the doctor's vocation as a healing one is transformed into priestly service to a collective that requires rationing of care to save costs. This transformation turns "his vocation upside down."³⁰ It is no exaggeration to compare what is happening in healthcare to the abortuary. Just as the abortionist brings death, so will a system that rations care in the service of a god that controls resources. In the service of that god, doctors will become "false confessors" as described by Rushdoony, because the relationship of doctor to patient is a healing one which is "... a medical form of the confessional, and its purpose and goal is healing. A false confessor, whether in the church or in medical practice, is a great evil, and a menace to the life of the one who seeks healing."³¹

Sovereignty over medical care is being usurped by the federal government, the new god. And every pagan god has high priests representing its will. One of the most significant "high priests" presiding over this Tower of Babel is the Independent Advisory Payment Board (IPAB).

The High Priest

The Independent Payment Advisory Board was formed under Obamacare.³² A prominent health care lawyer describes it as having a "goal of reducing the growth rate in Medicare spending" and being "responsible for developing payment reform proposals if projected Medicare spending exceeds certain

targets."³³ Claims that the IPAB will be confined to Medicare spending are disingenuous. Section 10320 gives IPAB the authority to limit all healthcare expenditures beginning in 2015.^{*34}

Dr. Fogoros describes exactly how dictatorial the role of the IPAB will be:

Each year, once the Medicare's Chief Actuary determines that the projected per capita growth rate for Medicare exceeds the designated target growth rate (which is an inevitability), the IPAB is required to submit a plan which will cut healthcare costs sufficiently to bring the growth rate back in line; which is to say, the IPAB will determine what will be paid for and what will not. Then, the Secretary of HHS is required to implement the IPAB's plan in its entirety, without exception—unless Congress acts to block implementation. However, the ability of Congress to do so is severely limited. The representatives of the people are forbidden from taking any action "that would repeal or otherwise change the recommendations of the Board," unless it: a) votes to halt the IPAB mandates with a supermajority of the Senate; and b) devises its own specific cost cutting scheme that will achieve equivalent results. If Congress had the will to do such a thing, however, we never would have needed Obamacare in the first place.

So, in practice, the cost-cutting "recommendations" which the IPAB will "propose" for "consideration" by the Secretary and by the Congress will be implemented in their entirety, automatically, without revision, and will be backed by the full authority of the Federal government.

For all practical purposes, the IPAB will become a new agency of the executive branch with near-dictatorial authority to cut healthcare spending, public and private, where and when and for whom it sees fit.³⁵

The IPAB is not only armed with immense power, Congress also purport-

ed to make its decisions immutable:

It shall not be in order in the Senate or the House of Representatives to consider any bill, resolution, amendment, or conference report that would repeal or otherwise change this subsection.³⁶

As Dr. Fogoros observes:

One can only bask in the utter audacity of our Progressive leaders, who are so sure they know what's best for us that they were willing to engage in all manner of legislative legerdemain to pass Obamacare, not only against the apparent expressed will of the people, but also (as it turns out) against the objections of any future American Congress that is sent to Washington by those people.

Not even our Constitution itself—a document that attempted to establish a government for all time—was as audacious as this. For the Constitution, at least, provided a mechanism for its own alteration.

...I believe we need to go all the way back to Moses, coming down from Mt. Sinai and holding aloft his awesome Tablets filled with divine writ, to find a law or set of laws that, from the moment they were written, were decreed to remain in force for ever and ever.

Only God has ever tried this before.³⁷

Conclusion

Christians, including Christian doctors, have a huge challenge before them in confronting this massive federal system. The tools of coercion inherent in it have already been demonstrated regarding Obamacare's requirement for the provision of birth control. One lawsuit against that requirement has already been dismissed by a federal judge.³⁸ Another has survived and is going through the system.³⁹ Lawsuits filed on constitutional bases against both HIPAA and Obamacare have failed.^{40 41}

How shall Christians confront this

usurpation of sovereignty by the state? There will be confrontations provoked by the unbiblical nature of Obamacare as evidenced by the birth control lawsuits. Christians must be prepared for the challenge, especially Christian doctors.

Christians must resist politically and legally and to search for every vulnerable chink in this Tower of Babel to use in those confrontations. But first, Christians must return to the basic presupposition that the doctor-patient relationship is religious and under God's sovereignty.

As Rushdoony said of Christian doctors caught in the struggle against statist controls, "[I]f the doctor stands in terms of humanism, and in terms of a purely personal desire to be free and uncontrolled, he is religiously defenseless and easily attacked as 'socially irresponsible.'"⁴² We all—doctor and patient—must ensure that any actions taken against Obamacare be premised and based upon a "full-orbed Biblical faith" and in terms of "the sovereignty of God as against the sovereignty of the state."⁴³

Any resistance not based upon these premises is doomed to fail. We must go forward solely in the armor of God, for "if God be for us, who can be against us?" (Rom. 8:31) The massive transplantation of sovereignty envisioned by the state must be challenged by those equipped to defend the crown rights of the true Sovereign. 🏰

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33. Larry L. Lanham, II, "The Independent Payment Advisory Board: The Stalking Horse of Payment Reform," *AHLA Connections*, Vol. 16, Issue 6, 46.

34. 42 U.S.C. 1395kkk(o)(1054) * Section 3403 and other sections of the ACA refer to the new entity as the "Independent Medicare Advisory Board." Section 10320(b), added by the Manager's Amendment, and changed the name to "Independent Payment Advisory Board."

35. *Open Wide and Say Moo*; Chapter 8—The Real Infrastructure of Obamacare

36. 42 U.S.C. 1395kkk(d)(3)(C)

37. Fogoros, *Open Wide...*, "The Real Infrastructure of Obamacare."

38. Ken Klukowski, "ADF Scores First Victory Against Obama's Unconstitutional HHS Mandate," Breitbart TV, July 28, 2012, <http://www.breitbart.com/Big-Government/2012/07/27/ADF-Scores-First-Victory-Against-Obama-s-Unconstitutional-HHS-Mandate>

39. Ibid.

40. Jon Dougherty, 'Judge Tosses Medical-Privacy Suit,' WND, June 30, 2002, <http://www.wnd.com/2002/06/14405/>

41. Lynn Sweet, Dave McKinney, Abdon M. Pallash, "Supreme Court Rules Obamacare Individual Mandate Constitutional," *Chicago Sun-Times*, June 27, 2012, <http://www.suntimes.com/news/politics/13315411-418/supreme-court-strike-down-individual-mandate.html>

42. Rushdoony, *Roots of Reconstruction*, 495.

43. Ibid.

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A Critique of Jordan's & North's View of the Head Tax, Part 2 of 3

By Dr. Robert E. Fugate

[Editor's note: The only way a nation can have big government is through big taxation. But the only kind of taxation authorized by God, in the Bible, is small taxation: the head tax. In the second and third parts of this series, Dr. Fugate defends R. J. Rushdoony's position on the head tax and answers the arguments of two of its prominent critics. By turning away from the only model of taxation laid down for us in God's Word, we have made big, intrusive, imperious government both possible and prevalent.]



In the previous issue we learned that God has given us an infallible revelation of His will regarding civil taxation.

That revelation is found only in God's written Word, the Bible, which is sufficient to instruct us how to please God in all areas of life ("thoroughly equipped for **every** good work," 2 Tim. 3:17).¹

The only God-instituted and God-endorsed form of civil tax in Scripture is the head tax (also known as a poll tax or census tax) (Ex. 30:11–16; 38:25f.; 2 Kings 12:4–16 // 2 Chr. 24:4–14; Neh. 10:32f.; Matt. 17:24–27). The Biblical head tax is: (a) a mandatory civil tax; (b) levied upon every male (age twenty and older); (c) paid annually; (d) a fixed, flat fee (not a percentage) that is a low enough amount that every man can afford to pay it. Such limited tax revenue restricts the state to its God-ordained functions. This view of the head tax is based upon R. J. Rushdoony's teaching.²

However, James Jordan³ and Christian Reconstructionist leader Gary North⁴ disagree with R. J. Rushdoony's understanding of the head tax as a civil tax. In the following critique of their position I will focus on Jordan's essay, since North adheres to all the key points of Jordan's arguments and cites them as proof.

Objections made by Jordan and North

James Jordan objected to R. J. Rushdoony's understanding of the head tax on four main grounds. Gary North concurs with Jordan and then adds a fifth argument. Before considering their specific objections, I would like to begin with an excerpt from Jordan's summary:

One might argue that the house of God (Tabernacle, Temple) is a microcosmic representation and concentration point for the whole kingdom of God, inclusive of the civil function as well as the ecclesiastical.⁵

I have so argued in the previous article. Jordan then attempts to dismiss this possibility:

In Christianity, however, the focal point of civilization is not the state, as it is in paganism, but worship in the presence of God, organized by the Church. Thus, the house of God is preeminently a house of prayer, not a political center (Is 56:7; Jer 7:11; Mt 21:13).⁶

I do not find this argumentation cogent or convincing.

First, on the previous page Jordan himself asserted, "The Tabernacle was the ultimate political as well as ecclesiastical center of Israel."⁷ How does this admission not refute the above quotation?

Second, note that Jordan is as-

suming discontinuity between the Old Testament and the New Testament ("In Christianity, however ..."). He neither tells us the nature of this unstated discontinuity, nor does he support it Biblically. Furthermore, the very verses he cites (Isa. 56:7; Jer. 7:11; Matt. 21:1) demonstrate the unity and continuity of both Testaments, not discontinuity.

Third, these two sentences are a complete non-sequitur with the preceding. Jordan is supposed to be refuting the view that the tabernacle/temple represents the Kingdom of God (including both civil and ecclesiastical spheres). Instead, he switches to contrasting Christianity with paganism, which does not relate to the argument at all.

Fourth, notice that Jordan is laying the groundwork for an unbiblical, new covenant age ecclesiocracy (i.e., rule by the church):

The focal point of civilization is not the state, as it is in paganism, but worship of God, organized by the Church ... The sword of the state executes according to the judgments rendered by the priests ... The Church must say whether the war is just and holy.⁸

However, the church is not the focal point of the Kingdom of God, the organizer of worship in all spheres of life, and the infallible interpreter of the Scriptures (contra Roman Catholic theology). The God-ordained institu-

tions, i.e., the family, the church, and the state, are all distinct jurisdictional spheres in the Kingdom of God. All are directly ruled by God's written law-word. The family and the state are not to be ruled by the church. (Of course, the church does have a responsibility to teach God's Word, applying it to all areas of life—including church and state.)

Fifth, Jordan's argument, "the house of God is preeminently a house of prayer, not a political center," is fallacious, being a false dilemma. Both choices are true. The house of God is to be a house of prayer (the same was true for the Old Testament house of God), and the Kingdom of God has a political dimension (in both Testaments). With regard to political aspects of the Kingdom of God after Jesus' resurrection and ascension, permit me to quote from my book, *Key Principles of Biblical Civil Government*:

God the Father gave "all authority ... in heaven and in earth" to the resurrected Lord Jesus Christ (Mt 28:18). "He is Lord of all" (Ac 10:36). As absolute monarch, the resurrected Lord Jesus Christ has commissioned his church to disciple all nations⁹ (Mt 28:18–20). Furthermore, God the Father is commanding all kings, rulers, and judges to bow in submissive obedience to his Son (Ps 2:10–12; Ph 2:9–11).¹⁰ The nations are the Son's inheritance from his Father (Ps 2:8; cf. Rv 11:15). Jesus Christ is "King of kings and Lord of lords" (Rv 19:16; cf. 17:14; Ac 17:6f; Ps 89:27), "the ruler of the kings of the earth" (Rv 1:5), and the "head over all things for the church" (Eph 1:20–23). During Christ's reign at the Father's right hand, all enemies and all things will be put under His feet—in history (Ps 110:1–3 note "until"; 1 Cor 15:23–28; Ac 2:33–36; Eph 1:20–23; Heb 10:12f; Dn 7:13f). Jesus Christ is to have the preeminence in all things (Col 1:18). Every thought is to be made prisoner of Christ (2 Cor 10:5).

To restrict "all authority" or "all things" or "every thought" to religious matters (in contrast to secular matters) is a total perversion of the message of Scripture and a repudiation of the comprehensive Lordship of Jesus Christ. Jesus Christ is Lord over all; God's Word is authoritative in all areas; every person and every thing is to glorify God (1 Cor 10:31). In sum, God the Father has instituted a Christocracy with Christ ruling the created order from his heavenly, Davidic throne at the Father's right hand (Ac 2:30–36).¹¹

To deny the political aspects of the Kingdom of Jesus Christ (which began with His resurrection and enthronement) is to truncate the absolute lordship of Christ—the heart of the New Testament message. It severs one aspect of Christ's Kingdom from the realm of history. This error is often introduced by accepting some form of pietism (which is rooted in pagan Greek dualism).¹²

We might also note that in the Old Testament princes (as well as priests) had chambers in the temple (Ezk. 44:3; Jer. 35:4 NKJV "the chamber of the princes").¹³ And as we noted in the previous article, "The side chambers of the Temple ... held at least some of the revenues of the state."¹⁴

Having seen the unbiblical conclusion to which Jordan has arrived, let us now examine the arguments that led him into this dead end.

Jordan-North Argumentation

1. Jordan begins his deconstruction of Rushdoony's view of the head tax by arguing that the ransom (Ex. 30:12) and atonement (Ex. 30:15f.) of the Exodus 30 head tax passage were not a political covering, but a type of our redemption in Jesus Christ (1 Pet. 1:18–19).¹⁵

Rebuttal #1

Typology. One of the principles of historical-grammatical hermeneutics is that for something in the Old Testament

clearly to be a type, the New Testament must affirm the type and its New Testament antitype. The New Testament never teaches that a man ransoming his own life with a payment of silver in Exodus 30 is a type of redemption in Christ. Is Jordan's interpretation of the word "ransom" in Exodus 30:12 in terms of 1 Peter 1:18 an application of his (in)famous hermeneutic of interpretive maximalism (i.e., allegoricalism), rather than sound historical-grammatical exegesis?

Furthermore, the terms "ransom" and "atonement" occur in Scripture in various contexts with various shades of meaning. The cardinal rule in lexicography is context determines definition. The scholarly *Theological Lexicon of the Old Testament* understands the Hebrew word translated "atonement" in Exodus 30:15f. (*kaphar*) to denote a "registration fee"¹⁶—not priestly atonement. Neither Jordan nor North even considers such a definition. The Hebrew term translated "ransom" in Exodus 30:12 (*kōpher*) is a legal term; it has nothing to do with ecclesiastical worship or religious rituals.¹⁷ Yet, Dr. North has built almost all his argumentation against Rushdoony's view of the head tax¹⁸ on the assumption that the terms "ransom" and "atonement" can only have ecclesiastical (not civil) definitions.

Dr. North also assumes that, if the head tax was associated with a military census taken immediately prior to war in Exodus 30, then it must always be associated with that and with nothing else. But, in subsequent Scriptural references to the head tax (i.e., Ex. 38:25f.; 2 Kings 12:4–16 // 2 Chr. 24:4–14; Matt. 17:24–27; Neh. 10:32f.), the head tax was not to muster an army, and there is no mention of it being a "ransom" that makes "atonement" in Exodus 38:25f., 2 Kings 12:4–16 // 2 Chronicles 24:4–14, or Matthew

17:24–27.¹⁹ However, the head tax did always support the tabernacle/temple. **Since the terms “ransom” and “atonement” are never used with regard to the head tax—except when mustering an army for war (Ex. 30)—atonement for bloodshed in war is clearly not central to the primary meaning and purpose of the head tax.** Thus Jordan’s redemptive-historical typology fails.

Neither does Jordan’s typology of redemption in Christ comport with the fact that the atonement in Exodus 30 was not made for women, children, or Levites²⁰—none of whom went to war. Yet, many of them were undoubtedly included in Christ’s redemption (1 Pet. 1:18–19).

Thus Jordan’s first argument against the head tax being a civil tax is neither cogent nor persuasive.

2. Jordan’s second argument concerns the circumstances of the collection of the head tax. He argues that the numbering in Exodus 30 (vv. 12–14) was for an occasional mustering of Israel’s army for battle, not an annual head tax:

The mustering was not an annual census ... There is no evidence that this mustering with taxation was annually repeated. Exodus 30 does not say that there is to be an annual census, nor does any other passage of Scripture ... There simply is no evidence of an annual head tax.²¹

Rebuttal #2

Jordan’s claim that the head tax was not annual may apply to Exodus 30.²² However, it is clearly contradicted by other passages asserting that the head tax or census tax was paid annually. When King Joash restored the practice of collecting the head tax of Exodus 30, it was explicitly denoted as “the levy [tax] fixed by Moses the servant of the LORD on the congregation of Israel for the

tent of the testimony ... the levy fixed by Moses the servant of God” (2 Chr. 24:6, 9 NASB) and “census tax”/“census money” (2 Kings 12:4 NET, NKJV, NIV, NAB, etc.²³). The text specifically states that this head tax was to be collected “annually” (2 Chr. 24:5 NASB, NIV; NJB, NET, JPS TANAKH) (cf. “yearly” in Neh. 10:32). Thus there clearly is Biblical evidence of an annual head tax. Jordan recognizes that 2 Kings 12:4 // 2 Chronicles 24:6, 9 refers to the head tax,²⁴ but he ignores the fact that this head tax/“levy fixed by Moses” was annual. Thus Jordan’s assertion that “there simply is no evidence of an annual head tax” is untrue. This annual collection also answers North’s question as to how the ongoing day-to-day expenses of the state could be financed by a tax that could only be levied prior to an occasional war.²⁵

3. Use of the tax Rebuttal #3

Most of Jordan’s arguments in this section attempt to prove that the head tax in Exodus 30 was not used to fund the army, but helped furnish the tabernacle (Ex. 38:25–28)—a point with which I agree.²⁶ However, Jordan’s notions that the military was not a state function and that Israel’s wars were holy wars and therefore a “priestly function” are unconvincing.

First, it is not accurate to classify all Israel’s wars as holy wars.²⁷ Holy wars were primarily fought against those nations that God had devoted to utter destruction (*herem*), i.e., the seven Canaanite nations (Dt. 7:1–2; 20:17)²⁸ and the nomadic Amalekites (Ex. 17:14, 16; Dt. 25:17–19; 1 Sam. 15:2–3). Under the monarchy, Israel fought many wars against non-Canaanite nations that God had not devoted to utter destruction (*herem*), e.g., Moab, Ammon, Syria, Egypt, Assyria, Babylon, etc.²⁹ Not even all the Canaanite cities (which

God had devoted to utter destruction) were to be burned (Dt. 6:10–11; Josh. 11:13, 24:13). Thus Jordan’s depiction of the cities of Israel’s defeated enemies as “torched,” “whole burnt sacrifices”³⁰ is painted with too broad a brush.

Second, if “atonement” and “ransom” were required prior to shedding man’s blood in war, **why was this payment not required before every war, instead of at a rare census?** Or, if taking a census itself was the danger (cp. 2 Sam. 24), then surely God would have said, “Do not take a census, for it is wrong to do so.”³¹

Third, Jordan omits the job description of military commander from the role of the king. This is historical revisionism. King Saul was little more than a military commander (and that is why Israel chose him to be her king in the first place, 1 Sam. 8:19f.). Also, the Bible goes to great lengths to describe King David’s military exploits. In addition, the Bible frequently describes God and Christ’s kingly rule in military terms.³² Clearly, military leadership is central to the role of the king (2 Sam. 11:1).

Fourth, priests and Levites (who were the leaders of the Old Testament church) were exempt from fighting in holy wars (Num. 1:47–49; cf. Ezra 7:23f.).³³ If mustering the army to battle was not a civil function but an ecclesiastical function (as Jordan asserts), and if Israel’s wars were holy wars fought by temporary Nazirite priests (as Jordan also asserts), why are the ecclesiastical leaders exempt from fighting in such holy wars? If Israel’s wars were actually ecclesiastical wars rather than civil wars, then the church leaders should have been leading the troops (especially a Nazirite like Samuel). Thus Jordan’s statement that “*holy war* was a specifically *priestly function*”³⁴ is highly questionable at best. *The New Interpreter’s Dictionary*

of the Bible states, “Priests have no sacril or oracular duties in warfare, but merely deliver a reassuring oration before battle” (Dt. 20:2–4).³⁵

Fifth, Jordan’s statement that the head tax of 2 Kings 12 and 2 Chronicles 24 “was collected by the Levites and administered by the priests”³⁶ was not always the case (if it ever was). Instead, King Jehoash reasserted royal Davidic control over the sanctuary, taking the funds out of the hands of the priests.³⁷ Furthermore, the text sharply distinguishes between the census tax (i.e., the head/poll tax), which was deposited into the temple treasury, and the money that was to be given (“belonged”) to the priests, which was *not* brought into the temple (2 Kings 12:16). (See “Additional issues with the Jordan-North view” below for further discussion.)

Sixth, since the tabernacle/temple had a civil dimension (see above; see especially “The relationship between temples and taxes in the ancient Near East” in my previous article), and since the head tax was used to fund the tabernacle/temple (Ex. 38:25–28; 2 Kings 12:4–16 // 2 Chr. 24:4–14), the head tax must have supported the civil order.³⁸

Therefore, we conclude that the mustering of the army for a census in Exodus 30 was not an ecclesiastical function, in contrast to a civil function. Jordan’s third argument does not stand.

... TO BE CONTINUED IN PART 3

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1. For an explanation and a Biblical defense of the doctrine of the sufficiency of Scripture see Robert E. Fugate, *The Bible: God’s*

Words to You (Omaha, NE: Lord of the Nations, LLC, 2012), 341–352.

2. Rousas J. Rushdoony, *Exodus* (Vallecito, CA: Ross House, 2004), 443–446. Idem., *The Institutes of Biblical Law, Vol. 1*. (n.p.: Presbyterian & Reformed, 1973), 50, 277, 281–283, 492, 510, 719. Idem., *The Institutes of Biblical Law, Vol. 3* (Vallecito, CA: Ross House, 1999), 23f. Idem., *Law and Society* (Vallecito, CA: Ross House Books, 1982), 696f.

Rushdoony summarized his understanding of the head/poll tax as follows: “The basic tax was the poll or head tax (Ex 30:11–16), which had to be the same for all men. It was paid by men only, all men of age twenty and over. This tax was collected by the civil authority for the maintenance of the civil order, to provide all men with a covering or atonement of civil justice” (*The Institutes of Biblical Law*, 1:492).

3. James B. Jordan, *The Law of the Covenant* (Tyler, TX: Institute for Christian Economics, 1984), 225–239. When Jordan wrote this book he held to theonomy, a school of thought he has since rejected. The questions Jordan raises are legitimate and deserve an answer. (My rebuttal of Jordan’s view of the head tax in no way demeans the many insights contained in *The Law of the Covenant*.)

4. Gary North, *Tools of Dominion* (Tyler, TX: Institute for Christian Economics, 1990), 903–912. (My disagreement with Dr. North’s view of the head tax in no way detracts from my appreciation for his voluminous writings or for his funding the publication of many important books.)

5. James B. Jordan, *The Law of the Covenant*, 232.

6. Ibid.

7. Ibid., 231.

8. Ibid., 232. It should be noted that in the Old Testament even the high priest had no authority to call for holy war; only God had such authority and His direction only came through His prophets, not through either church priests or heads of state (Douglas K. Stuart, *Exodus*, NAC [Nashville, TN: Broadman & Holman, 2006], 396). (Of course, after the death of Christ’s Apostles, we have no more sources of extra-Biblical, infallible,

normative revelations.)

9. Every nation is comprised of various domains or spheres: religion; civil governments and law; family and social welfare; education; economics and business (including science and technology); media; the arts and sports. Cf. Douglas Layton, *Our Father’s Kingdom* (Nashville, TN: World Impact, 2000), 42.

10. This command came into force as of “today” (Psa. 2:7); “today” refers to the day Jesus Christ was raised from the dead (Acts 13:33; cf. vv. 30–37). Note that the earlier portion of this Psalm also prophesied first century events, i.e., civil magistrates’ violent and irrational opposition to Yahweh and to his Messiah, culminating in their murdering Christ (Psa. 2:1f.; Acts 4:25–28).

11. Robert E. Fugate, *Key Principles of Biblical Civil Government* (Omaha, NE: Thy Word Is Truth Publishers, 2007), 34–36; available at <http://www.lordofthenations.com>.

12. Robert E. Fugate, “A Summary of Crucial Errors of Pietism.” The article can be downloaded free at <http://www.lordofthenations.com/free-downloads>.

13. In times of apostasy, civil government officials having chambers in the temple were ungodly men (2 Kings 23:11; Neh. 13:4–9).

14. “Temple, Jerusalem,” *Anchor Bible Dictionary* (ABD), ed. D.N. Freedman, 6 Vols. (New York: Doubleday, 1992), 6:361.

15. James B. Jordan, *The Law of the Covenant*, 226. North entitles his discussion of Exodus 30 “Blood Money, Not Head Tax,” and adds, “It is not a tax at all” (Gary North, *Tools of Dominion*, 906). Contrast North’s statement with that of Old Testament scholar Baruch A. Levine, who describes the census of Exodus 30 as a “poll taken for purposes of taxation” (*Numbers 1–20*, AB [New York, NY: Doubleday, 1993], 133). Jewish exegete Nahum M. Sarna entitles this section of Exodus “The Census and the Poll Tax” (*The JPS Commentary: Exodus* [Philadelphia, PA: Jewish Publication Society, 1991], 195).

16. *Theological Lexicon of the Old Testament* (TLOT), eds. Ernst Jenni and Claus Westermann, 3 Vols. (Peabody, MA: Hendrickson, 1997), 2:634. The Hebrew term translated

“atonement” in Ex. 30:15b, 16b (*kaphar*) often occurs in ecclesiastical contexts. However, in Deuteronomy 21:8 the usage clearly applies to the civil sphere, since it involves the procedure municipal civil magistrates are to follow in cases of unsolved homicides (vv. 1–9). Thus the term *kaphar* is used in both ecclesiastical and civil contexts.

17. Besides Exodus 30:12, the only other occurrence of *kōpher* in Exodus is 21:30, regarding monetary compensation for one’s life in a civil court case (in which the accuser agreed to accept a legal payment of money in lieu of the death penalty for one guilty of accidental homicide [but not murder]). *Kōpher* occurs only two other times in the Pentateuch (Num. 35:31f.), having the same basic meaning. “The noun *kōper* is a legal term. It denotes the material gift that establishes an amicable settlement between an injured party and the offending party ... For the recipient, it represents compensation, reparation, indemnification; from the perspective of the offender, it represents a ransom” (Ex. 21:30) (*Theological Dictionary of the Old Testament*, eds., G. J. Botterweck, H. Ringgren, et al., Vol. 7 [Grand Rapids, MI: Eerdmans, 1995], 301). “*Kōper* has nothing to do with the cultic [i.e., religious worship or ritual] realm ... It is at home in civil law and signifies ‘reparation, ransom’ (Ex 21:30; 30:12; Nu 35:31f; Is 43:3; Ps 49:8; Job 33:24; 36:18; Pr 6:35; 13:8; 21:18) or ‘bribe’ (1 Sm 12:3; Am 5:12)” (TLOT, 2:625f). “A ransom avails only when God initiates it ... Certain court cases allowed the payment of money in place of the death penalty (Ex 21:28–32)” (NIDOTTE 2:712).

18. Gary North, *Tools of Dominion*, 906f. North is so preoccupied with the notion of priestly atonement that he uses the word “atonement” twenty-eight times and “atoning” once in his ten-page article.

19. Neh. 10:33 does state that sin offerings make atonement for Israel. However, Jordan does not believe that Nehemiah’s tax is the Mosaic head tax (James B. Jordan, *The Law of the Covenant*, 237f.). I will discuss Nehemiah’s tax and the unusual circumstances surrounding it below.

20. William H.C. Propp, *Exodus 19–40*,

536f. At a later date certain Levites did go to war (1 Chr. 12:26–28; 27:17, 5f.).

21. James B. Jordan, *The Law of the Covenant*, 227, 229f. Jordan probably reads too much into Exodus 30 when he describes the head tax as “a visitation or judgment designed to see who is on the Lord’s side” (227). Were the women, children, Levites, and various other men (Dt. 20:5–8) who did not go to war thereby in “the army of Satan” (to use Jordan’s term)? (If it be objected that Dt. 20 was written after the Exodus 30 mustering for battle/census and therefore is not applicable, I would respond that Jordan states that “the mustering was ... an occasional mustering for battle whenever needed” [227].)

22. However, “Exodus 30:13f. was understood by the Pharisees as instituting an annual due (Mishna *Shekalim* 1:1 [in Herbert Danby, *The Mishnah*, p. 152])” (William Horbury, “The Temple Tax,” *Jesus and the Politics of His Day*, eds. Ernst Bammel and C.F.D. Moule, 277).

23. Numerous commentators connect this census tax with that instituted by Moses in Exodus 30; for example: T.R. Hobbs, *2 Kings*, WBC [Waco, TX: Word, 1985], 152; Marvin A. Sweeney, *1 & 2 Kings*, 352; Mordechai Cogan and Hayim Tadmor, *2 Kings*, AB (New York: Doubleday, 1988), 137; August H. Konkel, *1 & 2 Kings* (Grand Rapids, MI: Zondervan, 2006), 512; Iain W. Provan, *1 And 2 Kings*, NIBC (Peabody, MA: Hendrickson, 1995), 225; Donald J. Wiseman, *1 and 2 Kings*, TOTC (Downers Grove, IL: InterVarsity, 1993), 236; Robert L. Hubbard, *First & Second Kings*, EBC (Chicago, IL: Moody, 1991), 184; John Gray, *1 & 2 Kings*, OTL, 2nd rev. ed. (Philadelphia, PA: Westminster, 1970), 585; Carl F. Keil, *1&2 Kings, 1&2 Chronicles, Ezra, Nehemiah, Esther*, 3 Vol. (repr.: Grand Rapids, MI: Eerdmans, 1975), 1:366.

24. James B. Jordan, *The Law of the Covenant*, 230.

25. Gary North, *Tools of Dominion*, 907 (despite his statement that this difficulty “obviously cannot be explained—not without concluding that Israel was a permanent warfare State”).

26. Israel had no standing army. Her citi-

zens’ army or militia was generally funded by booty. A plethora of Biblical examples of soldiers collecting booty are cited by Roland de Vaux, *Ancient Israel: Social Institutions* (NY: McGraw-Hill, 1965), 255f.

In one place Rushdoony did write, “The head tax supports the state and its military power plus its courts” (Rousas J. Rushdoony, *The Institutes of Biblical Law*, 1:283). In Rushdoony’s view this was the case after the construction and furnishing of the tabernacle was completed (1:50).

27. A definite distinction is made in the Old Testament between Israel’s so-called “holy wars” or “Yahweh wars” (Num. 21:14; 1 Sam. 18:17; 25:28; cf. Ex. 17:16) and Israel’s normal wars (Gerhard von Rad, *Studies in Deuteronomy*, Studies in Biblical Theology #9 [Chicago, IL: Henry Regnery Co., 1953], 46f.). For a description of Israel’s holy wars or Yahweh wars see Roland de Vaux, *Ancient Israel: Social Institutions*, 258–260ff.

28. The seven Canaanite nations were the: Hittites, Gergashites, Amorites, Canaanites, Perizzites, Hivites, and Jebusites (Dt. 7:1).

29. The rules of warfare were different in Yahweh’s wars that demanded *herem* (i.e., the utter destruction of His enemies) from normal warfare. In Yahweh’s war against the Canaanite nations He gave specific revelatory direction that devoted these specific nations to utter destruction (*herem*), meaning that God ordered the complete annihilation of this enemy, his army, his women, children and livestock, and the destruction of his cities and towns (Dt. 20:16–18; Josh. 8:24–29; 1 Sam. 15:3). Thus *herem* involved genocide and the complete destruction of the enemies’ culture (“*Herem*,” *Dictionary of the Old Testament Pentateuch*, eds. T. D. Alexander and D. W. Baker [Downers Grove, IL: InterVarsity, 2003], 385f.). By contrast, standing law or normal rules for warfare against enemies living outside Canaan involved the killing of all adult males only, while sparing the women, children, and livestock and taking spoils (Dt. 20:10–15; 21:10–13). “When a foreign town was captured, only the male population was put to death (Dt. 20:14, but here the word *herem* is not found and the text does not refer to

a holy war, in contrast with the reference to towns in the Holy Land, Dt. 20:16f)” (Roland de Vaux, *Ancient Israel: Social Institutions*, 260).

“This strictly sacred character of war disappeared with the advent of the monarchy and the establishment of a professional army. It is no longer Yahweh who marches ahead of his people to fight the Wars of Yahweh, but the king who leads his people out and fights its wars (1 Sm 8:20). The combatants are no longer warriors who volunteer to fight, but professionals in the pay of the king, or conscripts recruited by his officials” (Roland de Vaux, *Ancient Israel: Social Institutions*, 263).

30. James B. Jordan, *The Law of the Covenant*, 231. “One cannot prove that the *herem* was a permanent element of the holy war” (TLOT, 2:476). Furthermore, of the three examples Jordan cites, two refer to apostate Jewish cities (Dt. 13:16; Judges 20:40), not Canaanite cities. His third example (Judges 1:17) uses the normal Hebrew term for utter destruction (*herem*), but does not specify whether the city was actually burned.

31. Peter Enns, *Exodus*, NIV Application Commentary (Grand Rapids, MI: Zondervan, 2000), 538. For a discussion of David’s sin in taking the census (2 Sam. 24) see Robert E. Fugate, *Toward a Theology of Taxation* (Omaha, NE: Lord of the Nations, LLC, 2009), 23–25.

32. Tremper Longman III and Daniel G. Reid, *God Is a Warrior* (Grand Rapids, MI: Zondervan, 1995). James E. Adams, *War Psalms of the Prince of Peace* (Phillipsburg, NJ: Presbyterian & Reformed, 1991). See especially Psalms 2:6–12; 110:1–3, 5–7; Rev. 19:11–21.

33. “Exodus 30:14 [with its specification of age twenty] supports the argument that this [military] census excludes the Levites, who will be counted from the age of twenty-five (Nu 8:4) or thirty (Nu 4:3), when they begin their service” (William H.C. Propp, *Exodus 19–40*, AB, 479).

34. James B. Jordan, *The Law of the Covenant*, 231.

35. Richard D. Nelson, “Holy War,” *The New Interpreter’s Dictionary of the Bible*, 5

Vols. (Nashville, TN: Abingdon, 2007), 2:880. Nelson makes this statement with particular reference to Deuteronomy. On one occasion the prophet-priest-judge Samuel offered sacrifices prior to Israel engaging in battle (1 Sam. 7:9). He was planning on doing so again, but King Saul usurped Samuel’s role and was judged by God (10:8–10 with 13:9, 12).

36. James B. Jordan, *The Law of the Covenant*, 232. Similarly, North writes that the ransom of Exodus 30 was “paid to God through the priesthood” (*Tools of Dominion*, 906).

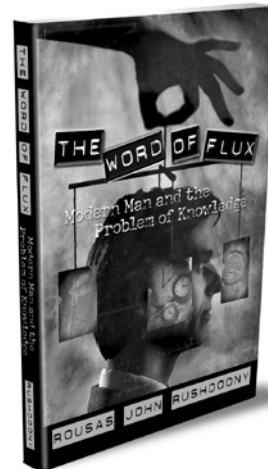
37. “Jehoash takes charge much like Solomon to see that the work of temple repair is properly financed and accomplished ... By taking the funds out of the hands of the priests, Jehoash reasserts royal Davidic control over the sanctuary” (Marvin A. Sweeney, *1 & 2 Kings*, 351f.). In Joash’s new arrangement the priests “will be absolved of responsibility to repair the temple, but they will no longer be in charge of the offerings brought to the temple” (August H. Konkel, *1 & 2 Kings* [Grand Rapids, MI: Zondervan, 2006], 513; cf. T.R. Hobbs, *2 Kings*, 153).

38. I have argued my position from Scripture, not history. Nevertheless, at the time of Christ, temple funds were, in fact, used “to pay for the repairs of the city-walls, the roads, and public buildings, etc., about Jerusalem” (as well as for ecclesiastical purposes) (Alfred Edersheim, *The Temple: Its Ministry and Services as They Were at the Time of Jesus Christ* [reprint: Grand Rapids, MI: Eerdmans, 1969], 75).

Rushdoony ... Creedal cont. from page 3

root a religious problem. The elimination of quackery must begin from the pulpit, and it must be carried out in every field, beginning with the church and politics. The problem, however, is more than an ecclesiastical one. The doctor himself must have a realistic perspective of his role, and that of medicine. The principles and practice of quackery are magical, although they pass as science, and Christian medical practice must avoid them. 🙏

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The Family's Role in Health Care

By Andrea Schwartz

11. Thou shalt therefore keep the commandments, and the statutes, and the judgments, which I command thee this day, to do them.

12. Wherefore it shall come to pass, if ye hearken to these judgments, and keep, and do them, that the Lord thy God shall keep unto thee the covenant and the mercy which he swore unto thy fathers:

13. And he will love thee, and bless thee, and multiply thee: he will also bless the fruit of thy womb, and the fruit of thy land, thy corn, and thy wine, and thine oil, the increase of thy kine, and the flocks of thy sheep, in the land which he swore unto thy fathers to give thee.

14. Thou shalt be blessed above all people: there shall not be male or female barren among you, or among your cattle.

15. **And the Lord will take away from thee all sickness, and will put none of the evil diseases of Egypt, which thou knowest, upon thee; but will lay them upon all them that hate thee.** (Deuteronomy 7:11-15) [Emphasis added.]



The Bible is clear that the family and the church (Levites) comprise the God-ordained jurisdiction for all matters encompassed

by the term health. The modern concept of socialized medicine is anathema to Scripture. Because pastors refuse to teach the whole counsel of God, and families do not exercise their God-given roles, God's people are suffering from diseases and disabilities that might possibly be prevented if God's teachings on diet and health were obeyed. These very important areas have been outsourced from God's ordained spheres of authority and handed over to (at worst) the ungodly or (at least) a paradigm created by the ungodly. As Rushdoony notes, the results are not good.

Because the family is the womb of life, it is also the locale of basic government. It is man's first church and state, his first school and vocation, the first economic realm, and more. The further away from the family that man's basic government is placed, the more dangerous it becomes. Sometimes the church, and certainly the modern state, seeks to arrogate to itself powers which properly belong to the family. The result is the impoverishment of society.¹

Just as the Christian family has made great strides in home education, so, too, the family must regain its proper role in matters relating to health and wellness. As this occurs, the wife/mother, under the auspices of her husband, will serve as the watchman on the wall, being the gateway by which information, practice and habits are examined, taught, and put into practice within the framework of a Biblical worldview.

The Health Manager of the Family

Proverbs 31:27 states that the worthy woman looks well to the ways of her household. Much has been written about a woman's preparation for marriage regarding sexual purity and marital submission. But little time is devoted to the preparation needed to assume the responsibilities of looking well to the ways of her household, especially in matters of health. 1 Corinthians 6:19-20 states:

19. Or do you not know that your body is a temple of the Holy Spirit within you, whom you have from God? You are not your own,

20. for you were bought with a price. So glorify God in your body.

The woman of the house is in the

best position to teach her children how to glorify God in their bodies by providing the theological and practical framework of this mandate. Books and good counsel from reliable practitioners on the subject of health and nutrition are a must. So too is regular contact and communication with other wives and mothers utilizing the Titus 2 mentoring model.² Unless we reclaim this area, we will enshrine the state as the determiner of what is best for our children nutritionally and medically and lay the foundation for even more statist tyranny in our families.³

The goal of the state is control and the restriction of change to the state. Instead of the individual or family as the source of innovation, change, and entrepreneurship, we then have the state in control of all these things. The state, however, when it becomes this powerful, becomes a vast bureaucracy, and it gives us a frozen, pre-arranged world, not a future.

The family is the true well-spring of the future, not the state, and woman is the key to it.⁴

Dietary Laws of the Bible

As the family seeks to honor God by applying His law-word over every

area of life and thought, we need to reexamine the Biblical dietary laws. We also need to look at the rationale given by believers who no longer observe the dietary laws as outlined in the first five books of the Bible. Rushdoony, well aware that the account in Acts 10 has been used to negate these laws, says:

To what extent are the Mosaic dietary laws still valid for us? Acts 10 is commonly cited as abolishing the old dietary restrictions. There is no reason for this opinion. Peter's vision did not instruct him to eat pork, dogs, cats, or the like: it prepared him for the coming of Cornelius' servants. The Gentiles were to be received into the kingdom: "What God hath cleansed, that call not thou common" (Acts 10:15). Peter did not see the meaning of the vision as a permission to eat forbidden foods. Rather, he said, "Ye know how that it is an unlawful thing for a man that is a Jew to keep company or come unto one of another nation; but God hath shewed me that I should not call any man common or unclean" (Acts 10:28). There is no evidence in the chapter that the vision had anything to do with diet; it did have everything to do with the Great Commission and the admission of Gentiles into the kingdom ...

[T]he dietary laws are not legally binding on us, but they do provide us with a principle of operation. The apostles, as they moved into a Gentile world, did not allow diet to be a barrier between them and the Gentiles. If they were served pork or shrimp, they ate it. On their own, they maintained the kosher rules as God's rules for health and life ... With reference to our salvation, the laws of diet have no significance, although Phariseism gave it such a significance (Gal. 2:16). With reference to our health, the rules of diet are still valid rules ...

Our observance of these dietary rules should never be to place a barrier between ourselves and other men but for our health and prosperity in Christ.⁵

Food for Thought

As the Apostles' Creed states, God is the maker of Heaven and earth. He knows what is best for His creation. Exodus, Leviticus, and Deuteronomy outline a diet sanctioned by God and beneficial to us. These laws are the laws of *life*, and include, among other things, the prohibition of eating unclean foods, blood, and fat.⁶

The health benefits from following the dietary laws are well-documented. As in all areas of obedience, there is a greater principle at stake:

The dietary laws are reminders that we are creatures, if we need reminding. They tell us that the totality of our lives is to be governed by God and His Word. It is the tempter who tells man, "Ye shall be as God" (Gen. 3:5), and it is the essence of sin to revolt against creatureliness. Those whose spirituality lifts them above the dietary laws are too spiritual for the God of the Bible.

God gives us guidelines to make life simpler and better for us, but we like to complicate everything and then whine about it. If you don't like the dietary laws, perhaps you don't like the God who gave them.⁷

Jordan Rubin, in his book *The Maker's Diet*, acknowledges the reality that God's laws are always for the benefit of his people.

God gave His moral law and His dietary guidelines to the Jews at the same time. The moral guidelines preserved spiritual purity, social order, family stability, and community prosperity. These proven "laws" were used by America's founders, who established the Constitution on proven principles from the commandments God gave the Israelites thousands of years ago.

Just as the moral guidelines preserved the culture of Israel, so the dietary guidelines preserved their physical health. God's dietary guidelines are not some narrow-minded religious exercise

meant to set apart certain people from their neighbors. They were given by a loving God to save His people from physical devastation long before scientific principles of hygiene, viral transmission, bacterial infection, or molecular cell physiology were understood!⁸

The Scriptures speak to more than diet when it comes to health. Leviticus 15:1-33 gives specific instructions regarding hygiene and quarantine for illness. Today most would consider these private concerns. Yet in God's economy, these are matters for obedience and covenantal living. Applying these laws provided near-immunity to the Jews from plagues and epidemics over the centuries.⁹ Obedience not only serves the health of man, but acknowledges God's preeminence in all things.

If modern man wants to eradicate illness and disease, he would do well to consult his Creator. Reconstructing nutrition and lifestyle choices is a precursor to health.

Sickness and death exist because this is a fallen world. They are *in origin* the results of sin; as we contract ailments; these may or may not be the results of sin. A disease contracted can be a consequence of sin, as are the majority of cases of sexually transmitted diseases. A cold or the flu *may* be a result of carelessness, and it may not be; we live in a world which, being fallen, exposes us to some hazards. Thus, particular instances of sickness cannot be *per se* defined as immoral; to do so is immoral. What must be stressed is that holiness requires the wholeness of person which sets forth the total health of man.

The quarantined persons are not, if godly, separated from God; they are separated from the covenant community in order to preserve the general health and the working ability of society.¹⁰

We must restore the original jurisdictions over medicine and health.

Modern medicine does not bear much resemblance to the Biblical models for caring for the poor and the sick. We've lost much because we've abandoned the truth that God's law is operative over every area of life and thought. By failing to learn and apply God's law, we have forfeited dominion in the area of health.

[W]hen the state is maximized, Biblical law is minimized. God's law provides us with government and with means of government in all spheres of life: personal, financial, educational, ecclesiastical, vocational, societal, and also in the civil realm. Because government in these areas is preempted by the modern state, God's law is minimized, and in large part declared to be obsolete.¹¹

The fact that recent studies have shown that obedience to God's dietary laws strengthens our immunities should not blind us to the fact that though this may be a new "discovery," it is also an affirmation of God's law, namely, that obedience gives health, prosperity, and fertility.¹²

Dr. Mom

Modern medicine has lost much hard-won knowledge by dismissing as old wives' tales what women knew and shared with each other. With women now seeking careers outside the home, this transmission of information and apprenticeship training were all but lost.¹³ The people of God need to return to a family-centered model in the governance of life in society. A more Biblically-informed model would be for pre-married women to serve as a volunteer army assisting fellow believers in childbirth, helping mothers who are ill care for their children, and learning the use of herbs, essential oils, and specific nutritional paradigms. Exposure to such opportunities prepares young women to soon bless their own future families.

For many years, my role as a wife included caring for my husband's

elderly mother as I saw her through two cataract surgeries, two mastectomies, two hip replacements, and congestive heart failure. Helping my mother-in-law enjoy her remaining days (she was 76 when we met and 89 when she died) involved understanding her ailments and conditions and helping her avoid hospital stays and unnecessary procedures. For this I made ample use of my father's old-time doctor wisdom.

She was once experiencing shortness of breath because of congestive heart failure. I was advised to call an ambulance to take her to the ER. Neither my mother-in-law nor I welcomed this option, so I called my father. He told me to get her out of her bed and into a rocking chair. He said that position would relieve her symptoms. And it did! I have shared that advice with many over the years. How many more pearls of wisdom remain unknown because we think ourselves insufficiently competent to apply such strategies at home?

Finding a Balance

Dr. Jo Loomis¹⁴, who holds a doctorate in nursing practice, believes that basic training in first aid, along with a good working knowledge of disease prevention practices (e.g. regular hand washing, getting sufficient sleep, and utilizing the practice of quarantine for contagion) are fundamental to running a household well. She advises mothers to study current accepted practices of medicine (traditional and alternative), reading from proponents and detractors alike to build a foundation for determining what advice to follow or when to seek out other opinions (Prov. 11:4). Raw knowledge is easily acquired, but understanding and discernment to evaluate perspectives and protocols come with experience. A huge component is finding health care practitioners who can be used as sounding boards and counselors.

Loomis recommends resources that provide a balanced, common sense approach for parents in their interactions with pediatricians,¹⁵ thereby avoiding the two extremes of adoring doctors as gods or distrusting them as subversives.

Select a practitioner who is a good listener, willing to allocate ample time for consultations, offering alternatives to treatment, discussing pros and cons of each treatment, and acknowledging the role and responsibility of individuals and parents in making decisions. Loomis warns against putting too much credence in information acquired "through the internet" without good discernment to temper it. e.g., just because something is "natural" does not necessarily mean it cannot have detrimental effects or adversely interact with other medications or supplements.


By teaching herself and her family good habits of health and wellbeing as well as diet, the mother can identify situations requiring further intervention, making her interactions with carefully selected physicians more fruitful.

My family had a pediatrician who approached our relationship as partners when it came to my children's health-care. He would always encourage me to call him, even at two in the morning: "Call me. I can most likely give you a course of action or settle your concerns. Then we can both go back to sleep." He once said that we could put my son on antibiotics. I asked him how long before we'd see improvement. "About two weeks." And without antibiotics? "About 14 days." He was informing me that taking an antibiotic wouldn't necessarily change the course of the illness, providing me with enough information to make the best decision for my child.

Conclusion

Man was created by God and given a mandate or command to subdue the

earth and to exercise dominion over it. This meant ruling, trampling down or possessing and mastering every aspect of this world, religiously, scientifically, agriculturally, and in every other way. Man was created in God's image to develop God's creation, the earth, by perfecting or completing it under God.¹⁶

Health matters because we have been placed on earth to serve the Lord God and further His Kingdom. While we acknowledge that illnesses, aches, and pains are realities of a not-fully sanctified life, we should do all within our power to remain healthy and *in the game*, so that we may provide and care for our families while ministering in Christian charity to those around us. 

1. R. J. Rushdoony, Volume 3, *Institutes of Biblical Law: The Intent of the Law*, (Vallecito, CA: Ross House Books, 1999), 110.
2. For more information, see <http://www.titus2mentoring.com/>
3. Regardless of one's view on the propriety of vaccinations, to cede to the state the decision of what is appropriate in the way of medicine and disease prevention from parents for their children is a direct assault on God's order and the institution of the family.
4. R. J. Rushdoony, *Roots of Reconstruction* (Vallecito, CA: Ross House Books, 1991), 218)
5. R. J. Rushdoony, *The Institutes of Biblical Law* (Phillipsburg, PA: The Craig Press, 1973), 301–2.
6. For a more complete discussion on the topics of diet, hygiene and quarantine, see Rushdoony's commentaries on the Pentateuch.
7. R. J. Rushdoony, *Institutes of Biblical Law: The Intent of the Law*, Vol. 3, (Vallecito, CA: Ross House Books, 1999), 85–6.
8. Jordan S. Rubin, *The Maker's Diet* (Lake Mary, FL: Siloam, 2004), 35.
9. R. J. Rushdoony, *Institutes of Biblical Law: The Intent of the Law*, Vol. 3, (Vallecito, CA: Ross House Books, 1999), 117.
10. R. J. Rushdoony, *Leviticus* (Vallecito, CA: Ross House Books, 2005), 151.
11. *Ibid.*, 152.
12. *Ibid.*, 142.
13. Blogs and websites have been useful ways for women to share their acquired knowledge. Among such are: The Common Scents Mom at <http://yoursacredcalling.com/commonscentismom/>; Rene DeGroot's www.culinaryreformation.com; www.foodrenegade.com; and www.thenourishinggourmet.com.
14. Dr. Jo Loomis is a long-time friend and colleague. Along with her doctorate in nursing practice, she is a registered nurse and a certified nurse practitioner. She is an associate professor and the coordinator of the Family Nurse Practitioner Program at the University of San Francisco.
15. An example of such is Robert W. Mendelsohn, MD, *How to Raise a Healthy Child ... In Spite of Your Doctor* (Chicago: Contemporary Books, Inc, 1987). Speaking from years of experience as a pediatrician, he warns parents about viewing their pediatrician as a god, but also notes that they are not, usually, without compassion or a desire to truly help their patients.
16. R. J. Rushdoony, *Salvation and Godly Rule* (Vallecito, CA: Ross House Books, [1983] 2004), 45.

Payne ... Obamacare cont. from page 8

part of man: soul, spirit, mind, heart, and will. The reader will have to pursue his own research to how these are manifested in the person.

13. I have summarized these chapters and added some further details of my own here: http://www.biblicalworldview21.org/Theology/Salvation_Full_Meaning.asp
14. *Biblical/Medical Ethics* (Milford, MI: Mott Media, 1985), 101–126; *Biblical Healing for Modern Medicine*, Appendix 1, 195–204.
15. *World Magazine*, July 12, 2012, 9–11, 88. A later issue reported that NAE is regretting their position and changing their policy.
16. Nortin M. Hadler, *Worried Sick: A Prescription for Health in an Over-treated America*, (Chapel Hill, NC: The University of North Carolina Press, 2008); Gary Null, *Death by Medicine*,

(Mount Jackson, VA: Prakitos Books, 2010). An immediate online source is: http://webmail.medscape.com/service/home/-/feardie-1.pdf?auth=co&loc=en_US&id=131330&part=2

17. *Roots*, 476.
18. *Death by Medicine*, cited above.
19. Inability and unwillingness to fund federal medical mandates may be a major stumbling block to the implementation of Obamacare.

Resources

- www.bmei.org This website contains all issues of *The Journal of Biblical Ethics in Medicine*, our major journal, and most of the issues of *Biblical Reflections of Modern Medicine*, my newsletter. Neither is published any longer.
- www.biblicalworldview21.org My website that covers a wide range of ethical and worldview issues.
- www.biblicalphilosophy.org My current work in philosophy and related issues.
- Davis, John Jefferson. *Evangelical Ethics*, 3rd Edition (Phillipsburg, PA: P&R Publishing Company, 2004).
- Report of the Heroic Measures Committee Presbyterian Church in America
http://www.bmei.org/jbem/volume2/num3/report_of_the_heroic_measures_committee.php
- Payne, F. E. *Biblical/Medical Ethics* (Milford, MI: Mott Media, 1985)
- Payne, F. E. *Making Biblical Decisions* (Escondido, CA: Hosanna House Book Publishing Company, 1989). Birth control fertilization issues, genetic engineering, and end of life issues.
- Payne, F. E. *What Every Christian Should Know About the AIDS Epidemic* (Augusta, GA: Covenant Books, 1991)
- Rushdoony, Rousas. *Roots of Reconstruction* (Medical Position Papers) (Vallecito, CA: Ross House Books, 1991), 457–517.
- Google or other internet search engine. Virtually everything that I write about, including specific medical issues and economics, can be found on the internet with pertinent key words in the search.

Biblical Law

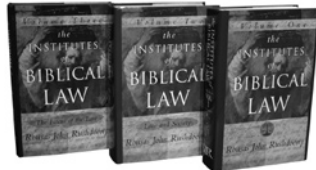
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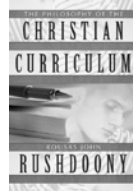
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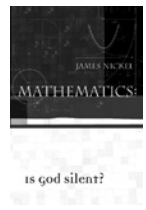
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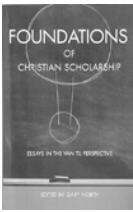
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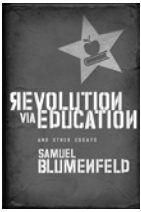
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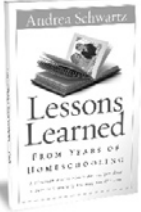
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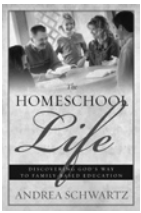
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By Andrea Schwartz. After nearly a quarter century of homeschooling her children, Andrea Schwartz has experienced both the accomplishments and challenges that come with being a homeschooling mom. And, she's passionate about helping you learn her most valuable lessons. Discover the potential rewards of making the world your classroom and God's Word the foundation of everything you teach.

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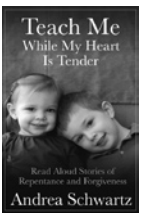


The Homeschool Life: Discovering God's Way to Family-Based Education

By Andrea Schwartz. This book opens the door to *The Homeschool Life*, allowing parents to see the glorious potential in this life-changing, God-honoring adventure. It offers sage advice concerning key aspects of homeschooling, while never losing the central focus of applying the Word of God to all areas of life and thought. The author provides

practical insights for parents as they seek to provide a Christian education for their children.

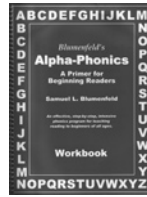
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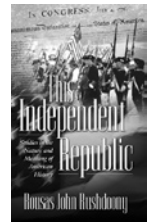


Alpha-Phonics: A Primer for Beginning Readers

By Sam Blumenfeld. Provides parents, teachers and tutors with a sensible, logical, easy-to-use system for teaching reading. The Workbook teaches our alphabetic system - with its 26 letters and 44 sounds - in the following sequence: First, the alphabet, then the short vowels and consonants, the consonant digraphs, followed by the consonant blends, and finally the long vowels in their variety of spellings and our other vowels. It can also be used as a supplement to any other reading program being used in the classroom. Its systematic approach to teaching basic phonetic skills makes it particularly valuable to programs that lack such instruction.

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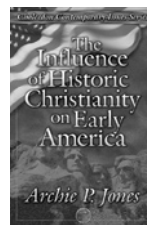
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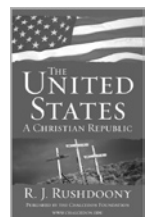
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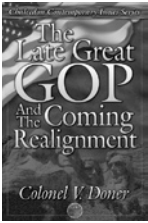
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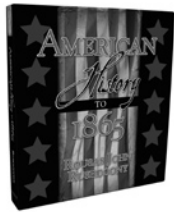
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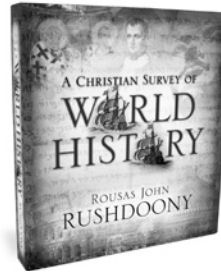
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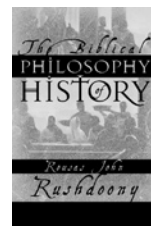
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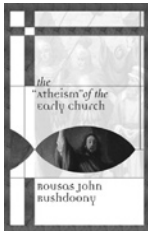


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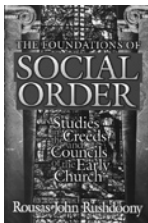
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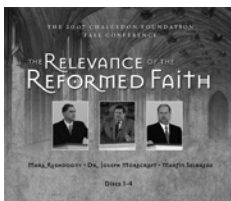


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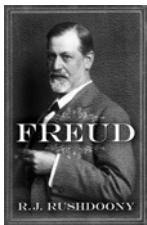


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By R. J. Rushdoony. The Biblical doctrine of psychology is a branch of theology dealing with man as a fallen creature marked by a revolt against maturity. Man was created a mature being with a responsibility to dominion and cannot be understood from the Freudian child, nor the Darwinian standpoint of a long biological history. Man's history is a short one filled with responsibility to God. Man's

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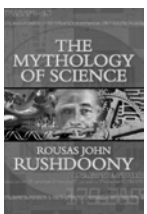
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By R. J. Rushdoony. In *The Cure of Souls: Recovering the Biblical Doctrine of Confession*, R. J. Rushdoony cuts through the misuse of Romanism and modern psychology to restore the doctrine of confession to a Biblical foundation—one that is covenantal and Calvinistic. Without a true restoration of Biblical confession, the

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By R. J. Rushdoony. This book is about the religious nature of evolutionary thought, how these religious presuppositions underlie our modern intellectual paradigm, and how they are deferred to as sacrosanct by institutions and disciplines far removed from the empirical sciences. The "mythology" of modern science is its religious devotion to the myth of evolution.

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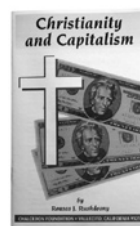
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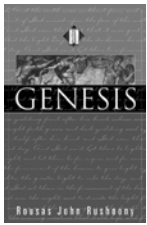
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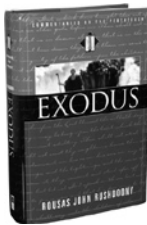


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By R. J. Rushdoony. In recent years, it has become commonplace for both humanists and churchmen to sneer at anyone who takes Genesis 1-11 as historical. Yet to believe in the myth of evolution is to accept trillions of miracles to account for our cosmos. Spontaneous generation, the development of something out of nothing, and the blind belief in the miraculous powers of chance,

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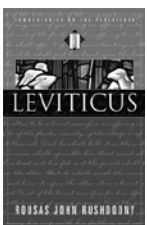
By R. J. Rushdoony. Essentially, all of mankind is on some sort of an exodus. However, the path of fallen man is vastly different from that of the righteous. Apart from Jesus Christ and His atoning work, the exodus of a fallen humanity means only a further descent from sin into death. But in Christ, the exodus is now a glorious ascent into the justice and dominion of the everlasting Kingdom

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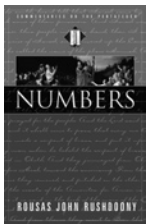
By R. J. Rushdoony. Much like the book of Proverbs, any emphasis upon the practical applications of God’s law is readily shunned in pursuit of more “spiritual” studies. Books like Leviticus are considered dull, overbearing, and irrelevant. But man was created in God’s image and is duty-bound to develop the implications of that image by obedience to God’s law. The book of Leviticus contains

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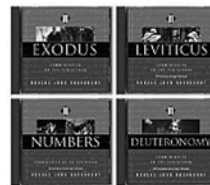
If you desire to understand the core of Rushdoony’s thinking, this commentary on *Deuteronomy* is one volume you must read. The covenantal structure of this last book of Moses, its detailed listing of both blessings and curses, and its strong presentation of godly theocracy provided Rushdoony with a solid foundation from which to summarize the central tenets of a truly Biblical worldview—one that is solidly established upon Biblical Law, and one that is assured to shape the future.

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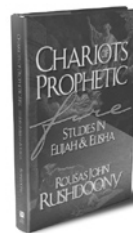
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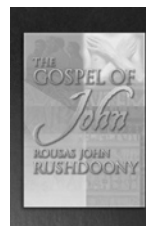
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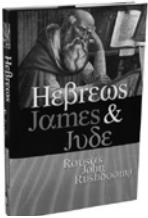
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Romans and Galatians

By R. J. Rushdoony. From the author’s introduction: “I do not disagree with the liberating power of the Reformation interpretation, but I believe that it provides simply the beginning of our understanding of Romans, not its conclusion.... The great problem in the church’s interpretation of Scripture has been its ecclesiastical orientation, as though God speaks only to the church, and commands only the church. The Lord God speaks in and through His Word to the whole man, to every man, and to every area of life and thought.... This is the purpose of my brief comments on Romans.”

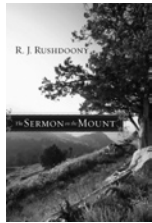
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Hebrews, James and Jude

By R. J. Rushdoony. The Book of Hebrews is a summons to serve Christ the Redeemer-King fully and faithfully, without compromise. When James, in his epistle, says that faith without works is dead, he tells us that faith is not a mere matter of words, but it is of necessity a matter of life. "Pure religion and undefiled" requires Christian charity and action. Anything short of this is a self-delusion. Jude similarly recalls us to Jesus Christ's apostolic commission, "Remember ye the words which have been spoken before by the apostles of our Lord Jesus Christ" (v. 17). Jude's letter reminds us of the necessity for a new creation beginning with us, and of the inescapable triumph of the Kingdom of God.

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Sermon on the Mount

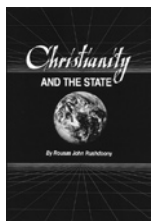
By R. J. Rushdoony. So much has been written about the Sermon on the Mount, but so little of the commentaries venture outside of the matters of the heart. The Beatitudes are reduced to the assumed meaning of their more popular portions, and much of that meaning limits our concerns to downplaying wealth, praying in secret, suppressing our worries, or simply reciting the Lord's Prayer. The Beatitudes are the Kingdom commission to the new Israel of God, and R. J. Rushdoony elucidates this powerful thesis in a readable and engaging commentary on the world's greatest sermon.

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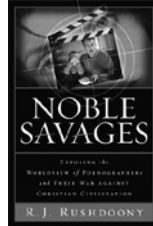
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By R. J. Rushdoony. Salvation in Scripture includes in its meaning "health" and "victory." By limiting the meaning of salvation, men have limited the power of God and the meaning of the Gospel. In this study R. J. Rushdoony demonstrates the expanse of the doctrine of salvation as it relates to the rule of the God and His people.

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By R. J. Rushdoony. In this powerful book *Noble Savages* (formerly *The Politics of Pornography*) Rushdoony demonstrates that in order for modern man to justify his perversion he must reject the Biblical doctrine of the fall of man. If there is no fall, the Marquis de Sade argued, then all that man does is normative. What is the problem? It's the philosophy behind pornography — the rejection of the fall of man that makes normative all that man does. Learn it all in this timeless classic.

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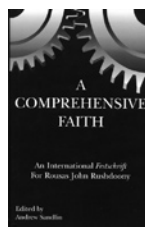
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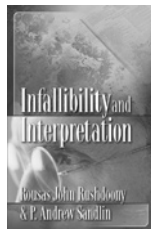
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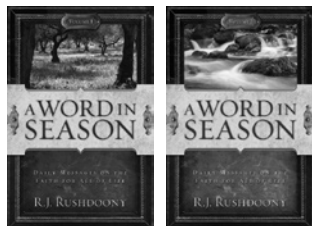
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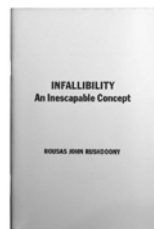
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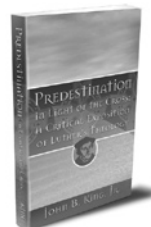
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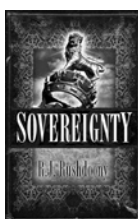
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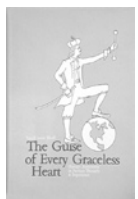
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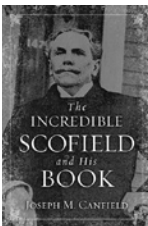
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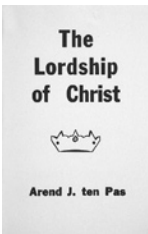
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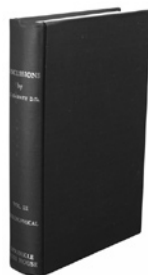


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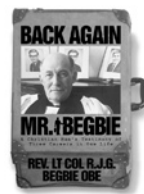
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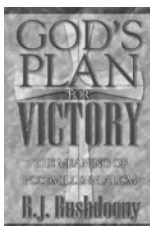
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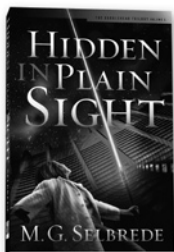
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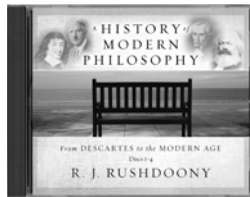
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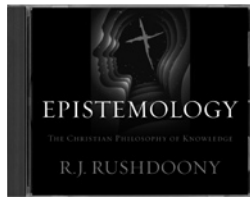
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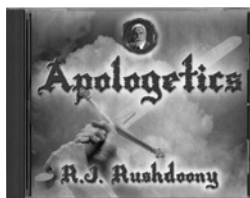
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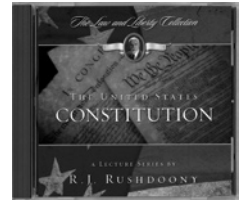
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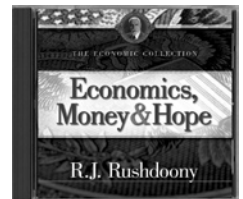
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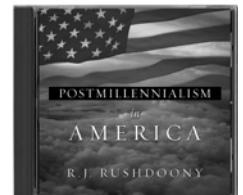
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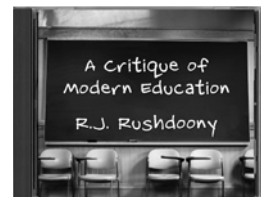
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