RESOLUTION

An Urgent Call for Advocacy in Support for Health Care For All, as in H.R. 676

Submitted by Council on Racial and Ethnic Ministries, United Church of Christ

“We're still waiting to be rescued. For my dear broken people, I'm heartbroken. I weep, seized by grief. Are there no healing ointments in Gilead? Isn't there a doctor in the house? So why can't something be done to heal and save my dear, dear people?” Jeremiah 8:21-22[The Message Bible]

Summary

Based on our belief that health care is not only a basic human right but also a basic human need and our belief that it is a moral imperative to transform health care so that it is: inclusive, accessible, affordable and accountable, the Twenty-seventh General Synod calls upon all settings of the United Church of Christ to endorse and support in principle the provision of Single-Payer Universal Health Care Reform through national health insurance that is privately provided and publicly funded.

Background

The Eighteenth General Synod enacted a pronouncement and resolution proclaiming Health Care For All as a priority and declared that an equitable accessible system of universal health care in the United States is consistent with the moral and justice imperatives of the Christian Gospel. The United Church of Christ’s campaign, “Health Care for All” is still a priority! The Church continues to speak prophetically that health care is not only a basic human right but a human need that includes everyone. As people of faith we believe that it is a moral imperative to transform health care so that it is: inclusive, accessible, affordable and accountable.

The proposed Resolution builds on past General Synod Resolutions that have spoken to the Church’s commitment to the establishment of an equitable health care system for all. The key difference in this proposed resolution is that it moves beyond only proclaiming Health Care for All as a priority to education, action and advocacy on a particular vehicle to achieve reform.

The U. S. Census Bureau reports that for the sixth consecutive year, the number of Americans living without health insurance has risen. Over 47 million (one in six) people and over nine million children are without health coverage. Further, there is an estimated 25 million more who are under-insured. Nearly one quarter of Americans are either uninsured or underinsured! According to findings from the Center for Studying Health System Change, the number and proportion of Americans reporting going without or delaying needed medical care increased sharply between 2003 and 2007. One in five Americans - 59 million people - reported not getting or delaying needed medical care in 2007. While access

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deteriorated for both insured and uninsured people, uninsured people experienced a larger relative increase in access problems compared with uninsured people.

Costs were cited as an obstacle to needed care, along with rising rates of health plan and health system barriers. According to the Institute of Medicine, 18,000 people in the United States die every year from a lack of health insurance—that’s two people every hour. Health care cost increases are outpacing wages. Medical debt is now a leading reason for bankruptcy. The cost of health care has escalated beyond the realms of practicality and morality and many declare the current health care system of the United States is in crisis. Although the U. S. ranks high for having quality health care services, it has some of the worst health outcomes of any industrialized nation and the greatest health inequities. Unfortunately, quality health care is being priced out of reach for millions of hardworking, taxing people living in America.

When millions of our neighbors do not have health care, it affects us all. We all suffer when emergency rooms are overburdened by people with major illnesses who lack the health insurance that would have helped them get the preventive and primary care to treat their conditions before they require urgent care.

Racial and ethnic minorities make up one-third of the U. S. population. However, they comprise over half of the 47 million who are uninsured. 34% of Hispanics, 32% of American Indian/Alaska Natives, 21% of African-Americans, and 19% of Asian and Pacific Islanders lack health coverage.

The problem of racial and ethnic disparities and inequities in access, coverage, treatment and health outcomes has been well documented in recent years. The U. S. Department of Health and Human Services (DHHS) has made the elimination of health disparities by 2010 a national goal and has inspired members of Congress to introduce legislation to help achieve this goal. However, racial and ethnic minorities and other marginalized groups currently experiencing poorer health status are expected to grow as a proportion of the total U. S. population; therefore, the future health of America as a whole will be influenced substantially by our success in improving the health of these groups. A national focus on disparities and inequities in health status is particularly important as major changes unfold in the way in which health care is delivered and financed.

Of all the factors that contribute to health care disparities, lack of health care coverage is the single most important factor. Individuals with affordable and comprehensive health insurance coverage have fewer barriers to health care, are more likely to see a physician on a regular basis, receive preventive screenings or routine health care services and experience better health outcomes. Unfortunately, racial and ethnic minorities are much more likely to lack health insurance coverage or to be underinsured compared to non-Hispanic whites. Cost is a major barrier to insurance coverage for racial and ethnic groups. Many low-income families make too much money to be eligible for public programs, but not enough to afford private coverage. Although programs have a proven track record for increasing access and improving care for
Health Disparities and Health Inequalities are population-specific differences in the presence of disease, health outcomes, or access to health care. (Health Services Research Administration definitions). Health disparities include differences that occur by gender, race or ethnicity, education or income, class, disability, geographic location, or sexual orientations. According to the Centers for Disease Control and Prevention, compelling evidence indicates that race and ethnicity correlate with persistent and often increasing, health disparities among U.S. populations in all these categories and demands national attentions. The causes of health disparities and health inequalities are complex. However, it is generally accepted that disparities can result from the following main areas: Inadequate access to care and Substandard Quality of Care.

Health Equity is the absence of systematic disparities in health or in the major social determinants of health such as: jobs, working conditions, education, housing, environment, class, racism, social inclusion and political power. Differences in health equity can be traced to unequal economic and social conditions are systemic and avoidable - thus inherently unjust and unfair. Eliminating health disparities and inequities will require new ways of thinking about how these social determinants of disease influence individual and community health, causes of disparities, and effective interventions for prevention and treatment. Health disparities and inequalities reflect the inequity and injustices that continue to permeate our society. In addition to educating and informing our members about health disparities and inequities from a holistic perspective, the faith community must continue to work in concert with local, state and national health care justice advocates to develop an equitable accessible system of universal health care for all persons without discrimination. In order to achieve quality and affordable health care for all, reform must include steps to reduce health disparities and inequities.

H. R. 676 – The United States National Health Insurance Act – (introduced by Congressman John Conyers) would establish the first American national universal health insurance program. The U. S House of representatives Resolution 676 is the most comprehensive health care legislation up for consideration in the House today. It would create a publicly financed, privately delivered health care system that uses the already existing Medicare program by expanding and improving it to all U. S. residents, and all residents living in U. S. territories. The goal of H. R. 676 is to ensure that all Americans will have access, guaranteed by law, to the highest quality and most cost effective health care services regardless of their employment, income, or health care status. H.R. 676 is not socialized medicine! Individuals would still be in control of their own healthcare. Socialized medicine is when doctors and health care professionals and hospitals work for the government.

The Institute of Medicine is a non-profit independent group that is one of the four National Academies mandated by Congress. Its mission “is to serve as adviser to the nation to improve health.” The IOM has recommended unequivocally that “everyone in the U. S. should have health insurance and urges the President and Congress to act

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immediately to develop a strategy to achieve universal insurance coverage and to establish a firm and explicit plan to reach this goal by 2010”. The IOM’s first guiding principle to help assess policy options is that – health care coverage should be universal. In its final report of the series Insuring America’s Health: Principles and Recommendations, the Institute of Medicine, reinforces the urgency in establishing a universal health insurance for America: The persistence of uninsurance in the United States requires a national and coherent strategy aimed at covering the entire population. Federal leadership and federal dollars are necessary to eliminate uninsurance. Universal health insurance coverage will only be achieved when the principle of universality is embodied in federal public policy.

Biblical and Theological Rationale

The Biblical narratives tell us that throughout Jesus’ ministry he was concerned about the health and well-being of the people of God. Through his exemplary life we, as his followers today are called to the ever-widening ministry of healing. The familiar story of the Good Samaritan (Luke 10:25-37) makes a direct case for universal access to health care. We are reminded to love our neighbor, stop and touch the pain, then assist in a caring manner to nurture the neighbor back to health and wholeness. Who is our neighbor? The lesson of Jesus’ parable is clear: the one in need regardless of who that person is, or we where the person is located, is the neighbor. Persons in need are not to be passed by. Nor are they to be left abandoned and ignored by the side of the road. Those who would be caring neighbors cannot rest until proper care and services have been obtained for the ones in need. Health care is a justice issue. All parts of creation deserve to be healed when broken, injured or sick. All persons regardless of race, ethnic origin, age, gender, religion, sexual orientation, disability, income, legal status, health status, or geographical location, deserve to be tenderly touched by concerned healers whenever in need. (Excerpt from the pronouncement - Toward an Accessible Universal Health Care System).

Resolution

Whereas, as people of faith, we envision a society where each person is afforded health, wholeness, and human dignity and that vision embraces a system of health care that is inclusive, accessible, affordable, and accountable; (Faithful Reform in Health Care. Faith-Inspired Vision for Health Care) and,

Whereas, health care is a basic human right and human need which includes every person. All human beings are created equal, with a divine will that we live together as an inclusive community; (Faithful Reform in Health Care. Faith-Inspired Vision for Health Care) and,

Whereas, all persons should have access to health services that provide necessary care and contribute to wellness. Humanity is sacred and all persons should benefit from those actions which contribute to our health and wholeness; (Faithful Reform in Health Care. Faith-Inspired Vision for Health Care) and,

Whereas, health care must contribute to the common good by being affordable for

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Whereas, individuals, families and society as a whole. In the sacred act of creation, we are endowed with the talents, wisdom and abundant resources necessary to meet the needs of one another, including the health care needs of all; (Faithful Reform in Health Care. Faith-Inspired Vision for Health) and,

Whereas, our health care system must be accountable, offering a quality, equitable and sustainable means of keeping us healthy as individuals and as a community. As spiritual and sacred vessels, we are responsible for the care of our bodies to the best of our ability and to care for one another regardless of individual circumstances; (Faithful Reform in Health Care. Faith-Inspired Vision for Health Care) and,

Whereas, the crisis in health care in the United States of America includes rising health care costs, increased insurance costs, and out-of-pocket medical expenses; and Whereas, health care is an essential need for all of us, regardless of age, gender, race, class, sexual orientation, religious persuasion, or political party; and,

Whereas, those insured now often experience burdensome medical debt and sometimes life-threatening delays in obtaining health care; and,

Whereas, one-half of personal bankruptcies are due to illnesses or medical bills; and

Whereas, we spend over $2 trillion for health care in the United States, yet 47 million people are still not covered and another 25 million are denied adequate care by their insurance companies; and

Whereas, rationing health care according to the ability to pay has diminished the overall health of our citizens; and, Whereas, health care is a human right, yet the World Health Organization ranks the United States 37th in the world in health care outcomes although we spend nearly twice as much as any other country, enough to cover everybody with excellent comprehensive health care; and,

Whereas, health disparities and inequalities reflect the inequity and injustices that continue to permeate our society; and, Whereas, the nation’s second highest health goal is the elimination of health disparities; and, Whereas, over half of the 47 million persons who are uninsured are racial and ethnic minorities; and,

Whereas, United States Representative John Conyers has introduced H. R. 676, the United States National Health Insurance Act (Expanded and Improved Medicare for All Bill) that outlines a universal, nonprofit national health care program that will provide guaranteed choice, quality affordable health care and prescription drugs to everyone in the country; and,

Whereas, Senator Edward Kennedy, Chairman of the Senate Health Education, Pensions and Labor Committee and Representative John Dingell, Chairman of the House Committee on Energy and Commerce have also introduced legislation (S. 1218 and H.R.

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270 * form task forces focused on health care in each Conference to provide information and
271 urge action to support a Public Health insurance.
272 * organize and plan discussion forums using the PBS Documentary and Study Guide
273 Unnatural Causes…is inequality making us sick? to learn about and/or better understand
274 the implications of health disparities and inequities on the health of the public and to raise
275 awareness about the extent and cost of health inequalities.

Funding for this action will be made in accordance with the overall mandates of the affected agencies and the funds available.

The Twenty-seventh General Synod calls upon Justice and Witness Ministries in concert with other affected programs and agencies to work to develop the strategy and program to implement this resolution.