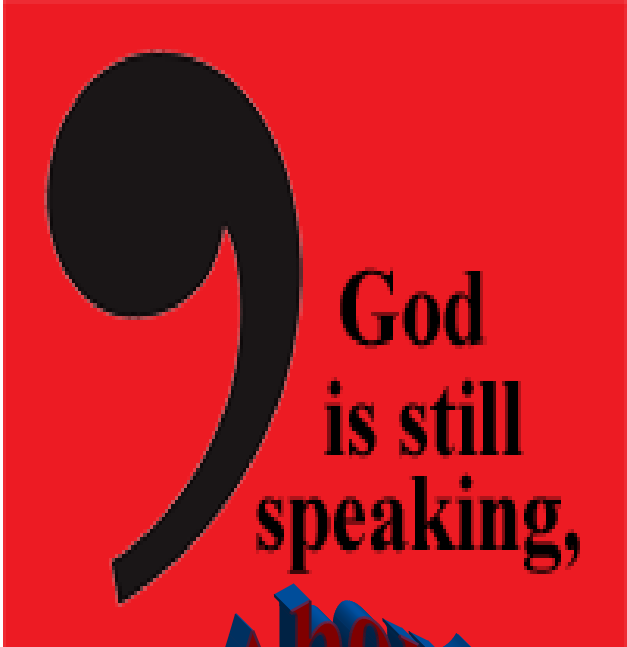


**For more information, contact:  
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<http://www.ucc.org/justice/health>**

*Special thanks to Julie Summers, former Public Life & Social Policy Intern who inspired the completion of this booklet.*



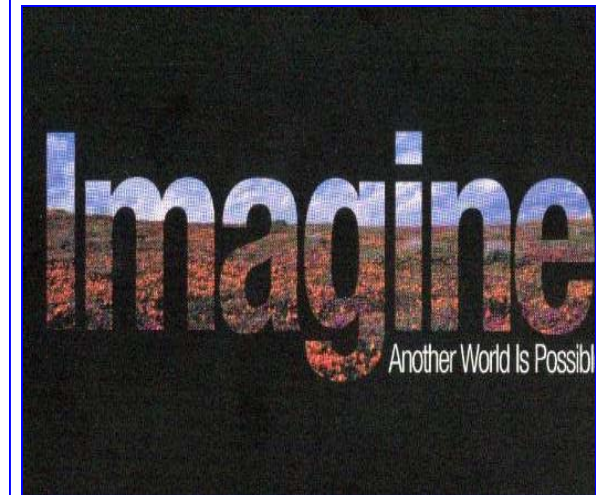
**About  
Health Care**

*HEALTH CARE JUSTICE PROGRAM  
Justice and Witness  
Ministries  
United Church of Christ*

***We too are called—to feed the hungry, welcome the stranger, shelter the homeless, clothe the naked, and comfort the sick and imprisoned (Matt. 25:31)***

The United Church of Christ's Mission Statement on Health and Human Services is rooted in the ministry of Jesus Christ and empowered by God's spirit. The Holy Spirit addresses us in the witness of the scripture to continue Jesus' ministries of compassion, justice, and wholeness for All God's people. Therefore, based on our understanding of shalom and of God's intention for harmony and wholeness within creation, we must be committed as a faith community to a mission of shalom.

The United Church of Christ's campaign, ***Health Care for All*** is still a priority. The Church speaks prophetically that health care is a basic right and that our health care system must provide comprehensive, quality, affordable, accessible and available health care for all. Key General Synod Resolutions and Pronouncements bear out our prophetic vision. Specifically, in 1975, General Synod 10 issued a Resolution, *National Health Care Policy*, calling for a health policy in the United States which emphasized universal access, comprehensive benefits, governmental financing, and reform of health care delivery; stating that this policy should include elements which build health and prevent illness. In 1977 the 11<sup>th</sup> General Synod further expanded on the previous Synod action by calling on the Church "to actively work toward the creation of a national health care system in the United States."



***God Is Still Speaking . . . About Health Care***  
*is publication of Justice and Witness Ministries,  
United Church of Christ. This resource was  
produced with partial funding from the Neighbors  
In Need Special Offering.*



***There is a balm in Gilead***

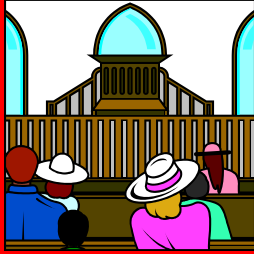
***Is there no Balm in Gilead? Is there no physician there? Why then has the health of my people not been restored? (Jeremiah 8:22)***

*The prophet Jeremiah calls God's people to task in this chapter by admonishing them to turn away from their sins and to turn back to God and to get back on the right track. This turning away leads to the judgment of falling, thus evoking God's judgment. In Jeremiah 6:14-15, the prophet lays particular responsibility on the leaders of the community not only for the economic corruption of the people, but because they have placed a bandage over a gushing artery, saying, "Don't worry, you will be all right." They have carelessly attended to the wounded with apathy and without compassion. How parallel this story is today as 46 million, nine million children are without health care in the richest country on earth. Many leaders, including some faith leaders, have remained silent. Many have turned a deaf ear and have turned their backs on this crisis. Because of our greed and lack of compassion for God's people, God laments for a sick and dying people for whom there is no healing, no closing of the wound. Health care is a basic right. It is a moral imperative. There is a balm in Gilead. We are the balm that we have been waiting for. Let us continue to work for a just health care system that leaves no one out..*

*Barbara T. Baylor, MPH, CHES  
Minister for Health Care Justice  
Reflection—based on Jeremiah 6:14-15;8; 9:1*

In 1991 General Synod 18 adopted a Pronouncement that affirmed the *moral and justice imperatives of equal access for all people in the United States to high quality and affordable health care and called for the establishment of a universal health care system.* In addition, a companion Resolution was also approved establishing a *Health Care For All Priority Goal Statement enlisting members of the UCC in study an action to work for the establishment of health care for all.* The writers of these Pronouncements challenged the Church to renew its commitment to and deepen its involvement in advocating for health care for all as one way to respond to the priority Jesus gave to ministering to those who are sick (Matthew 25:31-46). The writers' intent was that the Church seek through biblical reflection a clear and compassionate grasp of God's love and mercy for all persons, including an awareness that health and wellness are impacted by the spiritual quality of life. A General Synod 21 Resolution, *Reclaiming the Church's Ministry of Health and Healing*, called upon our churches to establish a designate body for addressing health and human services issues confronting members and their communities. The spirit of this resolution proclaims diakonia—the ministry of healing, service, care, compassion and hospitality—the love and grace God made visible in our mission in health and human service. ***Where the church is there is mission. Where the church is there are those who have been called to "live for the sake of other."***

*Source: UCC Mission Statement on Health and Human Services—General Synod 15*



## Engaging Faith Communities in working for Health Care Justice

What does faith require of us? In our country today, we witness a healthcare delivery system that distribute services unjustly, rations care inequitably and offers compassion only to those who can pay for it. People of faith have no choice but to decry the lack of health care for millions of people in the richest nation in the world as a moral outrage. People of fath must proclaim health care for all as a moral imperative.

*If Health Care is A Basic Right ... Why Then Is The Health of My People Not Restored? (Jer. 8:22)*



*Source: Seeking Justice in Health Care, Universal Health Care Action Network. [www.uhcan.org](http://www.uhcan.org)*

*One:* We give thanks for UCC advocates for accessible, affordable health care reform. We give thanks for sexuality educators, health ministers, faith community nurses, doctors, and researchers. We give thanks for all who work on rural lands to produce nutritious food, making healthy lives possible.

**MANY: Health! Let it shine! Let it shine in our midst; let it shine in our lives; let it shine throughout the world!**

*Written by Rev Lori Tisher  
Health and Wholeness Advocacy  
Intern, Wider Church Ministries  
For Health and Human Services Sunday, May 2007*

## **Health! Let It Shine! Litany**

*One:* O God of us all, we gather together today, lifting up your healing and nurturing spirit. You speak and act through us in so many ways. In times of need and in times of fear, you are there, providing the security of an inviting and welcoming home. In times of illness and in times of change, you are there, like a nurturing mother. In times of injustice and in times of crisis, you are there, always using us as your caring voice, hands and feet.

**MANY: Health! Let it shine! Let it shine in our midst; let it shine in our lives; let it shine throughout the world!**

*One:* We give thanks today for the work and the witness of so many people and organizations. We give thanks for the United Church of Christ's health and human service ministries as well as the UCC disabilities ministries, which serve more than a million people a year. We give thanks for the witness of the United Church AIDS Network in the midst of the ongoing HIV and AIDS pandemic.

**MANY: Health! Let it shine! Let it shine in our families; let it shine in our neighbors, near and far; let it shine in all of our relationships.**

*Every child deserves to start life with healthy bodies and minds. All children need access to comprehensive health and mental health services that provide preventive care when they are well and treatment when they are ill. (Children's Defense Fund)*



## **Securing A Successful SCHIP Reauthorization: Fulfilling the \$50 Billion Pledge**

Congress, in its budget, has pledged \$50 billion for Children's Health coverage through the SCHIP reauthorization. Now the challenge is getting a strong bipartisan bill through the Senate Finance Committee. SCHIP was a great bipartisan achievement and now is the time to strengthen it on a bipartisan basis with a strong reauthorization bill. A Republican Congress and a Democratic President enacted the SCHIP program in 1997 and both Republican and Democratic governors aggressively moved to utilize the SCHIP funding and flexibility to expand coverage for children. Congress must build on this success to help states finish the job. Congress should expand and strengthen the program, particularly by enabling states to cover the millions of children eligible but not enrolled in SCHIP and Medicaid. The Congressional investment of \$50 billion for children's health care needs to focus on improving Medicaid and SCHIP.

A timely SCHIP reauthorization will help ensure coverage for children and adequate and stable resources for states.

Congress must make covering America's children a top priority by passing SCHIP reauthorization legislation that offers comprehensive, affordable, high quality health coverage for all children, and provide the necessary funds to do so.

### What Can You Do?

- ◆ **Write or call your Senators and Representatives (1-800-82800498) and tell them the importance of SCHIP and the need to *fully* fund it. Ask that:**
- ◆ **They NOT to divert funds from Medicaid in order to finance the new monies promised to SCHIP.**
- ◆ **They restore federal funding which assisted legal immigrant children in obtaining Medicaid and SCHIP services.**



Source: Families USA  
<http://www.familiesusa.org>

- ◆ **Offer Hope.** The faith community is suited to offer hope for positive change—even in difficult times. Hope allows persons to imagine what could be. Hope is communal and inherently collaborative. People of faith, “justice-seekers”, are people of Hope. They have a vision of right relationships and are faithful to that vision. Hope is not overcome.

**People of faith and the faith communities to which they belong have the right to participate in advocacy activities! Permission is grounded in understanding that lobbying usually refers to protecting one's self-interest, while advocacy is speaking for those whose voices are not heard.**

Non-profit faith-based groups may engage in:

- ⇒ Direct lobbying
- ⇒ Grassroots lobbying
- ⇒ Voter education
- ⇒ Voter registration

Non-profit faith-based groups may not:

- ⇒ Endorse political candidates
- ⇒ Align with political parties
- ⇒ Contribute to candidates

Source: Universal Health Care Action Network,  
“Seeking Justice in Health Care: A Guide for  
Advocates in Faith Communities”  
<http://www.uhcan.org>

## WHAT CAN PEOPLE OF FAITH DO?

- ◆ **Be informed.** Understand how our health system works and the injustices that are a part of it. Gather together as people of faith to dialogue and study the issues of health care justice and learn together how to evaluate proposals for reform by asking the difficult questions. Look together at the “myths” perpetuated by those who do not want to see change and challenge those myths with the truth.
- ◆ **Engage in advocacy.** Now, more than at any time in the past decade, there is an opportunity to make a difference. There is a need for voices of faith to speak out and call for justice. Strong messages emphasizing the moral imperative for health care justice will expose the absence of political will for reform and help transform that resistance into political possibilities.
- ◆ **Build Bridges.** Even though everyone can agree that health care is a people issue not a partisan issue, the dichotomy of liberal versus conservative is an ever-present force that continues to block the possibility of reform. The faith community has the potential for producing the voices needed for collaboration. We are uniquely positioned to initiate such dialogue and to encourage conversation that transcends ideological difference and political partisanship.

## HEALTHY CHILD CAMPAIGN



### All Healthy Children Act – HR. 1688

Medicaid and the State Children’s Health Insurance Program (SCHIP) have made tremendous progress in improving children’s health insurance, currently providing coverage to over 30 million children. Yet, nine million children in America, almost 90% living in working households and a majority in two-parent families, are still uninsured. Millions more are underinsured. Chronic budget shortfalls, often confusing enrollment processes, and dramatic variation in eligibility and coverage from state to state prevent millions of currently eligible children from living healthy and realizing their potential in school and life. As Congress prepares to reauthorize SCHIP in 2007, there is a special opportunity for our nation and leaders in all parties to take the next logical, incremental, smart and achievable step to ensure health and mental health coverage for all children in America as a significant down payment on health coverage for all.

The Children’s Defense Fund has endorsed Congressman Bobby Scott’s (D-VA) *All Healthy Children Act (HR 1688)*. The AHCA guarantees the nine million uninsured children and pregnant women access to the health care they need.

**The All Healthy Children's Act:**

- \* Simplifies and consolidates children's health coverage under Medicaid and SCHIP into a single program that guarantees children in all 50 states and the District of Columbia all medically necessary services.
- \* Expands eligibility to all children with families with incomes at or below 300% of the federal poverty level (\$61,950 for a family of four).
- \* Guarantees coverage to children regardless of their state of residence.
- \* Eliminates barriers to enrollment; applications for health care coverage would be short and simple to complete; and all states would adopt presumptive eligibility for children and pregnant women.
  - ◆ Increases provider rates to make sure that children have access to needed health care professionals .
  - ◆ Provides coverage to pregnant women with incomes at or below 300% of the federal poverty level. Pregnant women are eligible for all medically necessary health and mental health services until at least 60 days after the birth of the child.

**What you Can Do?**

- ◆ **Contact your representative and let them know that health insurance for all children is important to you!**
- ◆ **Download the Toolkit for Faith Communities from the Children's Defense Fund. The Toolkit provides information you need to be an effective champion for children's health coverage. <http://www.childrensdefensefund.org>**

# HEALTH CARE FOR ALL

## An International Timeline

Year in which elected representatives enacted health care coverage for everyone:



Germany .....	1883
Switzerland .....	1911
New Zealand .....	1938
Belgium .....	1945
United Kingdom .....	1946
Sweden .....	1947
USA .....	<del>1948*</del>
Greece .....	1961
Japan .....	1961
Canada .....	1966
Denmark .....	1973
Australia .....	1974
Italy .....	1978
Portugal .....	1979
Spain .....	1986
USA .....	<del>1984*</del>
South Africa .....	1996

If the other democracies of the world  
can assure health care for all their people,  
why can't we?

\* Proposed by the President. Strong public support for the principle. Failed in Congress.

**Fiction:** The drugs we can purchase from other countries just aren't safe.

**Fact:** Many of the drugs available for purchase from other countries were actually manufactured in the U.S. They are just cheaper because other countries negotiate lower wholesale prices with drug manufacturers.

**Fiction:** Universal health care would raise taxes and cost too much.

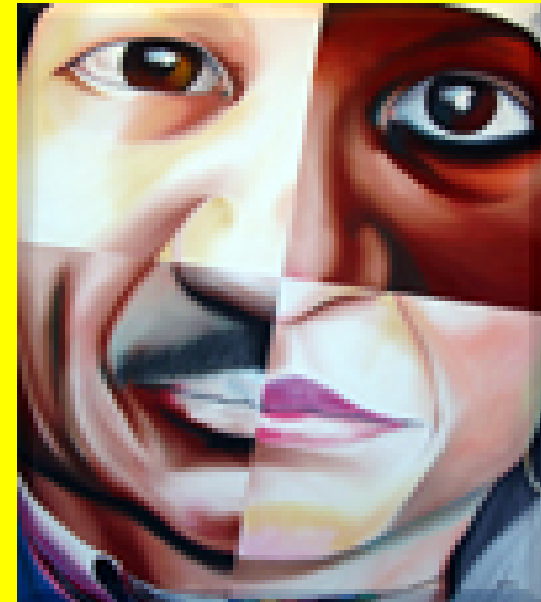
**Fact:** Numerous studies have shown that there already is enough money in the system to pay for health care for all. While taxes might be higher, that increase could be offset by system-wide savings through administrative and clinical efficiencies.

**Fiction:** U.S. health care is expensive, but we get what we pay for.

**Fact:** Actually, we spend almost \$6,000 per capita for health care in the U. S.—twice as much as any industrialized country that provides universal health care. But life expectancies are lower and rates of disease are higher than in many countries that spend a lot less.

Source: Universal Health Care Action Network,  
“Seeking Justice in Health Care: A Guide for  
Advocates in Faith Communities”  
<http://www.uhcan.org>

***The Face of Inadequate Health Care  
May Look A lot Like Yours and Mine!***



*Used with permission  
“This is what Democracy Looks Like.” Original painting by Denis  
Detoye, winner o the Bread & roses Juried Arts Exhibition organ-  
ized by St. Louis JwJ.*

***IT'S TIME TO SHOW YOUR FACE!  
Work for Quality Health Care for All!***

*What will it take for the United States to establish a health care system that provides comprehensive quality and affordable, accessible and available, publicly accountable health care to all?*

Over the last ten years, America's health care crisis has deepened. The current number of uninsured is over 46 million. For tens of millions more, needed care is unaffordable or unavailable. America spends the most per capita on health care of any industrialized nation, and is the only industrialized nation that does not have national health care. The restrictions of managed care are increasingly distressing to health care professionals and the general public. In summary, **America's health care costs too much, covers too little, and excludes too many.** Using the American political decision-making system of elections and legislation, the American people have to declare they must have universal, comprehensive, quality care. For communities of faith, it also means lifting up health care as a justice issue and advocating for moral and ethical decision-making on the part of policy



Source: Universal Health Care Action Network

**Fiction:** Since everyone can get emergency care, being uninsured doesn't really make a big difference in health outcomes.

**Fact:** Being uninsured is 7th leading cause of death in the U. S. killing more people than kidney disease, liver disease and AIDS combined. It is estimated that 18,000 people die in the U. S. prematurely each year because they do not have insurance.

**Fiction:** With SCHIP all children are insured.

**Fact:** About 9 million children remain uninsured. To receive SCHIP funds, states have to match federal dollars, and some have chosen not to fund as much coverage as needed.

**Fiction:** Most people have prescription drug coverage in their insurance policies.

**Fact:** 1 in 4 people in the U. S. do not have prescription drug coverage.

**Fiction:** Lowering prescription drug prices will compromise the development of new drugs.

**Fact:** Research and Development dollars are considered part of drug companies' expenses. Profits—up to 6 times higher for pharmaceuticals than for other Fortune 500 companies—are unrelated to research and development. In addition, considerable funding for R&D is provided by the federal government.

**FACT OR FICTION:  
What do you *really* know about U.S.  
health care?**

**Fiction:** Anyone with a steady job can get insurance.

**Fact:** Nearly 70% of the uninsured live in families with at least one full-time worker. As costs of premiums continue to rise, more and more employers are dropping employer-sponsored coverage, reducing dependent benefits, or shifting enough costs to the employees to make premiums unaffordable for low wage workers

**Fiction:** The law says that anyone can receive the health care they need in hospital emergency rooms.

**Fact:** the Emergency Treatment and Active Labor Act of 1986 (EMTALA) requires hospitals to provide appropriate care, including admission, to anyone who goes to an emergency room with a life-threatening condition. Beyond that, there is no mandate for follow-up care, including providing any prescribed medications.

**Fiction:** Anyone can buy insurance. It's just a matter of choosing to purchase insurance rather than luxury items.

**Fact:** Numerous factors including age, pre-existing conditions, and place of residence, often make it impossible for some persons to purchase affordable insurance. Pre-existing conditions also can make it impossible to purchase insurance at any cost.

***Should Congress begin a serious dialogue  
on a national health insurance?***

**MEDICARE FOR ALL????**

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, introduced legislation to give all Americans quality healthcare. Their Bill—S. 1218 and H.R. 2034, **Medicare for All: Quality, Affordable, Health Care for All Americans, will** extend Medicare to all Americans, from birth to the end of life and will reduce costs and improve quality, including more effective use of health information technology. It also puts new emphasis on preventive care.

Kennedy and Dingell report:

America now spends \$2.3 trillion per year or \$5.3 billion per day on health care – more than we spend on food.

According to the McKinsey Global Institute, excess spending in our healthcare system amounts to almost half a trillion dollars per year or 21% of current spending.

The value we receive for this spending is poor: over 46 million Americans are uninsured, yet we spend six times more on administrative costs than our economic competitors, while ranking high in medical errors and low in coordination of care for the chronically ill.

According to an Institute of Medicine report, the cost of lost productivity of the uninsured due to inability to get medical care ranges from \$75 billion to \$205 billion per year.

According to the Urban Institute, providing coverage to all Americans would cost roughly 3% to 6% of current spending.

Kennedy and Dingell, believe *Medicare For All* will achieve universal coverage, and address many of our healthcare system's greatest challenges. They believe that this Bill will not only cover all Americans and improve millions of lives, it will actually save money by reducing emergency room costs and increasing access to prevention services and earlier treatments.

America's failure to assure the basic human right to health care to all its citizens is said to be one of the great public policy failures of the 21st century.

### **What You Can Do?**

- ◆ **Call your Senator and Representative and ask them to co-sponsor this Bi-partisan Bill**

Source: <http://kennedy.senate.gov>

## **HEALTH CARE JUSTICE FOR ALL!**



## I AM A HEALTH CARE VOTER

Dear Elected Officials and/or Those Seeking Public Office:

There is a growing concern that the crisis in health care is deepening. Many hardworking, taxpaying Americans are unable to access quality, comprehensive and affordable health care. I believe that health care is a basic right and not a privilege. All of us need to work together—individuals, business, government, community and faith organizations—to make sure that there is an accessible health care system for all persons residing in the United States. My faith tradition requires *THAT WE DO JUSTICE, LOVE KINDNESS AND WALK HUMBLLY WITH GOD (Micah 6)*.

I am required to speak up for those without a voice, empower them or become an advocate for them. That's why I will only support candidates for public office who have a realistic plan and will work towards a health care system that provides quality, affordable health care for all that includes a prescription plan without gaps in coverage or access.

Sincerely,

*Adapted from Americans for Health Care  
"I Am A Health Care Voter" Campaign*



*"Right, temporarily defeated,  
is stronger than evil triumphant."*

**"Of all the forms  
of inequality,  
injustice in health care  
is the most shocking  
and inhumane."**

Dr. Martin Luther King, Jr.,  
National Healthcare Month: April 2007  
Contact us for Congressional Healthcare Hearings NOW.

**Healthcare-NOW!**  
[www.healthcare-now.org](http://www.healthcare-now.org)

339 Lafayette Street, New York, NY 10012-7725  
Phone: (212) 475-4358 or 800-455-1205

## A SINGLE PAYER SYSTEM????

Congressman John Conyers has introduced legislation to enact a Single Payer system in America. The Bill—H. R. 676—**The United States National Health Insurance Act**—would establish the first American national universal health insurance program. The Bill 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 this legislation 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. This program will cover all medically necessary services, including primary care, inpatient care, outpatient care, emergency care, prescription drugs, durable medical equipment, long term care, mental health services, dentistry, eye care, chiropractic, and substance abuse treatment. Patients have their choice of physicians, providers, hospitals, clinics, and practices.

### **H. R. 676 IS NOT SOCIALIZED MEDICINE!**

We would still be in control of our healthcare. Socialized medicine is when doctors and health care professionals and hospitals work for the government. H.R. 676 calls for a publicly funded, but *privately* delivered system of healthcare. The same doctors, nurses would be working in their own private practices if they choose, but without the hassle of 1,200 insurance companies telling them what to do.

**“There is value in voice: One voice can make a difference, but many voices can change a system!”**

Voices are powerful! Voices can move mountains and change things! Voices of faith are encouraged to embrace health for all as a moral imperative. From now until the 2008 elections, let us lift our prophetic voices loud and clear and let elected and potential elected officials know that we need healthcare for everyone now! It is not enough to “speak truth to power,” the faith community must *act*, and we must *act collectively* in order to be powerful and effective.

**If you only have  
5 minutes to make a difference .....**

**Call your Legislator—You don’t need a bill number or a doctorate in health policy!  
Just tell them what concerns you, what you read and can’t get out of your mind, your latest great idea for health care. And, if there is a bill, definitely call them! They would much rather hear from you before the vote than to get angry calls afterward.**

*(excerpted from “The Health Advocacy Toolbox”, A Project of the Connecticut Health Policy Project)*  
[www.cthealthpolicy.org/toolbox](http://www.cthealthpolicy.org/toolbox)





**If we can regulate the Contents of a box of Macaroni and Cheese, then we can surely regulate tobacco products!**

Tobacco-related disease is the leading preventable cause of death in our country – killing more than 438,000 people each year. According to the Campaign for Tobacco Free Kids, every day, approximately 4,000 children and youth will try a cigarette for the first time, and another 1,000 will become new, regular daily smokers. In addition, the Campaign notes that one-third of these kids will eventually die prematurely as a result. In fact 90 percent of ALL smokers begin as teens.

More than four decades after the Surgeon General's report linking cigarettes to Cancer, tobacco products are virtually unregulated to protect our health. Tobacco products are among the most unregulated consumer products on the market today and are exempt from important consumer protections such as ingredient disclosure, product testing and restrictions on marketing to children. The Food and Drug Administration has the authority to regulate the contents of a box of macaroni and cheese, but not a pack of cigarettes.

### **Fostering Affordable Choices in the Health Care System.**

The President proposed a recommendation to redirect funds from health care institutions to states in order that they might subsidize the purchase of private insurance for low-income individuals. Unfortunately, hospitals are the safety net for many low and middle income families. The proposed plan would take away approximately \$30 million dollars from the existing safety net—our public hospitals—and give it to the states to craft innovative solutions to move people into affordable insurance. Hospitals would be forced to deal with shortages of funds and personnel.

Until such a time that we have quality health care for all, we al have a responsibility to care for one another and to assist in ensuring the well-being of society as a whole by eliminating those factors that prevent health care from being accessible to all.

#### *Sources:*

*\*Budget of the United States Government (<http://www.witehouse.gov/omb/budget/fy2008/hhs.html>)*

*\*The President's Health Care Proposal: All risk, No Reward. Joint Economic Committee, Economic Policy Brief, January 2007(<http://www.witehouse.gov/omb/budget/fy2008/hhs.hjtml>)*

*\*The President's Health Care Proposal: All risk, No Reward. Joint Economic Committee, Economic Policy Brief, January 2007*

Our faith propels us to be our brother's and sister's keeper. As health care costs continue to rise rapidly, the Administration struggles to restrain costs. Data released by the Census Bureau show that the number of uninsured Americans stands at 46.6 million, an increase of 1.3 million in 2004. Increases in the number of uninsured have largely occurred because of the decline in employer-sponsored coverage.

The President's 2008 budget recommendations for health care included: **State Children's Health Insurance Program (SCHIP)**. Unless the \$50 billion promise to SCHIP is honored, the proposed reductions to this program will fail to provide sufficient funds to continue insuring the same number of children as the program insures today! The insufficient funding will most likely mean a shifting of Medicaid costs to states leading to Medicaid cutbacks in eligibility or restricted health care services for low-income children. **Reforming the Health Care Marketplace**. The President proposed replacing the existing exclusion for employer-sponsored insurance with a flat deduction for those with at least catastrophic health insurance (qualifying health insurance). A family of four would be able to deduct the first \$15,000 from their income (\$7,500 for an individual). As long as your plan costs are less than the deductible, you may be entitled to a tax cut. The plan does not address the inefficiencies in health care that contribute to the rising costs, and it has the potential of undermining the employer-sponsored system putting more people into individual markets where the risks are greater.

Passage of the Kennedy-Cornyn (S.625) and the Waxman-Davis (H.R. 1108) Bi-partisan Legislation would for the first time allow the Government to compel the disclosure of ingredients in tobacco products; curtail tobacco company marketing practices, especially those aimed at children; and require bigger and more informative warning labels on cigarettes. Passage of this legislation would protect public health and end this strange and unjust double-standard.

There is broad consensus among both liberals and conservatives that this product must be regulated. The legislation already has more than 100 co-sponsors in the House and 30 in the Senate with strong support from both parties and all regions in the country. **It's Time to end special protection for the Tobacco Industry! We Need Your Assistance!**

#### **What You Can Do**

Please call your congress representative today and urge him/her to co-sponsor S. 625/H.R. 1108, legislation that would give FDA authority to regulate tobacco products. We need congressional leadership on this critical issue.

Send a message to Congressman Frank Pallone, Jr. (D-NJ) Chairman of the Health Energy and Commerce Subcommittee on Health. Request that the Bill be moved out of Committee by June. <http://www.house.gov/pallone> (202)225-4671

The American Cancer Society and the Cancer Action Network have declared May as STOP BIG TOBACCO MONTH! For more information on ways to get involved, go to [www.acsan.org](http://www.acsan.org).

Join Faith United Against Tobacco, a national organization of faith leaders who lift their voices against Big Tobacco!  
[www.tobaccofreekids.org/campaign/faith/](http://www.tobaccofreekids.org/campaign/faith/)

For current updates on the FDA and other tobacco-related issues go to:  
[www.tobaccofreekids.org/reports/fda/](http://www.tobaccofreekids.org/reports/fda/)

*Sources: Campaign for Tobacco Free Kids  
General Synod 23, Resolution: Health Effects  
and Impacts of Tobacco on Children,  
Teenagers, and Their Families*



### **Winners and Losers Health Care and the 2008 Federal Budget**

The President's Budget Proposal for Fiscal Year 2008 once again proposes reductions or total elimination to important health care services that fall under the Preventive Health Services Block Grant. These include public and community health programs which helps state and local agencies in their efforts to prevent or reduce the incidence of various health problems such as Heart Disease and Stroke, Physical Activity and Obesity, Diabetes, Nutrition, Cancer prevention and Control, Arthritis and Other Chronic Diseases, Tobacco, and Lead Poisoning.

Amidst the downward spiral of a failing health care system, the continued challenge for the faith community will be to keep the moral imperative of health care for all as our polar star. (*Seeking Justice in Health Care: A Guide for Advocates in Faith Communities*. Frisof, K. et.al. Universal Health Care Action Network, 2006)