

1 **RESOLUTION**

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

4  
5 Submitted by Council on Racial and Ethnic Ministries, United Church of Christ

6  
7  
8 *“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]

9 **Summary**

10  
11 Based on our belief that health care is not only a basic human right but also a basic  
12 human need and our belief that it is a moral imperative to transform health care so that it  
13 is: inclusive, accessible, affordable and accountable, the Twenty- seventh General Synod  
14 calls upon all settings of the United Church of Christ to endorse and support in principle  
15 the provision of Single-Payer Universal Health Care Reform through national health  
16 health insurance that is privately provided and publicly funded.

17  
18 **Background**

19  
20 The Eighteenth General Synod enacted a pronouncement and resolution proclaiming  
21 Health Care For All as a priority and declared that an equitable accessible system of  
22 universal health care in the United States is consistent with the moral and justice  
23 imperatives of the Christian Gospel. The United Church of Christ’s campaign,  
24 “Health Care for All” is still a priority! The Church continues to speak prophetically  
25 that health care is not only a basic human right but a human need that includes  
26 everyone. As people of faith we believe that it is a moral imperative to transform health  
27 care so that it is: inclusive, accessible, affordable and accountable.

28  
29 The proposed Resolution builds on past General Synod Resolutions that have  
30 spoken to the Church’s commitment to the establishment of an equitable health  
31 care system for all. The key difference in this proposed resolution is that it  
32 moves beyond only proclaiming Health Care for All as a priority to education, action and  
33 advocacy on a particular vehicle to achieve reform.

34  
35 The U. S. Census Bureau reports that for the sixth consecutive year, the number  
36 of Americans living without health insurance has risen. Over 47 million (one in  
37 six) people and over nine million children are without health coverage. Further,  
38 there is an estimated 25 million more who are under-insured. Nearly one quarter of  
39 Americans are either uninsured or underinsured! According to findings from the  
40 Center for Studying Health System Change, the number and proportion of  
41 Americans reporting going without or delaying needed medical care increased  
42 sharply between 2003 and 2007. One in five Americans - 59 million people -  
43 reported not getting or delaying needed medical care in 2007. While access

*\* While adopted by the Twenty-seventh General Synod, the wording of this resolution should not be considered exact until the resolution is approved within the body of the Minutes of the Twenty-seventh General Synod by its Executive Council, scheduled for October 2009.*

44 deteriorated for both insured and uninsured people, uninsured people experienced  
45 a larger relative increase in access problems compared with uninsured people.  
46 Costs were cited as an obstacle to needed care, along with rising rates of health plan  
47 and health system barriers. According to the Institute of Medicine, 18,000 people  
48 in the United States die every year from a lack of health insurance –that’s two  
49 people every hour. Health care cost increases are outpacing wages. Medical debt  
50 is now a leading reason for bankruptcy. The cost of health care has escalated  
51 beyond the realms of practicality and morality and many declare the current  
52 health care system of the United States is in crisis. Although the U. S. ranks high  
53 for having quality health care services, it has some of the worst health outcomes  
54 of any industrialized nation and the greatest health inequities. Unfortunately,  
55 quality health care is being priced out of reach for millions of hardworking,  
56 taxpaying people living in America.

57  
58 When millions of our neighbors do not have health care, it affects us all. We all  
59 suffer when emergency rooms are overburdened by people with major illnesses  
60 who lack the health insurance that would have helped them get the preventive and  
61 primary care to treat their conditions before they require urgent care.

62  
63 Racial and ethnic minorities make up one-third of the U. S. population. However,  
64 they comprise over half of the 47 million who are uninsured. 34% of Hispanics,  
65 32% of American Indian/Alaska Natives, 21% of African-Americans, and 19% of Asian  
66 and Pacific Islanders lack health coverage.

67  
68 The problem of racial and ethnic disparities and inequities in access, coverage,  
69 treatment and health outcomes has been well documented in recent years. The  
70 U. S. Department of Health and Human Services (DHHS) has made the elimination  
71 of health disparities by 2010 a national goal and has inspired members of Congress  
72 to introduce legislation to help achieve this goal. However, racial and ethnic minorities  
73 and other marginalized groups currently experiencing poorer health status are expected  
74 to grow as a proportion of the total U. S. population; therefore, the future health of  
75 America as a whole will be influenced substantially by our success in improving the  
76 health of these groups. A national focus on disparities and inequities in health status  
77 is particularly important as major changes unfold in the way in which health care is  
78 delivered and financed.

79  
80 Of all the factors that contribute to health care disparities, lack of health care coverage  
81 is the single most important factor. Individuals with affordable and comprehensive  
82 health insurance coverage have fewer barriers to health care, are more likely to see a  
83 physician on a regular basis, receive preventive screenings or routine health care  
84 services and experience better health outcomes. Unfortunately, racial and ethnic  
85 minorities are much more likely to lack health insurance coverage or to be underinsured  
86 compared to non-Hispanic whites. Cost is a major barrier to insurance coverage for  
87 for racial and ethnic groups. Many low-income families make too much money to  
88 be eligible for public programs, but not enough to afford private coverage. Although  
89 programs have a proven track record for increasing access and improving care for

*\* While adopted by the Twenty-seventh General Synod, the wording of this resolution should not be considered exact until the resolution is approved within the body of the Minutes of the Twenty-seventh General Synod by its Executive Council, scheduled for October 2009.*

90 millions of racial and ethnic minorities, several of these programs are under threat  
91 of elimination or reduction. (National Partnership for Action, Office of Minority Health, DHHS)

92

92 Health Disparities and Health Inequalities are population-specific differences in  
93 the presence of disease, health outcomes, or access to health care. (Health Services Research  
94 Administration definitions). Health disparities include differences that occur by gender, race  
95 or ethnicity, education or income, class, disability, geographic location, or sexual  
96 orientations. According to the Centers for Disease Control and Prevention, compelling  
97 evidence indicates that race and ethnicity correlate with persistent and often increasing,  
98 health disparities among U.S. populations in all these categories and demands  
99 national attentions. The causes of health disparities and health inequalities are complex.  
100 However, it is generally accepted that disparities can result from the following main  
101 areas: Inadequate access to care and Substandard Quality of Care.

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

117

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

130

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

*\* While adopted by the Twenty-seventh General Synod, the wording of this resolution should not be considered exact until the resolution is approved within the body of the Minutes of the Twenty-seventh General Synod by its Executive Council, scheduled for October 2009.*

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

145  
146 **Biblical and Theological Rationale**

147  
148 The Biblical narratives tell us that throughout Jesus' ministry he was concerned about the  
149 health and well-being of the people of God. Through his exemplary life we, as his  
150 followers today are called to the ever-widening ministry of healing. The familiar story of  
151 the Good Samaritan (Luke 10:25-37) makes a direct case for universal access to health  
152 care. We are reminded to love our neighbor, stop and touch the pain, then assist in a  
153 caring manner to nurture the neighbor back to health and wholeness. Who is our  
154 neighbor? The lesson of Jesus' parable is clear: the one in need regardless of who that  
155 person is, or where the person is located, is the neighbor. Persons in need are not to  
156 be passed by. Nor are they to be left abandoned and ignored by the side of the road.  
157 Those who would be caring neighbors cannot rest until proper care and services have  
158 been obtained for the ones in need. Health care is a justice issue. All parts of creation  
159 deserve to be healed when broken, injured or sick. All persons regardless of race, ethnic  
160 origin, age, gender, religion, sexual orientation, disability, income, legal status, health  
161 status, or geographical location, deserve to be tenderly touched by concerned healers  
162 whenever in need. (Excerpt from the pronouncement - Toward an Accessible Universal Health Care System).

163  
164 **Resolution**

165  
166 **Whereas**, as people of faith, we envision a society where each person is afforded health,  
167 wholeness, and human dignity and that vision embraces a system of health care that is  
168 inclusive, accessible, affordable, and accountable; (Faithful Reform in Health Care. *Faith-Inspired*  
169 *Vision for Health Care*) and,

170  
171 **Whereas**, health care is a basic human right and human need which includes every  
172 person. All human beings are created equal, with a divine will that we live together as  
173 an inclusive community; (Faithful Reform in Health Care. *Faith-Inspired Vision for Health Care*) and,

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

178  
179 **Whereas**, health care must contribute to the common good by being affordable for

\* While adopted by the Twenty-seventh General Synod, the wording of this resolution should not be considered exact until the resolution is approved within the body of the Minutes of the Twenty-seventh General Synod by its Executive Council, scheduled for October 2009.

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

184  
185 **Whereas**, our health care system must be accountable, offering a quality, equitable and  
186 sustainable means of keeping us healthy as individuals and as a community. As spiritual  
187 and sacred vessels, we are responsible for the care of our bodies to the best of our ability  
188 and to care for one another regardless of individual circumstances; (Faithful Reform in Health  
189 Care. *Faith-Inspired Vision for Health Care*) and,

190  
191 **Whereas**, the crisis in health care in the United States of America includes rising health  
192 care costs, increased insurance costs, and out-of-pocket medical expenses; and **Whereas**,  
193 health care is an essential need for all of us, regardless of age, gender, race, class, sexual  
194 orientation, religious persuasion, or political party; and,

195  
196 **Whereas**, those insured now often experience burdensome medical debt and sometimes  
197 life-threatening delays in obtaining health care; and,

198  
199 **Whereas**, one-half of personal bankruptcies are due to illnesses or medical bills; and

200  
201 **Whereas**, we spend over \$2 trillion for health care in the United States, yet 47 million  
202 people are still not covered and another 25 million are denied adequate care by  
203 their insurance companies; and,

204  
205 **Whereas**, rationing health care according to the ability to pay has diminished the overall  
206 health of our citizens; and, **Whereas**, health care is a human right, yet the World Health  
207 Organization ranks the United States 37<sup>th</sup> in the world in health care outcomes although  
208 we spend nearly twice as much as any other country, enough to cover everybody with  
209 excellent comprehensive health care; and,

210  
211 **Whereas**, health disparities and inequalities reflect the inequity and injustices that  
212 continue to permeate our society; and, **Whereas**, the nation's second highest health goal  
213 is the elimination of health disparities; and, **Whereas**, over half of the 47 million persons  
214 who are uninsured are racial and ethnic minorities; and,

215  
216 **Whereas**, United States Representative John Conyers has introduced H. R. 676, the  
217 United States National Health Insurance Act (Expanded and Improved Medicare for All  
218 Bill) that outlines a universal, nonprofit national health care program that will provide  
219 guaranteed choice, quality affordable health care and prescription drugs to everyone in  
220 the country; and,

221  
222 **Whereas**, Senator Edward Kennedy, Chairman of the Senate Health Education, Pensions  
223 and Labor Committee and Representative John Dingell, Chairman of the House  
224 Committee on Energy and Commerce have also introduced legislation (S. 1218 and H.R.

*\* While adopted by the Twenty-seventh General Synod, the wording of this resolution should not be considered exact until the resolution is approved within the body of the Minutes of the Twenty-seventh General Synod by its Executive Council, scheduled for October 2009.*

225 1024) Medicare for All: Quality , Affordable, health Care for All Americans that give  
226 all Americans quality healthcare; and,

227

228 **Whereas**, the majority of American physicians (59%) believe that Single Payer is the  
229 best method of securing universal healthcare; and, Whereas more than 15,000 doctors  
230 have signed on in favor of this, including two former Surgeon General; and,

231

232 **Whereas**, the National Conference of Mayors unanimously endorsed H.R. 676 in 2008  
233 at their 76<sup>th</sup> annual meeting and calls upon federal legislators to work toward its  
234 immediate enactment, and further urges the adoption of a process by which healthcare  
235 [providers] will be required to justify any increases to healthcare costs; and,

236

237 **Whereas**, H.R. 676 embraces many of the principles set forth in our previous General  
238 Synod pronouncements and resolutions regarding health care; and,

239

240 **Whereas**, we recognize that the phrase “single-payer” may be negative in some circles;  
241 and, **Whereas**, we recognize that a single-payer system is a long-term solution that will  
242 require short-term, incremental, innovative and creative approaches to health coverage  
243 for all;

244

245 **THEREFORE BE IT RESOLVED** that:

246 **Based on our belief that health care is not only a basic human need but also a basic**  
247 **human right and our belief that it is a moral imperative to transform health care so that it**  
248 **is: inclusive, accessible, affordable and accountable**, the Twenty-seventh UCC General  
249 Synod calls upon the United Church of Christ in all its settings to:

250 **\* Affirm its support for universal health care which meets the following criteria:**

251 **1) it covers all persons; 2) it presents no financial barriers; 3) it provides comprehensive**  
252 **benefits; 4) it offers a choice of physicians and other health providers; and, 5) it**  
253 **eliminates racial, ethnic and all other disparities for health care.**

254 **\* Advocate for and supporting legislation to be passed by the fall of 2009 by the 111<sup>th</sup>**  
255 **Congress which meets these criteria.**

256 **\* Endorse and support a national health insurance program such as the proposal found in**  
257 **Congressman Conyers’ legislation H.R. 676, “Expanded and Improved Medicare for All”**  
258 **or a public health option as long as such legislation meets the above criteria.**

259 **\* Pursue interfaith and ecumenical cooperation with the goal of immediately**  
260 **obtaining passage of H.R. 676 or such legislation as meets our criteria by the fall of 2009**  
261 **by the 111<sup>th</sup> Congress and its signing by the President of the United States.**

262

263 **BE IT FURTHER RESOLVED** that this resolution calls church and community to new  
264 and increased levels of attention, commitment and action. We encourage the United  
265 Church of Christ in all its settings to work with COREM, JWM, LCM and other UCC  
266 health-related organizations to:

267 **\*disseminate information and call upon participants of General Synod 27, members and**  
268 **congregations to contact their members of Congress and the President of the United**  
269 **Church of Christ urging them to fully support H.R. 676 or such legislation as meets our**  
269 **criteria.**

*\* While adopted by the Twenty-seventh General Synod, the wording of this resolution should not  
be considered exact until the resolution is approved within the body of the Minutes of the  
Twenty-seventh General Synod by its Executive Council, scheduled for October 2009.*

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.

*\* While adopted by the Twenty-seventh General Synod, the wording of this resolution should not be considered exact until the resolution is approved within the body of the Minutes of the Twenty-seventh General Synod by its Executive Council, scheduled for October 2009.*