

1 The Executive Council recommends this resolution be sent to a committee of the General Synod.

2
3 **Calling for the Support of H.R. 676 – Single Payer National Health Care**
4 **Reform**
5 **To Advance Health Equity For All and To Eliminate Health Disparities**

6
7 **A Resolution of Witness**

8 **Submitted By:** Council on Racial and Ethnic Ministries (COREM)
9

10
11 *“We're still waiting to be rescued. For my dear broken people, I'm heartbroken.*
12 *I weep, seized by grief. Are there no healing ointments in Gilead?*
13 *Isn't there a doctor in the house? So why can't something be done*
14 *to heal and save my dear, dear people?”* Jeremiah 8:21-22[The Message Bible]
15

16 **Summary**

17
18 Based on our belief that health care is not only a basic human right but also a basic
19 human need and our belief that it is a moral imperative to transform health care so that it
20 is: inclusive, accessible, affordable and accountable, the Twenty- seventh General Synod
21 calls upon all settings of the United Church of Christ to endorse and support in principle
22 the provision of Single-Payer Universal Health Care Reform through national health
23 health insurance that is privately provided and publicly funded.
24

25 **Background**

26
27 The Eighteenth General Synod enacted a pronouncement and resolution proclaiming
28 Health Care For All as a priority and declared that an equitable accessible system of
29 universal health care in the United States is consistent with the moral and justice
30 imperatives of the Christian Gospel. The United Church of Christ’s campaign,
31 “Health Care for All” is still a priority! The Church continues to speak prophetically
32 that health care is not only a basic human right but a human need that includes
33 everyone. As people of faith we believe that it is a moral imperative to transform health
34 care so that it is: inclusive, accessible, affordable and accountable.
35

36 The proposed Resolution builds on past General Synod Resolutions that have
37 spoken to the Church’s commitment to the establishment of an equitable health
38 care system for all. The key difference in this proposed resolution is that it
39 moves beyond only proclaiming Health Care for All as a priority to education, action and
40 advocacy on a particular vehicle to achieve reform.
41

42 The U. S. Census Bureau reports that for the sixth consecutive year, the number
43 of Americans living without health insurance has risen. Over 47 million (one in
44 six) people and over nine million children are without health coverage. Further,
45 there is an estimated 25 million more who are under-insured. Nearly one quarter of
46 Americans are either uninsured or underinsured! According to findings from the
47 Center for Studying Health System Change, the number and proportion of
48 Americans reporting going without or delaying needed medical care increased

49 sharply between 2003 and 2007. One in five Americans - 59 million people -
50 reported not getting or delaying needed medical care in 2007. While access
51 deteriorated for both insured and uninsured people, uninsured people experienced
52 a larger relative increase in access problems compared with insured people.
53 Costs were cited as an obstacle to needed care, along with rising rates of health plan
54 and health system barriers. According to the Institute of Medicine, 18,000 people
55 in the United States die every year from a lack of health insurance –that’s two
56 people every hour. Health care cost increases are outpacing wages. Medical debt
57 is now a leading reason for bankruptcy. The cost of health care has escalated
58 beyond the realms of practicality and morality and many declare the current
59 health care system of the United States is in crisis. Although the U. S. ranks high
60 for having quality health care services, it has some of the worst health outcomes
61 of any industrialized nation and the greatest health inequities. Unfortunately,
62 quality health care is being priced out of reach for millions of hardworking,
63 taxpaying people living in America.

64
65 When millions of our neighbors do not have health care, it affects us all. We all
66 suffer when emergency rooms are overburdened by people with major illnesses
67 who lack the health insurance that would have helped them get the preventive and
68 primary care to treat their conditions before they require urgent care.

69
70 Racial and ethnic minorities make up one-third of the U. S. population. However,
71 they comprise over half of the 47 million who are uninsured. 34% of Hispanics,
72 32% of American Indian/Alaska Natives, 21% of African-Americans, and 19% of Asian
73 and Pacific Islanders lack health coverage.

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

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

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

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

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

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

139
140 The Institute of Medicine is a non-profit independent group that is one of the four
141 National Academies mandated by Congress. Its mission “is to serve as adviser to the
142 nation to improve health.” The IOM has recommended unequivocally that “everyone in
143 the U. S. should have health insurance and urges the President and Congress to act
144 immediately to develop a strategy to achieve universal insurance coverage and to
145 establish a firm and explicit plan to reach this goal by 2010”. The IOM’s first guiding

146 principle to help assess policy options is that – health care coverage should be **universal**.
147 In its final report of the series *Insuring America’s Health: Principles and*
148 *Recommendations*, the Institute of Medicine, reinforces the urgency in establishing a
149 universal health insurance for America: **The persistence of uninsurance in the United**
150 **States requires a national and coherent strategy aimed at covering the entire**
151 **population. Federal leadership and federal dollars are necessary to eliminate**
152 **uninsurance. Universal health insurance coverage will only be achieved when the**
153 **principle of universality is embodied in federal public policy.**

154 **Biblical and Theological Rationale**

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

173 **Resolution**

174
175
176 **Whereas**, as people of faith, we envision a society where each person is afforded health,
177 wholeness, and human dignity and that vision embraces a system of health care that is
178 inclusive, accessible, affordable, and accountable; (Faithful Reform in Health Care.
179 *Faith-Inspired Vision for Health Care*) and,

180
181 **Whereas**, health care is a basic human right and human need which includes every
182 person. All human beings are created equal, with a divine will that we live together as
183 an inclusive community; (Faithful Reform in Health Care. *Faith-Inspired Vision for*
184 *Health Care*) and,

185
186 **Whereas**, all persons should have access to health services that provide necessary care
187 and contribute to wellness. Humanity is sacred and all persons should benefit from those
188 actions which contribute to our health and wholeness; (Faithful Reform in Health Care.
189 *Faith-Inspired Vision for Health Care*) and,

190
191 **Whereas**, health care must contribute to the common good by being affordable for
192 individuals, families and society as a whole. In the sacred act of creation, we are
193 endowed with the talents, wisdom and abundant resources necessary to meet the needs of
194 one another, including the health care needs of all; (Faithful Reform in Health Care.

195 *Faith-Inspired Vision for Health*) and,

196

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

202

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

207

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

210

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

212

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

216

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

222

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

227

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

233

234 **Whereas**, Senator Edward Kennedy, Chairman of the Senate Health Education, Pensions
235 and Labor Committee and Representative John Dingell, Chairman of the House
236 Committee on Energy and Commerce have also introduced legislation (S. 1218 and H.R.
237 1024) Medicare for All: Quality , Affordable, health Care for All Americans that give
238 all Americans quality healthcare; and,

239

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

243

244 **Whereas**, the National Conference of Mayors unanimously endorsed H.R. 676 in 2008 3
245 at their 76th annual meeting and calls upon federal legislators to work toward its
246 immediate enactment, and further urges the adoption of a process by which healthcare
247 [providers] will be required to justify any increases to healthcare costs; and,
248

249 **Whereas**, H.R. 676 embraces many of the principles set forth in our previous General
250 Synod pronouncements and resolutions regarding health care; and,
251

252 **Whereas**, we recognize that the phrase “single-payer” may be negative in some circles;
253 and, **Whereas**, we recognize that a single-payer system is a long-term solution that will
254 require short-term, incremental, innovative and creative approaches to health coverage
255 for all;
256

257 **THEREFORE BE IT RESOLVED** that:

258 The Twenty-seventh General Synod calls upon the United Church of Christ in all its
259 settings:

260 to endorse and support Congressman Conyers’ legislation, H.R. 676, “Expanded and
261 Improved Medicare for All” with the goal of obtaining legislation that enacts single-
262 payer (a publicly funded, privately administered) national health insurance as the
263 program that best responds to the moral and justice imperatives of equal access for all
264 people in the United States.

265 * to pursue interfaith and ecumenical cooperation with the goal of obtaining passage of
266 H.R. 676 by the 111th Congress and its signing by the next President of the United States.
267

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

272 *organize and plan discussion forums using - *Unnatural Causes...is inequality making us*
273 *sick?* - Study Guide to learn about and/or better understand the implications of health
274 disparities and inequities on the health of the public and to raise awareness about the
275 extent and cost of health inequalities.

276 * advocate for and support current legislation to improve the health and healthcare of
277 racial and ethnic minority groups.
278

279 **FUNDING**

280
281 Funding for the implementation of this resolution will be made in accordance with the overall
282 mandates of the affected agencies and the funds available.
283

284 285 **IMPLEMENTATION**

286 The Twenty-seventh General Synod calls upon Justice and Witness Ministries in concert with
287 other affected programs and agencies to work to develop the strategy and program to implement
288 this resolution.
289