



A PROPOSED WITNESS RESOLUTION
SINGLE PAYER PREVENTION/HEALTH PROMOTION AND
SICKNESS INSURANCE¹

1 WHEREAS the Michigan Conference of the United Church of Christ passed a resolution
2 advocating health insurance for all on June 16, 2007;
3 WHEREAS chronic health care costs have reached double digit increases adversely
4 impacting families, private endeavors, and governments;
5 WHEREAS state laws still mandate action for insurance which about one million do not have;
6 WHEREAS elected state officials and the private sector Michigan Health Insurance Access
7 Advisory Council have failed to create Prevention and Sickness Insurance for All;
8 **THEREFORE BE IT RESOLVED THAT** we, the Michigan Conference of the United
9 Church of Christ, call upon our churches to support, and state and federal governments to
10 enact, a single payer health insurance system based on principles of shared responsibility,
11 good stewardship and moral, medical and financial imperatives that:

- 12 **i.** Provides comprehensive cost effective insurance, priced transparently;
- 13 **ii.** Includes preventive primary care insurance with the latest nutritional information;
- 14 **iii.** Eliminates disparities in access to care and includes parity for behavioral care;
- 15 **iv.** Is portable in the state or nation with subscriber rights to choose providers, facilities,
16 and primary decision makers in a single payer cost system.

17 **BE IT FURTHER RESOLVED THAT** the Michigan Conference of the United Church
18 of Christ recommends that local churches study the issues of health insurance reform;
19 and that delegates present this resolution to elected State and Federal officials
20 who have a duty to protect the health and safety of the people.

¹ Submitted by the Division of Mission Outreach of the Detroit Metropolitan Association of the Michigan Conference United Church of Christ. As a witness resolution, a two-thirds majority vote is required for passage. Estimated implementation cost (printing, mailing, staff time) to the Michigan Conference is \$550. All resolutions are subject to the availability of funds.

BACKGROUND INFORMATION

SINGLE PAYER PREVENTION/HEALTH PROMOTION AND SICKNESS INSURANCE

In manuals directed to faith communities the Universal Health Care Action Network (uhcan.org and uhcan.org/faith) cites the words from the United Church of Christ of the 1991 UCC declaration on health stating [....”We believe that health care is a basic right and not a privilege....that the gospels convey a message from God-a very powerful message that is the Church’s marching order to meet the issue of affordable, accessible health care for all....”].

The Dean of the University of Michigan, School of Public Health, Dr. Kenneth Warner, advocates a much larger investment in preventive services and counseling. Dean Warner stated in his op-ed column that 75% of annual deaths are preventable or premature, (Detroit News, July 7, 2006). Avoiding expensive sickness care and death will follow investment in prevention care with nutrition education and other counseling. He states that increased access alone will only gain a 10% reduction in deaths.

We should advocate the purest, simplest, and the most economical and comprehensive single payer plan. All other proposals should be measured against those criteria. For a comprehensive federal plan it is expected that physicians will be either self-employed or be employed by non- or limited-profit hospital/clinic systems. It is also anticipated that each state will have rights to shape their own state plan. Our current state, national, and international economic crises concern all of us as to whether our standard of living will survive. No universal plans can sustain exorbitant profits by segments of health care services under our current distress. This is examined in Dollars and Sense, April /May 2009 issue by Roger Bybee.

One new replacement plan of many suggests that revised Medicare can be expanded and reduced in cost with HMO’s. (Robert Wood Johnson Foundation - rwjf.org/Covering America: A Timely Reprise. March 22, 2009). Americans do not support HMO’s because they lack physician choice. Physicians for a National Health Program (pnhp.org) reports more physicians, up 10% to 59%, support single payer according to a random survey report from 2193 respondents from a variety of physicians, in the Annals of Internal Medicine(4/08, Vol. 148, #7, pp 566-67). Also, on 3/5/09, PNHP President, Dr. Oliver Fein, reported that an Associated Press poll recently said that 65% of random lay persons supported a Medicare like Single Payer plan. No independent enterprise will reject a cost effective method.

PNHP (pnhp.org) reports that Senator Bernie Sanders, I. Vermont introduced, on March 25, 2009, a new single payer health insurance plan. It is on the web site pnhp.org. Congressman John Conyers, Jr. has his single payer plan HR676 based on the PNHP Medicare-like model. It expects to save \$350 billion with administrative costs about 3%. PNHP (8-4-08) reports that 11 million with chronic illness have no health insurance or are under insured. Seniors have higher out of pocket expenses. Malinda Markowitz, California Nurses Association (CAN), supports HR676 (Miami Herald 7/24/08). The CNA (CalNurses.org) reports a single payer plan can create 2.6 million jobs and 400+billion in revenue. According to NPR (7-23-08), the Kaiser Family Foundation and the Harvard School of Public Health report that about 30% of residents in Ohio and Florida are skipping medical care, medicines, and tests due to lack of funds (rwjf.org).

BIBLICAL/THEOLOGICAL RATIONALE: Jesus was known as a healer. Throughout the Gospels we have many stories of Jesus healing people with physical, mental, emotional, and spiritual illnesses. Because the health and well being of individuals was important to Jesus, he healed people.

In the UCC resolution “Reclaiming the Church’s Ministry of Health and Healing,” the resolution says: “good health is a part of God’s intention for all people, health involves the whole person - body, mind, and spirit [*sic*] - and healing and health care are valid ways of proclaiming the Gospel and ministering in the name of Jesus Christ...” As followers of Jesus, we, too, need to be advocates for health and wholeness for all people. Jesus offers himself freely for healing. In Matthew 8:1-4 (NRSV), when a leper asks Jesus if he chooses to heal him, Jesus responds, “*I do choose.*” Jesus chose to heal the person; therefore, as Christ’s followers we are called to choose to heal in his name. We confess there are times when we have chosen not to be agents of healing.

Examples:

- It costs \$700 per month to adequately cover a family of four. Therefore not everyone can afford adequate care.
- A person who has insurance, but it is inadequate to cover preventive care.
- People who have no health insurance.
- The lesbian partner who has lost her job -- and therefore her benefits -- and has cancer and cannot be included on her partner’s insurance.

The choices we have made regarding who gets healthcare or help have not always been based on Christ’s example or the Biblical model of valuing each person.

The late Rabbi Alexander Schindler said, “To be without insurance in this country means to be without access to medical care. But health is not a luxury, nor should it be the sole possession of a privileged few. We are all created b’telem elohim— *in the image of God*— and this makes each human life as precious as the next. By ‘pricing out’ a portion of this country’s population from health care coverage, we mock the image of God and destroy the vessels of God’s work.”²

Jesus addressed the friends of the paralyzed man in Matthew 9:2 and told them to “*take heart.*” He also said, “*Come to me, all who labor and are heavy laden, and I will give you rest*” in Matthew 11:28 (NRSV). How do we encourage people who have inadequate or no health benefits to take heart? Where do we go to experience the easing of the burden placed on us by our healthcare and insurance systems?

In 1999 the United Church of Christ reaffirmed its commitment to quality affordable health care for all adopted by the 18th General Synod in 1991. The call for implementation provided guidance for members and all constituent entities for renewed efforts in the service of social justice.

² Seeking Justice in Health Care, 2006, (uhcan.org), p.7.1.

Paul called the church “the body of Christ” in 1 Corinthians 12. As Christ’s body we are called to act on Christ’s behalf. St. Theresa’s prayer phrases it this way:

Christ has no body now but yours.
No hands, no feet on earth but yours.
Yours are the eyes through which Christ looks compassion on this world.
Yours are the feet with which Christ walks to do good,
Yours are the hands with which Christ blesses all the world.

Through us Christ can bring healing and wholeness and an equitable health care system. We believe God is calling the Michigan Conference of the United Church of Christ to pass this resolution at this time because of the crisis in our healthcare and insurance system that creates injustice.

Justice calls us to provide quality healthcare for all. He reminds us in Matthew 25:44-45(NRSV)

Then they will answer, “Lord, when was it that we saw you hungry or thirsty or a stranger or naked or sick or in prison, and did not take care of you?”

Then he will answer them, “Truly I tell you, just as you did not do it to one of the least of these, you did not do it to me.”

In supporting universal health care, we also have the theological imperative to be good stewards of all our earthly resources including our financial resources. In the Parable of the Talents, Matthew 25:14-30 (RSV), Jesus (as the master) praises the servants who have successfully managed the resources with which they have been entrusted: *“Well done, good and trustworthy servant[s]....”*

In forming a health care system to provide coverage for all, a single payer system would allow for the fairest distribution and best stewardship of resources by eliminating the high overhead expenses. Such expenses are inherent in a system (or non-system) of multiple private insurance companies that burden physicians, institutions, and subscribers with costs and complexity. Up to 30 to 40 percent of the cost of private health insurance is squandered in administrative costs (on endless filing, denying, and re-filing of claims, consumer advertising and excessive corporate executive compensation). In addition, many managed care insurance companies have “cherry picked” the population to reduce their responsibility for “high risk” (and therefore high cost) patients to the extent that we have essentially lost the concept of insurance (i.e. all sharing in the cost of those who require extensive and expensive care).

With a single payer (federally funded) system, these savings could be applied to providing quality, prevention, and comprehensive health care coverage to all and then actually reduce our percentage of Gross Domestic Product spent on health care to compare better with other industrialized countries in cost and quality indicators.
