

WHY IS HEALTH CARE IMPORTANT TO UNITED METHODIST WOMEN?

“... I came that they might have life, and have it abundantly.” (John 10:10)

It is clear that Jesus wanted people well. This is a central goal of the mission work of the General Board of Global Ministries. In this context, United Methodist Women builds on one hundred and forty years of history addressing the health needs of women, and children by working for adequate and affordable healthcare for all. This has been expressed through providing support to groups for health education, public policy advocacy, and direct services. In a good society, every individual must have access to adequate healthcare. Yet, this obligation to build a system of healthcare accessible to everyone is undermined by the current profit-driven healthcare system and negates the fact that all God’s people have a right to health care.

WHAT DOES THE UNITED METHODIST CHURCH SAY ABOUT HEALTH CARE?

Historically, the United Methodist Church has seen its responsibility and duty to provide health care to others as part of its Christian witness. Health Care as a basic human right is expressed in the United Nations Universal Declaration of Human Rights and affirmed by the United Methodist Church in its Social Principles and Book of Resolutions.

The Social Principles (§ 162V)¹: *Right to Health Care* – Health is a condition of physical, mental, social, and spiritual well-being. John 10:10b says, “I came that they may have life, and have it abundantly.” Stewardship of health is the responsibility of each person to whom health has been entrusted.

Creating the personal, environmental, and social conditions in which health can thrive is a joint responsibility – public and private. We encourage individuals to pursue a healthy lifestyle and affirm the importance of preventive health care, health education, environmental and occupational safety, good nutrition, and secure housing in achieving health. Health care is a basic human right.

Providing the care needed to maintain health, prevent disease, and restore health after injury or illness is a responsibility each person owes others and government owes to all, a responsibility government ignores at its peril. In Ezekiel 34:4a, God points out the failures of the leadership of Israel to care for the weak: “You have not strengthened the weak, you have not healed the sick, you have not bound up the injured.” As a result all suffer.

¹ *The Book of Discipline of The United Methodist Church*. 2008. The United Methodist Publishing House.

Like police and fire protection, health care is best funded through the government's ability to tax each person equitably and directly fund the provider entities. Countries facing a public health crisis such as HIV/AIDS must have access to generic medicines and to patented medicines.

We affirm the right of men and women to have access to comprehensive reproductive health/family planning information and services that will serve as a means to prevent unplanned pregnancies, reduce abortions, and prevent the spread of HIV/AIDS. The right to health care includes care for persons with brain diseases, neurological conditions, or physical disabilities, who must be afforded the same access to health care as all other persons in our communities. It is unjust to construct or perpetuate barriers to physical or mental wholeness or full participation in community.

We believe it is a governmental responsibility to provide all citizens with health care.

The United Methodist Book of Resolutions, 2008:

3201. Health Care for All in the United States².

.... The United Methodist Church is committed to health care for all in the United States and therefore advocates for a comprehensive health care delivery system that includes access for all, quality care, and effective management of costs. The United Methodist Church supports a three-tiered approach to health care advocacy:

"Single Payer. We call for swift passage of legislation which will entitle all persons within the borders of the United States to provision of health care services, the cost of such services to be equally shared by American taxpayers, and the government to distribute the funds to providers in a coordinated and comprehensive manner...Choice of private doctor and other health care providers would be maintained..."

"Incremental Steps toward Single Payer. We recognize that much of the cost savings of "single payer" flow from the virtually total elimination of the health insurance industry. We cannot wait to overcome current barriers to a single payer plan, and therefore support all initiatives that move segments of our population closer to a single payer system. [These include State Child Health Insurance Program (SCHIP)]. "We do not support legislation that requires individuals to choose to purchase health insurance from multiple insurance companies, because such bills radically waste resources through duplication of service, burdensome administration, marketing costs and profits."

² *The Book of Resolutions. #3201. Health Care for All in the United States. United Methodist Church, 2008.*

“State-level initiatives in which individual states, at their own initiative, become laboratories for trying out varying approaches to providing health care for all.

2026. Responsible Parenthood³.

... We support adequate public funding and increased participation in family planning services by public and private agencies, including church-related institutions, with the goal of making such services accessible to all, regardless of economic or geographic location... Make abortions available to women without regard to economic standards of sound practice, and make abortions available to women without regard to economic status.

3281. Welcoming the Migrant to the US⁴ We call upon all United Methodist churches to welcome newly arriving immigrants in their communities, to love them as we do ourselves, to treat them as one of our native-born, to see in them the presence of the incarnated Jesus, and to show hospitality to the migrants in our midst believing that through their presence we are receiving the good news of the gospel of Jesus Christ....

Even though migrants have proven a tremendous benefit to the United States' economy, migrants have been systematically excluded from receiving any benefits. Federal and state laws such as the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 have denied undocumented immigrants access to all social benefits except for emergency medical care, immunization programs, and disaster relief. Excluding access to health care needs promotes an increase in the demand on emergency rooms to provide that daily care or it forces migrants who are fearful to seek medical care to live in continued pain and suffering. The United States benefits from migrant labor, but migrants have been forced to live in the shadows, unable to fully contribute as well as gain access to U.S. economic, political, and social realms.

3202. Health and Wholeness⁵. Health is the ultimate design of God for humanity. Though life often thwarts that design, the health we have is a good gift of God.

... For John and Charles Wesley, health was integral to salvation. ...John Wesley not only preached spiritual health, but worked to restore physical health among the impoverished people who heard his call. ... He encouraged United Methodist to support the health-care needs of the poor.

.... As disciples of the One who came that we might have life and have it abundantly, our first and highest priority regarding health must be the promotion of the circumstances in which health thrives.

³ *The Book of Resolutions. #2026. Responsible Parenthood, The United Methodist Church, 2008, p. 120.*

⁴ *Book of Resolutions. #3281. Welcoming the Migrant to the US, The United Methodist Church, 2008, p. 412*

⁵ *The Book of Resolutions. #3202. Health and Wholeness, The United Methodist Church, 2008, p. 178-179*

Past Women's Division Recommendations:

- (October 2008)...That the Women's Division partner with Healthcare-Now to support a campaign that would promote national dialogue to address the healthcare crisis and advocate the passage of legislation, The National Health Insurance Act HR (676), which will create a national single-payer national health care insurance in the United States.

- (April 2007)... That the Women's Division endorse the Healthy Child Campaign: Covering All Children in 2007 sponsored by the Children's Defense Fund. The Goal of this campaign is to ensure comprehensive health and mental health coverage under Medicaid and SCHIP (State Children's Health Insurance Program) into a single federal program that guarantees children all medically necessary services. This campaign will be supported by petitions, Action Alerts and opportunities for education/awareness.

- (October 2006)...That the Women's Division would partner with the Older Women's League (OWL) in their Mother's Day 2007 Action on HealthCare. In addition to disseminating educational resources developed for this endeavor, United Methodist Women would be encouraged to engage their legislators and communities in promoting access to quality healthcare for everyone.

- (March 2004)...That the Women's Division become a Supporting Faith Organization of Cover the Uninsured Week 2004, the nation's largest effort to make the goal of affordable health coverage for all Americans a national priority.

- (October 1979)...That the resolution on Health Care Delivery Policy be approved for transmittal to the 1980 General Conference, concurrent action with Global Ministries and the Board of Church and Society.

- (1976)...That the Women's Division approve the petition on Health Care and transmit it to the 1976 General Conference.

What are some of the Approaches to National Health Reform?

Several approaches to health reform have been introduced at the state and national levels. Some of these plans would build on the current system, which involves a combination of employer-sponsored and publicly-sponsored health insurance programs, while others call for substantially changing the existing health system and the creation of a new model. The following summaries provide three broad examples of national health reform plans that have been promoted by policymakers.

- **The Single-Payer Approach** (often referred to as “Medicare for All”) would replace existing public and private health insurance plans with a single public health plan in which residents would automatically be enrolled. Health care is paid for by a single entity, the government, which collects and distributes health care funds. Lower administrative costs than the current health care financing and delivery system are predicted by proponents of this approach, as the plan would lower administrative costs and the profits of insurance companies. The plan would be financed through an employer/employee payroll tax similar to SSI or some other revenue-generating mechanism. Such programs have been implemented effectively in Canada, France, the UK and other industrialized nations.
- **The Hybrid Public and Private Coverage Approach** would be a combination of public and private health insurance coverage options. The intent is to expand public coverage programs for low-income people, maintain the role of private employer-sponsored coverage (most Americans are currently insured in this way), and establish a new health insurance marketplace. Individuals and small businesses would choose between several different private and public health plan options.
- **The Free Market Approach.** In this system individual consumers would purchase health coverage in a free market with little government regulation or provisioning. The belief is that de-regulation will increase competition among private insurance companies and therefore decrease health care costs.⁶

⁶ Adapted from Women and Health Reform: An Introduction to the Issue. National Women’s Law Center. 2008.

RESPONDING TO MYTHS:

8 COMMON MYTHS ABOUT HEALTH INSURANCE REFORM⁷

- 1. Myth: Reform will mean a "government takeover" of health care and lead to "rationing" of services.*

Fact: Reform will stop "rationing" - not increase it. Current reform proposals will forbid many forms of rationing of health care services that are currently practiced by insurance companies.
- 2. Myth: We can't afford reform:*

Fact: It's the status quo we can't afford. It's a myth that reform will bust the budget. To the contrary, the President has identified ways to pay for the vast majority of the up-front costs by cutting waste, fraud, and abuse within existing government health programs; ending big subsidies to insurance companies; and increasing efficiency with such steps as coordinating care and streamlining paperwork. In the long term, reform can help bring down costs that will otherwise lead to a fiscal crisis. It is also possible to shift national priorities from militarism to provisioning of health care for all, at the savings of billions of dollars.
- 3. Myth: Reform would encourage "euthanasia"*

Fact: It does not. It's a malicious myth that reform would encourage or even require euthanasia for seniors. For seniors who want to consult with their family and physicians about end-of life decisions, reform will help to cover these voluntary, private consultations for those who want help with these personal and difficult family decisions. Today, however, under the current system, people are dying for lack of health care coverage, which disproportionately affects the poor.
- 4. Myth: Reform will affect veterans' access to the care they get now.*

Fact: Vets' health care is safe and sound. The President's budget significantly expands coverage under the VA, extending care to 500,000 more veterans who were previously excluded. The VA Healthcare system will continue to be available for all eligible veterans.
- 5. Myth: Reform will hurt small businesses.*

Fact: To the contrary, reform will ease the burdens on small businesses, provide tax credits to help them pay for employee coverage and help level the playing field with big firms who pay much less to cover their employees on average.

⁷ Healing Health Care, United Methodist Women's Action Network, August 2009 and <http://www.whitehouse.gov/realitycheck/>

6. *Myth: Health Insurance Reform will be financed by cutting Medicare benefits.*
Fact: Your Medicare is safe, and stronger with reform. Reform will improve the long-term financial health of Medicare, ensure better coordination, eliminate waste and unnecessary subsidies to insurance companies, and help to close the Medicare "doughnut" hole to make prescription drugs more affordable for seniors.
7. *Myth: Reform will force you out of your current insurance plan or force you to change doctors.*
Fact: You can keep your own insurance. Reform will expand your choices, not eliminate them.
8. *Myth: Government will be in charge of your bank accounts.*
Fact: No, government will not do anything with your bank account. Health insurance reform will simplify administration, making it easier and more convenient for you to pay bills in a method that you choose. Just like paying a phone bill or a utility bill, you can pay by traditional check, or by a direct electronic payment. And forms will be standardized so they will be easier to understand. The choice is up to you - and the same rules of privacy will apply as they do for all other electronic payments that people make.

WAYS TO TAKE ACTION:

The coming weeks at the close of 2009 are a critical time for United Methodist Women to provide a very strong moral voice in the national health care debate. Policy may be set that will shape health care access for years to come. We urge you to get involved through education, advocacy and public witness, now, and into the future. This is a particularly urgent moment to pick up the phone or hold a vigil to let decision-makers and the media know that we stand for quality health care for all.

- During the months of October and November 2009, hold pray vigils in your community, congregation or local unit to lift up our values regarding health care legislation. A toolkit for worship and prayer can be found at www.faithfulreform.org/storage/frhc/.../LightShine/tool%20kit.pdf. Let Faithful Reform know (online at www.faithfulreform.org) and let the Women's Division know (Betty Gittens, bgittens@gbgm-umc.org) of your plans. Be sure to also **contact the local press**.
- Educate yourself - go to websites that provide information about healthcare in the U.S.
- Visit the UMW Economic Justice online community to get current information, share concerns and strategies on healthcare. www.umwonline.org
- Explore this issue in your congregations. Hold study groups, prayer vigils and Bible study to further understand the issue of healthcare in the United States.

- Write an article or letter to your conference newsletter on the health care crisis. Write a letter to the editor of your local paper challenging some of the media myths and sharing the concerns of United Methodist Women.
- Write, call or visit your congressional representatives in their home states/districts. Let them know our values, as outlined in this document, and push for legislative language that is inclusive rather than exclusive. Take a diverse delegation including doctors, nurses, business leaders, workers, and members of your congregations to visit your Congressional members when they are in their home state.
- Learn about the efforts of Healthcare-Now! (<http://www.healthcare-now.org>) and the Older Women's League (<http://www.owl-national.org>) initiatives to endorse and advocate for a single payer health plan.
- Participate in activities that highlight the issues of health care such as *Cover the Uninsured Week* - calls for advocacy and direct action to reduce the number of uninsured (www.covertheuninsured.org) ; World Health Day - highlights topics around global health (www.who.int/world-health-day/); Health People 2010 - a national health promotion and disease prevention initiative (www.healthypeople.gov/)

UNITED METHODIST WOMEN'S RESOURCES ON HEALTH

READING PROGRAM BOOKS 2010:

- *CARING FOR MOTHER: A Daughter's Long Goodbye*, Virginia Stem Owens. Virginia Stem Owens offers a thought-provoking memoir of her family's seven-year ordeal of caring for her mother's Alzheimer's illness. The possibility of facing Alzheimer's in a loved one or in the mirror increases for many as baby boomers age into the 85-and-older population.
- *SACRED SPARK*, Rev. Lisa K. Sykes. Sacred Spark is the compelling true story of a child affected by mercury poisoning and the work of his mother, United Methodist cleric, the Rev. Lisa Sykes, to alert her church, the nation and world to the dangers of mercury-containing vaccines.

RESPONSE Magazine:

- February 2009 "*Health Care, Wholeness and Well-being*": This issue lists international projects supported by United Methodist Women (pages 40-41)
- February 2003. "*Women's Health*"
- April 2001. "*Global Health and Christian Response-Ability*"

ACTION ALERTS:

- August 2009 – *Healing Healthcare*. http://new.gbgm-umc.org/umw/media/action%20alert%20pdfs/090814_dlumwhealthcare.pdf
- June 2009 – *Healthcare Policy Debate Heats Up*. <http://new.gbgm-umc.org/umw/media/action%20alert%20pdfs/Health%20Care%20Action%20Alert5.22.09%20withpg4.pdf>
- *Interfaith Week of Prayer for Healthcare Reform June 19-26, 2009*. <http://new.gbgm-umc.org/umw/news/action-alerts/join-us-interfaith-week-of-prayer-for-health-care---june-19-26/>
- February 2009 – *Children’s Health Insurance Finally Passes*. <http://new.gbgm-umc.org/umw/media/action%20alert%20pdfs/SCHIPUpdate.pdf>

MISSION STUDY RESOURCES:

- 2001-2002 Mission Study - *ABUNDANT LIVING: GLOBAL HEALTH AND CHRISTIAN RESPONSE-ABILITY*

OTHER RESOURCES

- **Approaches to Covering the Uninsured: A Guide. 2008.** The guide explains the key strategies for expanding coverage to the nation's 45 million uninsured people and explains how different policy options can be combined to form comprehensive reform proposals. The Kaiser Family Foundation. <http://www.kff.org/uninsured/upload/7795.pdf>
- **Faithful Reform in Health.** An interfaith coalition of national, state and local faith communities and individuals working for health for all. Their focus is a vision of a health future that is grounded in shared health values. <http://faithfulreform.org>
- **Health Disparities Fact Sheet.** Kaiser Permanente Disparities Working Group – Communication Tool Kit. http://info.kp.org/communitybenefit/assets/pdf/global/Disparities_Fact_Sheet.pdf
- **Health Reform 2009.** FamiliesUSA. Resource to provide a better understanding of the health care crisis, health reform and how to achieve affordable coverage for all. <http://www.familiesusa.org/health-reform-2009/health-reform-in-2009.html>
- **The Henry J. Family Foundation.** The website provides a broad range of information about health coverage. <http://www.kff.org>

- **Health Care Sabbath. Congregational Advocacy Toolkit.** This toolkit provides background on the healthcare crisis, religious resources for planning worship with a healthcare justice focus and guides for facilitating an educational discussion for youth or adults in your community. http://www.cbhconline.org/documents/hc_sabbath_2008_christian.pdf
- **HealthCare-Now. Healthcare-NOW!** An education and advocacy organization that addresses the health insurance crisis in the U.S by advocating for the passage of national, single-payer healthcare legislation. www.healthcare-now.org
- **National Partnership for Women & Families.** An advocacy group dedicated to promoting fairness in the workplace, access to quality health care and policies that help women and men meet the dual demands of work and family. <http://www.nationalpartnership.org/>
- **The National Women's Law Center.** Works for quality and comprehensive, affordable health care that meets the needs of women and their families. <http://www.nwlc.org>.
- **Older Women's League (OWL).** OWL is a national grassroots membership organization focusing solely on issues unique to women as they age. OWL strives to improve the status and quality of life for midlife and older women. OWL is a nonprofit, nonpartisan organization that accomplishes its work through research, education, and advocacy activities conducted through a chapter network. <http://www.owl-national.org>
- **Physicians for National Health Care.** Physicians for a National Health Program is a non-profit research and education organization of 17,000 physicians, medical students and health professionals who support single-payer national health insurance. <http://www.pnhp.org>
- **Side-by-Side Comparison of Major Health Care Reform Proposals.** The Kaiser Family Foundation. <http://www.kff.org/healthreform/sidebyside.cfm>
- **Ten Excellent Reasons for National Health Care.** O'Brien, Mary and Livingston, Martha. The New Press. 2008.
- **Thomas.** Provides legislative information on the Internet. It is a site of the Library of Congress. This site provides a variety of information on Congress and on current and past legislation and treaties. You can search for a bill or bills by using a key word or by the congressional session. <http://Thomas.loc.gov>
- **Women and Health Reform: An Introduction to the Issues.** A brief overview of health reform and issues related to women. The National Women's Law Center. <http://www.nwlc.org/>

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The Purpose of United Methodist Women

The organized unit of United Methodist Women shall be a community of women whose purpose is to know God and to experience freedom as whole persons through Jesus Christ; to develop a creative supportive fellowship; and to expand concepts of mission through participation in the global ministries of the church.