Pennsylvania Council of Churches

Health & Health Care

Policy Positions

Our understanding of health comes from our belief that Christ is the great physician, for he "came that we might have life and have it abundantly."[1] In a healthy society, the well being of all is a priority. We believe that we must affirm the value of every human life by promoting (1) health (which goes beyond physical health to include healing and wholeness) and (2) health care for all (as a matter of justice). These understandings of health and health care lead the Council to the following positions:

- The concepts of health, healing and wholeness must be promoted and addressed in policies at all levels of government.
- The church needs to fulfill its mission of health and healing, helping people to understand that they are not their own—they belong to God, and therefore must be good stewards of their bodies.
- Comprehensive health care must be available to ALL persons—regardless of ability to pay. A comprehensive care system should be: 1) universal; 2) continuous; 3) affordable to individuals and families; 4) affordable and sustainable for society; and 5) able to enhance health and well-being by promoting access to high-quality care that is effective, efficient, safe, timely, patient-centered, and equitable.[2]

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

Rev. Dr. Martin Luther King, Jr.

Background

From the Center for American Progress:

> *The United States spends more on health care than any other nation. Yet, we are far from the healthiest people in the world. Many Americans are plagued by preventable diseases that have a devastating impact on their health and quality of life. Our lack of health also contributes to the nation's soaring health care costs.*
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> *Our health system is partly to blame. It focuses on treating these diseases after they occur, rather than promoting good health in the first place. In part, this is because of financial disincentives. Since insurers have no guarantee that people will remain in their plans, they have little incentive to invest in keeping people healthy over an extended period of time.*[3]

According to ***America's Health Rankings™: A Call to Action for People and Their Communities*** (2005 edition), the overall health of the nation has improved 18.4% over the 16 years that this report has been compiled, from 1990 through 2005. However, the report notes that this number is misleading. Progress has leveled off considerably, with an annual rate of aggregate improvement of only 0.3% for the past five years, as compared to the 1.5% improvement noted in the 1990s. The report attributes the stagnation primarily to lack of progress in decreasing the prevalence of smoking, obesity, infant mortality and the percentage of children in poverty, and states, "If our nation and its communities are unable to more effectively mobilize and coordinate efforts regarding conditions such as these millions of Americans will live shorter lives or experience preventable pain and avoidable suffering in the years to come."[4]

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[1] John 10:10, NRSV.

[2] From ***Insuring America's Health: Principles and Recommendations***, Institute of Medicine of the National Academy of Sciences, January 2004 (www.iom.edu).

[3] Center for American Progress, ***Health Progress and Policy***, "Prevention and Wellness," http://www.americanprogress.org/site/apps/s/custom.asp?c=biJRJ8OVF&b=1377147.

[4] ***America's Health Rankings™: A Call to Action for People and Their Communities*** (2005 edition), United Health Foundation (joined by the American Public Health Association, and Partnership for Prevention™), "Forward," http://www.unitedhealthfoundation.org/shr2005/index.html.

The report notes the importance of several factors that come together to determine the overall health status of individuals and communities:

> *In addition to the contributions of our individual genetic predispositions to disease, health is the result of our personal behaviors, the environment of the community in which we live, the clinical care we receive and the policies and practices of our health care and prevention systems. These four areas interact to create the healthy outcomes we desire, including a long, disease-free and robust life for all individuals regardless of race, sex or socio-economic status.*
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> 1. *Personal behaviors include the everyday decisions we make that affect our personal health. It includes habits and practices we develop as individuals and families that have an effect on our personal health and on our utilization of health resources.*
> 2. *Community environment reflects the reality that the daily conditions in which we live our lives have a great effect on achieving optimal individual health.*
> 3. *Health policies are indicative of the availability of resources and the extent of reach of public health programs into the general population.*
> 4. *Clinical care includes all the treatments we receive at doctors' offices, clinics and hospitals. It can vary from being diagnosed for an illness and receiving a prescription to major surgery and rehabilitation.*[5]

This report also ranks each state. Pennsylvania ranks 25th among all states in 2005, unchanged from 2004. Several strengths and challenges are noted:

- *High per capita public health spending at $247 per person, high immunization coverage with 85.7 percent of children ages 19 to 35 months receiving complete immunizations, a high rate of high school graduation with 77.1 percent of incoming ninth graders who graduate within four years, a low occupational fatalities rate at 4.2 deaths per 100,000 workers and a low rate of uninsured population at 11.9 percent.*
- *High rate of cancer deaths at 211.5 deaths per 100,000 population and a high incidence of infectious disease at 23.9 cases per 100,000 population.*

Significant changes include: (1) a **decrease** in smoking from 25.4 to 22.7 percent of the population from 2004 to 2005; (2) an **increase** in child poverty from 15.5 to 17.2 percent of children under age 18 from 2004 to 2005; (3) a **decline** in infant mortality from 10.3 to 6.8 deaths per 1,000 live births since 1990 (overall; the rate is 14.4 percent for non-Hispanic blacks); and (4) an **increase** in the uninsured population from 7.7 to 11.9 percent since 1990. [6]

The moral test of government is how it treats those who are in the dawn of life, the children; those who are in the twilight of life, the aged; and those who are in the shadows of life, the sick, the needy and the handicapped.

Vice President Hubert H. Humphrey

These rates are not likely to improve significantly, if at all, given the growing rates in uninsured and underinsured Americans. The Center on Budget and Policy Priorities (CBPP) cites U.S. Census Bureau data released on August 29, 2006 that the number of uninsured Americans rose 1.3 million in 2005, from 45.3 million to 46.6 million—15.9 percent of the population (up from 15.6 percent in 2004). The total increase in uninsured since 2001 is 5.4 million. Even more troubling is the increase in uninsured children—360,000 in 2005. Robert Greenstein, executive director of the CBPP, said, "Since 1998, the percentage of uninsured children has been dropping steadily, from a high of 15.4 percent to 10.8 percent in 2004. The new Census data show that the uninsured rate among children moved in the wrong direction in 2005, rising to 11.2 percent."[7]

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[5] *Ibid.*

[6] ***America's Health Rankings™: A Call to Action for People and Their Communities*** (2005 edition), United Health Foundation (joined by the American Public Health Association, and Partnership for Prevention™), "Pennsylvania," http://www.unitedhealthfoundation.org/shr2005/states/Pennsylvania.html.

[7] ***The Number of Uninsured Americans is at an All-Time High***, Center on Budget and Policy Priorities, August 29, 2006, http://www.cbpp.org/8-29-06health.htm.

Other issues of concern include:

Is there no balm in Gilead? Is there no physician there? Why then has the health of my poor people not been restored?

Jeremiah 8:22 (NRSV)

- *The percentage of Americans who are uninsured rose largely because the percentage of people with employer-sponsored coverage continued to decline, as it has in the past several years.*
- *Lack of insurance is much more common among people with low incomes. Some 24.4 percent of people with incomes below $25,000 were uninsured in 2005, almost triple the rate of 8.5 percent among people with incomes over $75,000.*
- *African-Americans (19.6 percent) and Hispanics (32.7 percent) were much more likely to be uninsured than white, non-Hispanic people (11.3 percent).*
- *The percentage of Americans with private health insurance declined to 67.7 percent in 2005, marking a pattern of erosion for the past several years (primarily because the costs of insurance premiums have climbed, making coverage less affordable for employers and employees alike).*
- *Rising private insurance premiums have led to higher Medicaid enrollment of adults, as low-income workers are squeezed out of private coverage and into Medicaid.*
- *Individually-purchased health insurance, a small component of the overall private insurance market, has been essentially stagnant. Older individuals and people in poorer health may be unable to afford coverage in the individual market, as coverage may be offered to them at very high prices, or they may be excluded entirely, due to the use of medical "underwriting" (i.e., the use of practices by which private insurance companies charge higher premiums, or fail to offer coverage at all, to individuals who are sicker and likely to incur higher health care costs).*
- *Medicaid enrollment among children and others also could decline…because of changes enacted earlier in 2006 as part of federal budget-cutting legislation (the Deficit Reduction Act enacted in February 2006). In particular, one provision of that legislation requires U.S. citizens who are enrolled in, or applying for, Medicaid to document their citizenship by producing documents such as birth certificates or passports. Analyses based on a national representative survey suggest that one to two million U.S. citizens covered by Medicaid, including poor children, pregnant women and mothers, could have their coverage delayed or denied because they do not have these documents readily available.*[8]

Even those with health insurance are often underinsured. According to Ruth Stoll, DNSc, RN, parish nurse consultant, there is a problem with most health insurance. She notes that in most cases, coverage only addresses acute/crisis care, long-term care, and hospital stays. Services that do not fit into these categories—particularly chronic conditions—are typically not covered, or coverage is insufficient.[9]

The bottom line is that there are significant problems in both the overall health of Americans and the health care system that require attention and action.

Theological Perspective and the View of the Pennsylvania Council of Churches

Healing was one of the most important aspects of Jesus' ministry, and there are multiple references to Jesus' healing acts. One example in Luke 5:17 (NRSV) says, "One day, while he (Jesus) was teaching, Pharisees and teachers of the law were sitting near by (they had come from every village of Galilee and Judea and from Jerusalem); and the power of the Lord was with him to heal." Jesus also empowered others to heal, as evidenced in Luke 9:1-2 (NRSV): "Then Jesus called the twelve together and gave them power and authority over all demons and to cure diseases, and he sent them out to proclaim the kingdom of God and to heal."

[8] *Ibid.*

[9] Presentation at Public Advocacy Action Team retreat, Precious Blood Spiritual Center, Columbia, PA, August 21, 2006.

A key concept in any discussion of health/health care is ***shalom***. Shalom, a Hebrew word typically defined as "peace," actually represents a much broader meaning, encompassing well-being, health, prosperity, soundness, completeness, and wholeness. This concept is reflected in denominational statements and in statements concerning health ministry, as noted in Mary Chase-Ziolek's recent book, ***Health, Healing and Wholeness***:[10]

- *"Health is a gift…Health is a matter of justice in society…" (Evangelical Lutheran Church in America)*
- *"Jesus not only restored persons to physical health, but in the process, righted relationships with others in the community and with God…" (Presbyterian Church (USA))*
- *""Health is harmony with self, others, the environment and with God—a continuum of physical, social psychological, and spiritual well-being." (United Church of Christ)*
- *Health is "a sharing in the wholeness of God." (Authors Leo Thomas and Jan Alkire)*
- *"In African traditional and African Christian thought, health is understood as harmony and disease as disharmony." (Author James Evans)*

I came that they may have life, and have it abundantly.

John 10:10 (NRSV)

As Ruth Stoll suggested at the August 2005 retreat of the Council's Public Advocacy Action Team (PAAT), the church needs to fulfill its mission of health and healing, helping people to understand that they are not their own—they belong to God, and therefore they must be good stewards of their bodies.

While the church must embrace a holistic vision of health, as suggested by the statements above, it has also been important for the church to stress the need for a just health care system. In a 2002 statement, The Rev. Dr. Bob Edgar, General Secretary, National Council of the Churches of Christ in the USA, said:

> *From the dawn of human history God has created loving souls and blessed each with the 'imago dei' - the very image and likeness of God. By grace God endows those in the health care professions with the means and methods of healing. Only through a just system of health care can Jesus' promise of life abundant (John 10:10b) be visited upon all persons.*

The Council's ***Principles for Public Advocacy*** (10/05) says:

> *Our understanding of health comes from our belief that Christ is the great physician, for he "came that we might have life and have it abundantly" (John 10:10, NRSV).*
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> *Health means more than physical well-being. A Commonwealth that fosters healthy persons and communities exhibits high regard for those who are physically and mentally ill as well as those who are physically and mentally well. A healthy society does not promote activities that lead to addictions.*
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> *In a healthy society, the well-being of all is a priority. Healthy persons and communities grow and flourish when society creates an environment that ensures that all have what they need to sustain them throughout every age and stage of life. There is adequate education to prepare individuals to live healthy lives and contribute to the health of society. Wages are adequate to provide a reasonable means of subsistence, and those who are unable to work receive what they need to sustain a healthy life. Given the importance of healing in the Biblical tradition, we affirm that all persons must have access to adequate and affordable health care, and not be forced to choose between health care and other necessary goods and services, such as food, shelter, and transportation.*

[10] Mary Chase-Ziolek, ***Health, Healing and Wholeness*** (Cleveland: Pilgrim Press, 2005), pp. 20-21.