OREGON-IDAHO CONFERENCE'S ABUNDANT HEALTH CARE TEAM AND THE METHODIST FEDERATION FOR SOCIAL ACTION O-I CHAPTER ENCOURAGE ADVOCACY FOR HEALTH CARE FOR ALL

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Perhaps you are among the lucky in the United States and you have a good health insurance plan. Many people in the United States have inadequate health insurance or none at all. What happens when someone without health insurance gets sick? What happens then? You know the story – you may be the story. Life doesn't have to be that way in this country. It is possible to have Health Care for All – and our faith calls us to advocate for the right to health care for all people. It is a basic human right.

If you're an Oregon voter, you'll have the chance to take one step toward changing that inequity and supporting the right to health care for all by voting yes on Ballot Measure 111.

But the issue is larger and more complex than this one vote, so read further to find out more about the problems with health care in the United States, what our own United Methodist Church says about the need for health care for all, and what we as individuals and congregations can do to help.

What is the problem?

A common misconception is that, while expensive, US health care is the best in the world. That's simply not true. In the United States, with the exception of trauma (due to our experience with wars) and geriatric health care (due to Medicare), we have worse health outcomes. Overall, we rank #23 of the 37 democracies with market-based economies that are part of The Organization for Economic Cooperation and Development (OECD).

- The US ranks 23rd in longevity. Folks in Spain and Italy live 4.5 years longer than people in the US, Israel 3.5 years longer.
- **US ranks 30th in neonatal and infant mortality** out of the 35 OECD countries. US newborns are 4 times more likely to die in their first month as newborns from Iceland or Japan, and twice as likely to die as those from Slovenia, Estonia and Czech Republic.
- US ranks 30th in maternal mortality. US mothers are over 4 times more likely to die from pregnancy and delivery as mothers in Poland, Greece and Czech Republic.
- US ranks 28th in premature mortality (non-communicable diseases ie. cancer, heart disease, etc.) Americans aged 15 to 60 are twice as likely to die from non-communicable diseases as are citizens of Spain. However, because on Medicare, our geriatric health care is #1.
- The USA spends more per person on health care than any other OECD country, 28 percent more than Luxemburg (the next highest spending) country; 5 times as much per person as Estonia, 4 times Greece and Czech Republic, and twice as much as Iceland and Japan. In fact, the USA spends more on healthcare and has poorer national outcomes, whether measured per capita or as a percentage of gross domestic product. The United States spending is 18 percent of GDP and climbing. Tied for second place are Norway and Switzerland at 12 percent and Canada comes in at 8 percent. And Norwegians, the Swiss, and Canadians have better health.

What does the United Methodist Church say about this?

Health is a condition of physical, mental, social, and spiritual well-being. John 10:10b says, "I came so that they could have life—indeed, so that they could live life to the fullest." 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 don't strengthen the weak, heal the sick, bind up the injured, bring back the strays, or seek out the lost." As a result, all suffer.

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

We charge the General Board of Church and Society with primary responsibility for advocating health care for all in the United States Congress and for communicating this policy to United Methodists in the USA.

As United Methodists, what are we called to do?

Globally, the church has a continuing duty to provide, in many parts of the world, the ministry of health care that government is unable to provide. In the United States, however, government has the capability to assure the provision of health care for all; doing so will extend health care to many who currently have no access, and doing so without the wastefulness of the current system will represent far better stewardship of resources than at present. In the United States, The United Methodist Church therefore supports a three-tiered approach to health-care advocacy:

1. Single Payer. We call for swift passage of legislation that will entitle all persons within the borders of the United States to the provision of health-care services, the cost of such services to be equitably shared by American taxpayers, and the government to distribute the funds to providers in a coordinated and comprehensive manner. This concept, known as "single-payer," would extend health care to all persons in the United States. Choice of private doctor and other health-care providers would be maintained. Public funds would make payment, and these funds would be generated by individual premiums and payroll taxes. Studies have shown that this method can be achieved with no increase over what is already being spent on health care from all sources. It therefore not only accomplishes the objective, but it best exercises our stewardship of public resources (Lewin Group, "Analysis of the Costs and Impact of Universal Health Care Models for the State of Maryland: The Single-Payer and Multi-Payer models." Report to Maryland Citizens Health Initiative Educational Fund. May 2, 2000).

2. 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 the current barriers to a single-payer plan, and therefore support all initiatives that move segments of our population closer to a single-payer system. The Affordable Care Act represents a substantial advance in providing health coverage to many Americans, and we support its extension and refinement.

3. Recognizing that the nation is deeply divided nationally on the philosophical bases for addressing America's health-care delivery problems, we support state-level initiatives in which individual states, at their own initiative become laboratories for trying out varying approaches to providing health care for all. We support in particular efforts at the federal level to support state-based efforts through necessary waivers of federal regulations.

Bringing America's health-care crisis under control will call upon the efforts of every sector of society and demand both personal and social responsibility. We therefore call upon all United Methodist persons and entities to do their part:

- *Individuals. We call upon United Methodist individuals and families to pursue a healthy lifestyle, preventing many health problems before they start and strengthening physical capacity to combat problems which do arise.*
- *Health Care Institutions. We call upon United Methodist- affiliated health-care institutions to adopt, reaffirm, and strengthen policies supporting care delivery that is Christlike, compassionate, and wholistic rather than fee-driven and compartmentalized. We call upon such institutions as a*

requirement of their affiliation, to develop United Methodist standards of care that distinguish them from profit-driven, secular institutions.

- *Seminaries. We call upon United Methodist seminaries to develop curricula linking sound biblical theology with clergy self-care and advocacy for universal health care.*
- *General Agencies. We call upon all agencies, commissions, and annual conferences of The United Methodist Church in the United States to adopt principles and support policies that are consistent with this resolution.*

How do we go about this work?
There are many ways in which you and your congregation can engage in this advocacy work.

- Learn more about this subject and share what you learn with others in your family and community.
- Discuss health care financing with legislators and candidates in your community.
- If you are an Oregon voter, we urge you to vote "yes" on Measure 111, Right to Health Care (aka The Hope Amendment) on November's ballot.
- Advocate for a supportive resolution in your city, county, church, or other organization.
- Engage your community by setting up a table at community events to share information, holding a house party, seeking others to help in this process.
- Canvas your neighborhood for support.
- Write a letter to the editor in your local newspaper.
- Share your story.
- Get involved in the Universal Health Care Movement.
- Join our Methodist Federation for Social Action and/or Abundant Health Team to champion this work.

Source for information included in "What is the problem?" & "How do we go about the work?" Health Care for All Oregon (www.HCAO.org)

Source of italicized words: UMC Book of Resolutions #3201 ADOPTED 2008; AMENDED AND READOPTED 2016, See Social Principles, ¶ 162V.
Health Care for All in the United States (this live link takes you to the following URL)
https://www.umc.org/en/content/book-of-resolutions-health-care-for-all-in-the-united-states