

# Advocating for Universal Health Care: A Biblical / Moral / Ethical Perspective

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## Introduction

Health Care is on virtually everyone's list of problems in America today. The challenge is to move it from the middle of the list to the top, and from the problem list to the action list. Part of the challenge is the existence of vocal advocates of the position that no matter how much pain we feel, health care is not a problem, no matter how serious a problem, it is not a matter for government to address or for taxpayers to fund. Because this alternative point of view is often held by those in positions of power, moving health care from the problem list to the action list requires that we state explicitly the theological and moral foundations for our view, things we once simply assumed that we could assume.

What I want to do this morning is to provide three ethical foundation stones for government responsibility in health care and apply them to the purist solution to our health care problems, a single payer health delivery system. I'll give some talking points that you can use in talking with your legislators, and emphasize that focusing on single payer approaches will not only advance the single payer causes, but also advance all of the alternatives which many will consider the more immediate, doable, and pragmatic alternatives, at least for now.

## I. Single Payer: The Pure Alternative

Single Payer is the most far-reaching proposal on the table today. It is on the table because HR 676 is up for consideration in the House of Representatives. Impressively, it has received the endorsement of 68 Representatives to date. However, that's still barely 15% of the votes, and if you'll recall legislative mathematics 101, you need 51% to win.

HR 676, the United States National Health Insurance Act (or, the Expanded and Improved Medicare for All Act) is far-reaching because it includes the following provisions:

- Provides free health care for all persons residing in the US and US territories financed through the government, replacing today's multiplicity of health care payers with a single paying entity, and eliminating cost shifting.
- Includes all medically necessary care,
- Prohibits private insurers from selling health insurance coverage that duplicates benefits of HR 676
- Prohibits HMOs from rewarding physicians who discourage patients from seeking health care
- Finances health care for all through (1) paperwork reduction (2) rational bulk purchases of medicines (3) existing health care funding (4) increased income taxes on the top 5% of earners; (5) a modest payroll tax, and (6) a small tax on stock and bond transactions.
- Provides for retraining and job placement assistance for persons whose jobs are eliminated due to reduction of health administration requirements

- Establishes a National Board to ensure quality, access, and affordability
- Provides for eventual integration of Veterans and Indian Health Services into the program.
- Permits providers to focus on providing care rather than justifying to insurers the care they are providing.

## II. Religious, Ethical and Moral Bases

What are the religious, ethical and moral bases for supporting such legislation? This legislation responds to three responsibilities of Government which in turn are informed by the profoundest concerns of the Judeo-Christian traditions. These three ethical principles of government underlying HR 676 are:

1. The public welfare responsibility of government
2. The justice responsibility of government
3. The stewardship responsibility of government

Each of these concepts of government responsibility is grounded in the Jewish and Christian faiths. Each of them is questioned by some who advocate a different vision of government responsibility.

### A. Public Welfare Responsibility

Government's responsibility to the **public welfare** is enshrined in our constitutional documents. For most of our existence as a nation that duty has been seen as including a duty to provide health care services. Both state and federal governments have funded public hospitals for the mentally ill, community health centers for those of no or inadequate insurance, Medicaid programs for the poor. Both have regulated health professions and health institutions. All of these express the conviction that government's public welfare duty includes the advancement of the health care available to its citizens.

For Christians and Jews, the vision of government's public welfare responsibility for health care reaches back in time to the prophet Ezekiel.<sup>1</sup> Ezekiel speaks against the shepherds, the rulers of Israel. Israel has been destroyed, and its people sent into exile, Ezekiel says, because of a number of governmental sins. The leaders fed themselves when they should have been feeding their sheep. They have not strengthened the weak. **And they have neither healed the sick nor bound up the injured.** When today's shepherds wonder where people of faith are coming from when they remind them of their public welfare responsibilities, let it be said that the words of Ezekiel still speak to us today.

The public welfare responsibility of government extends to business. Today, American business is increasingly non-competitive in the global market because, alone among industrialized nations, the United States burdens its employers with the responsibility for providing health care benefits to their employees. Realizing this, it is no surprise that we hear of employers struggling with health care costs, reducing access and health benefits, increasing co-pays, and shifting health care costs. We need to listen to them. When we do,

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<sup>1</sup> Ezekiel 34:1-4

we may hear that the burden of health care is killing our business and industry, and government would make a significant contribution to business by relieving it of this burden.

It is no secret that faith communities also are burdened by employer-sponsored health care responsibilities. In my own denomination we have regional conferences that do not know how they are going to provide health care for their clergy and lay employees. We have congregations that are thriving, growing, and serving their communities, that may be forced to merge with other congregations in order to afford the increasingly large health care costs of their clergy. The failure of our government, alone among the governments of industrialized powers, to assume responsibility for health care is burdening all employers who pay for health benefits.

## B Justice Responsibility

Government has a public welfare responsibility and it has a **justice responsibility**. The public welfare responsibility says “**assure access to health care**,” and the justice responsibility says, “**assure access to health care to all**.”

In the field of health care today, injustice cries out for resolution. Health care access comes to those with sufficient means of their own, and it comes to the very poor on Medicaid, but it leaves out the working poor who struggle to support themselves but are either not provided health care insurance, or are not able to afford what is available. Justice for them dictates that if government provides health care **at all**, it should provide health care **for all**. What rationale can there be for providing health care to some people but not for everyone? Are the working poor of the United States less deserving of the protection of the state than the very poor who can receive Medicaid, or the more well to do workers who receive health care with their jobs, or veterans who receive care from the VA?

Beyond failing to cover those who are unemployed, an employer-based health benefit system is unjust to the very employees it covers. As long as your illness doesn't keep you from working, employer-provided benefits may serve you well. But when your major illness continues after your sick days run out, you may also face loss of your job, cancellation of your health insurance, default on your mortgage and loss of your home. Over half of bankruptcies in our country today are the result of health catastrophes that begin with a threat to the body and escalate to an attack on one's entire life. The promises any employer makes regarding health benefits for employees vanish into thin air when your illness costs you your employment. An employer-based health benefit system punishes those who need help the most. That is a fundamental, systemic injustice.

Jews and Christians cannot escape the voices for justice in our scriptures. The prophet Amos<sup>2</sup> called for justice to roll down like waters and righteousness like an ever flowing stream. Long before Amos, the book of Deuteronomy<sup>3</sup> specified that justice was most important for those most likely to be denied it – the orphan, the widow, and the stranger. *Job*<sup>4</sup>

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<sup>2</sup> Amos 5:24

<sup>3</sup> Deuteronomy 10:18

<sup>4</sup> Job 34:17

*specifically ties justice to the role of government when he asks, “Shall one who hates justice govern?” The Psalmist<sup>5</sup> affirms God’s blessing on those who practice justice: “Blessed are those who observe justice, who do righteousness at all times.”*

Delegates to the General Conference of my own United Methodist Church have consistently over the years affirmed in our Social Principles that “health care is a basic human right...It is unjust to construct or perpetuate barriers to physical or mental wholeness or full participation in community...we affirm the role of governments in ensuring that each individual has access to those elements necessary to good health.”<sup>6</sup>

Legislators who take their justice responsibility seriously will do what they can to assure that when it comes to health care, **everyone is in, nobody is out.**

## C. Stewardship Responsibility

Government has a responsibility for the public welfare, for achieving justice – and for **fiscal stewardship**. Stewardship is an old fashioned word, but many of us would hope it returns to public discourse. A steward is a trustee for something that belongs to someone else.

Whether you take a faith perspective and view public funds as a trust from God, or a secular perspective in which they are a trust from the tax-payer, the common thread is that public funds are owned by someone else for whom government is a trustee. Stewardship insists that when you are spending someone else’s money, you need to be even more careful than when you are spending your own. Our legislators have a responsibility to the taxpayer to make sure that the public health care dollar is spent for the most legitimate purposes, achieves the greatest impact, and at the lowest cost.

Six years ago, a study by the Lewin Group compared single payer and multi-employer approaches to achieving universal health care in Maryland. The report stated: *“Our analysis indicates that the single payer model would cover all Marylanders, including the estimated 760,000 uninsured persons in the state, while actually reducing total health spending in Maryland by about \$345.8 million (i.e., 1.7 percent). These savings are attributed primarily to the lower cost of administering coverage through a single government program with uniform coverage and payment rules. The multi-employer scenario would achieve less administrative savings because many employers are likely to continue to provide coverage through their own health plans. However, enough administrative savings are realized under this approach that the program would achieve universal coverage with an increase in statewide health spending of only about \$207 million (about a 1.1 percent increase in spending) in 2001.”*<sup>7</sup>

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<sup>5</sup> Psalm 106.3

<sup>6</sup> The Book of Resolutions of the United Methodist Church, 2004. Social Principles, ¶162 T) Right to Health Care

<sup>7</sup> 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.

In the Lewin study, the difference in cost between a single payer model and a multi-payer employer-based approach such as we have today but extended to cover everyone, – amounted to over half a billion dollars annually in year 2000 dollars. If single payer represented a half billion dollars annual saving for one state in 2000, what level of savings could be achieved for all of the states and territories today, in 2006 dollars?

The current multi-payer system is therefore not only unjust, but it's wasteful and offends the ethical principle of stewardship. A single payer approach resembles the Medicare Program, with administrative costs estimated at about 4%; By contrast, administrative costs for multi-payer commercial health insurance, considering the differing paperwork completed by doctors, the various authorizations and justifications, and the processing of paperwork, results in percentages for administration and profit 3-5 times as high. In one estimate, as much as one third of a doctor's time is wasted in unnecessary administrative costs.

Christians will recall Jesus' many parables in which humanity is charged with stewardship of the owner's home and vineyards. They will recall St. Paul urging the congregation in the town of Galatia<sup>8</sup> to both carry their own loads, and bear one another's burdens. The proposed HR 676 is founded on the best stewardship possible of our resources. Under this proposal, we will carry our own loads with the payments made into the system, and bear one another's burdens when providers are paid for those who need care.

United Methodist delegates in 1992 and again in 2000 called for "a comprehensive single-payer health care program that will provide health care to all without placing further barricades to access."<sup>9</sup> The delegates called for the United Methodist Church to "exert its influence in any arena and wherever possible to bring about substantive change in the health care system, respecting the hallmark of health care as a "basic human right." As a United Methodist, I'm pleased that our denomination's perspective so well expresses my own.

### III. Is it Practical?

The most obvious objection to a single payer approach, concedes it has the moral and ethical high ground, but it's not practical. HR 676 has only 68 co-sponsors. It was introduced in February 2005 and there's been no action on it since it was referred to the Committee on Health in April of last year. It is surely opposed by the pharmaceutical industry, whose outrageous profits will be compromised, and by the health insurance industry, sponsors of the Harry and Louise ads a decade ago, which will be totally eliminated. Why support something that doesn't stand a chance?

Here's why:

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<sup>8</sup> Galatians 6:2,5

<sup>9</sup> The Book of Resolutions of the United Methodist Church, 2004. Resolution #108, "Correcting Injustices in Health Care" p. 302

1. It may have more of a chance than we imagine. Polls consistently show that health care is a greater concern to the person on the street than to the legislators they elect. That groundswell may yet force greater responsiveness from legislators. So the likelihood of success may be greater than we imagine.

2. Second, single payer must be seen as supporting, not opposing, the numerous interim steps on the table. We must not let the best be the enemy of the good.

The National Coalition on Health Care has established principles for health care for all, and those principles address key changes that would make an enormous positive difference.

The Universal Health Care Action Network is encouraging a variety of state-level initiatives so that states can be the experimental laboratories in which a truly American solution will be developed and tested.

All these approaches have great merit. They are much, much better than nothing. But these are compromise solutions. The more vigorously single payer is on the table, the stronger a negotiating position there will be for any compromise solution. **It is better to ask for 10 and settle for 5, than to ask for 5 and settle for 2.**

3. Third, because single payer goes to the root of the current problems, it permits a head-on discussion of the problems we face, including the employer-based system that is a fundamental part of America's health care crisis today.

## IV. Talking Points

So I recommend that when you visit your legislator Monday, start your discussion with single payer. Ask them to be a co-sponsor of HR 676 if they are not already. If their objection is that HR 676 is too far reaching, or would hurt the insurance industry, or can't be supported for some other reason – then put the ball in their court. “Fine. I can understand that. Now, tell me how you are proposing to bring the resources of government to bear on this problem that Americans face.”

Ask them if they will address the problem from the perspectives of the NCHC's principles. Ask them if they will support federal legislation to pave the way for state-based approaches such as UHCAN is tracking. You will have just used single payer to extend the margins of the conversation, and perhaps the commitment of your legislator toward solutions.

Remind them that Government has a public welfare responsibility enshrined in our constitution. Remind them that Government has a justice responsibility and that what government does for some, it must do for all. And remind them that Government has a stewardship responsibility to manage public resources in the service of all with a minimum of waste.

And remind them that you are in their office as a member of a faith community, and that the principles you advocate for them are not just a matter of good government today, but reflect principles that our ancestors in the faith have held to for thousands of years.