75-GS-52 VOTED: The General Synod adopts the substitute Resolution on National Health Care Policy:

RESOLUTION ON NATIONAL HEALTH CARE POLICY

WHEREAS public dissatisfaction and frustration with the American Health Care System continues to rise and the increasing health needs of many Americans are unmet; and

WHEREAS Congress, in its response to the recognized need for change in the present American Health System, is considering the enactment of some form of National Health Care Insurance in the future; and

WHEREAS the Church, recognizing that its responsibility for health and well-being of people extends far beyond its own resources, must address itself to the total health care system of the nation and to those national policies which affect the health and health care of people; and

WHEREAS the efforts of the Church in its advocacy for effective, efficient quality care for all persons would be greatly enhanced by the 10th General Synod's affirmation of standards against which any proposals for improvement in the health care system should be measured;

WHEREAS the Illinois, Ohio and other Conferences of the United Church of Christ have called upon the Tenth General Synod to take affirmative action on national health care concerns; therefore

The Tenth General Synod affirms the following Statement of Policy on National Health Care, adopted by the United Church Board for Homeland Ministries on October 20, 1971; recommends its adequate dissemination and implementation through efforts at the national, Conference, Association and local church levels; and recommends that a report of these efforts be presented by the United Church Board for Homeland Ministries to the Eleventh General Synod:

"1. Throughout its history, the church has witnessed to its calling of healing and making whole. The United Church of Christ has provided many direct health care services in the past and continues to affirm its commitment to health care through church-related hospitals, homes for the aged, nursing homes, and other health care programs. At the same time, the church recognizes that its responsibility for the health and well-being of people extends far beyond its own direct resources. Therefore, the health ministry of the church must address itself to the total health care system of the nation and to those national policies which affect the health and health care of people.

"2. The foundation of a national health policy for the United States should rest on the well-known philosophy of the World Health Organization.

> "Enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, or economic and social conditions."

"3. The Federal Government of the United States, as the instrument of all the people, "to promote the general welfare," has the ultimate responsibility to guarantee the fulfillment of this right, including adequate financing, planning, setting and enforcing of standards, and assuring equal access for all persons to health care resources. The private health care sectors have a responsibility to cooperate with each other and with the government in fulfilling this right. The church, along with other organizations, has a responsibility to act as advocate for effective, efficient quality health care for all persons. The church has a particular responsibility to be an advocate for persons and groups who are currently receiving inadequate health care and/or who are inadequately represented in the making of health care policy decisions.

"4. Standards against which the effectiveness of the health care system and of proposals for improvement in the health care system should be measured, include the following:

"A. HEALTH CARE

(1) Care should be universal. The objective should be that each and every person receive health care as a right.

(2) Care should be accessible. Equal access to needed health services should be assured, without restrictions based on amount or source of personal or family income; on rural, urban, or suburban place of residence; on citizenship or on length of residency in the community; or on ability to pay for them.

(3) Care should be comprehensive. It should include elements which:

a). Build health—such as nutrition, physical fitness, and environmental health programs.

b). Prevent illness and disability such as immunization, sanitation, epidemiology, and similar services.

c). Provide for early diagnosis and treatment—such as regular physical examinations, well baby clinics, education of consumers and providers of service to be alert to early symptoms of disease, and other programs designed to accomplish this objective.

d). Provide treatment resources for more serious malfunctions and diseases as well as for those which are more common—such as general hospitals, mental hospitals, extended care facilitities, out-patient treatment, nursing and intermediate care for chronically ill, and home health care.

e). Serve to rehabilitate persons for optimum individual and social functioning.

f). Provide mental health services—in-patient, out-patient, preventive and rehabilitative.

g). Provide dental care—preventive and remedial.

h). In order to improve methods of prevention, diagnosis and treatment, provide for adequate research.

i). To assure that needed services can be made available, provide for education and training of health care personnel, professional and para-professional.

(4) There should be continuity of care. No jurisdictional or administrative barriers should prevent a patient from moving from one type of service to another on the basis of need and optimum opportunity for restoration to health.

"B. THE FINANCING OF HEALTH SERVICES

In 1970 expenditures of nearly $70 billion from public and private sources for health care, did not provide services which came close to attaining the above stated goals. Funds available for health care are not unlimited. Therefore, it is imperative that what is expended enhance achievement of an effective health service delivery system.

Methods of financing must assure equal access to health services, without stigma or restriction; e.g., for the poor, the near poor, the middle income group, as well as the

affluent; for self-employed, unemployed, and non-unionized employed persons as well as for employees of corporations covered by collective bargaining contracts; for aged, middle aged and young. The burden of paying for health care should vary in proportion to ability to pay. The method of financing should encourage (and not discourage) persons to seek preventive health care, early diagnosis, and early treatment rather than postponing such action until a crisis occurs.

Providers of health care must be assured full payment for reasonable costs including adequate compensation for all workers in health programs, professional, para-professional, and non-professional. Structures and procedures for quality and cost control required to protect the public interest must be an integral part of the health care system.

"The financing mechanism must be such as to be a lever which permits and fosters modification in the organization and delivery of service, rewarding that which helps to attain the goals stated above in an efficient and effective manner, and penalizing developments and organizations which do not.

"C. ORGANIZATION OF HEALTH SERVICES

The achievement of better access, effectiveness, and efficiency in the maintenance of health and the delivery of health services requires improved planning and organization of services to assure complete geographical coverage, and a structured interrelation of preventive services, primary care, specialized care, and other dimensions of health care.

On the other hand, within national standards, there must be sufficient flexibility to permit adaptation to local health needs, wishes, and cultural patterns and to permit innovation in both the organization and the delivery of health care. This includes the flexibility to permit a variety of public and private auspices and mixes in the administration of health care in a given area. Special efforts should be made to preserve and enhance the elements of voluntarism and religious and humanitarian motivation to service which have characterized many sectors of the present health care system.

Regardless of public or private auspice, the planning and administration of health care at all levels must involve consumers as full partners in decision making with health professionals and administrators."

6. RESOLUTION ON FACILITY CARE FOR OLDER PERSONS

Assistant Moderator Elicker recognized Dr. Washburn. On behalf of the business committee Dr. Washburn moved the adoption of the Connecticut Resolution on Facility Care for Older Persons. Mr. Vander Ploeg was recognized and moved an amendment to the motion to adopt a substitute resolution on Facility Care for Older Persons. The motion was seconded and there was discussion. It was

75-GS-53 VOTED: The General Synod refers the Connecticut Conference Resolution on Facility Care for Older Persons to the United Church Board for Homeland Ministries for investigation and further study; that the whole issue of the impact of the delivery of social services by profit-making corporations and proprietorships be included in the study.

The General Synod recommends that the whole issue of the needs of the elderly be studied by the United Church Board for Homeland Ministries and reported to the Eleventh General Synod.

"CONNECTICUT CONFERENCE RESOLUTION ON FACILITY CARE FOR OLDER PERSONS"

"One of the great traditions in our profit oriented country is that the delivery of certain essential human services is completely disassociated from the profit motive. An outstanding example in this non-profit tradition is found in the great medical centers and hospitals dedicated to the care of ill persons. The longevity of human life, particularly in our country, continues to increase, creating need for more and better facilities for the care of older persons. Scandalous is the only word to describe the recent disclosures from the investigation of such facilities, where the providing of care for helpless older persons reached a deplorable low, while the profits for the entrepreneurs increased to an unjustifiable high. The degree to which the care for older persons in proprietary facilities has been lowered (oftentimes for the sake of more profit), is seen in one facility in a Connecticut city where 32 cents was budgeted for feeding one person per day.

"One of the criteria by which a nation, a community, a people, is ultimately judged is by the care given to its older persons. "Growing old" in this, the richest land of the world, is no longer an anticipation, but rather a fear for persons of all economic, social and religious groupings. We, as Christians, are admonished in scripture to respect and care for older persons, in complete contrast to those cultures and societies where the non-productive elderly person is not only no longer honored, but not even wanted. To continue the present practice of having the facility-care of older persons as a profit oriented enterprise, rather than making use of any profits to improve the care for older persons, can only lead to further scandal and degradation of older persons.

"THEREFORE BE IT RESOLVED, that the Litchfield South Association of the Connecticut Conference of the United Church of Christ forward through the Connecticut delegation to the Tenth General Synod of the United Church of Christ the following overture for consideration and action:

"RESOLVE: That the delivery of facility-care for older persons in our country become another of those essential human services that is completely disassociated from the profit motive, and that more facilities for the care of older persons funded in any way, Federal, State or Local be non-profit agencies or organizations."

7. RESOLUTION ON THE CENTRAL INTELLIGENCE AGENCY

Assistant Moderator Elicker recognized Dr. Washburn. On behalf of the business committee Dr. Washburn moved the adoption of the resolution on the Central Intelligence Agency introduced as new business. Mr. Vander Ploeg was recognized and moved an amendment to the motion to adopt a substitute resolution on the Central Intelligence Agency. The motion was seconded and there was discussion.

Assistant Moderator Elicker recognized David Sandberg (CAL.S) who moved to amend the motion by the insertion of a new paragraph in the resolved section between items 5 and 6 to read: "urges that the Congress of the United States limit the activities of the CIA to the gathering and evaluation of information, and that covert paramilitary action and