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churches and conferences to stand, as well as members of the Peace and Justice Network. She spoke about the unique role our church plays throughout the nation and the world.

Mr. Oniki spoke about serving as interim director this past year for the Office of Church In Society, and that the office had worked faithfully to relate the gospel to the struggle with the endemic nature of racism. Mr. Oniki expressed appreciation to the UCC for support and participation in peace and justice ministries. The staff of the Office of Church In Society joined him on stage and he asked the delegates to listen to the staff concerns about South Africa, health care, the United Nations, El Salvador, hunger, ICJP, peace, the middle east, aids, civil rights, and gay rights.

6. INSTRUMENTALITY PRESENTATION - OFFICE FOR CHURCH LIFE AND LEADERSHIP

The Office for Church Life and Leadership staff were recognized by Mr. Hulteen, while General Synod watched a video which explained the work of the Office for Church Life and Leadership. All members of conference staffs who work with Office for Church Life and Leadership on a regular basis were asked to stand as Mr. Hulteen, asked how many present have seen the "Pastoral Relations Committee" handbook, the Leaders' Box, the Manual on Ministry, the Book of Worship. New resource for lay caregivers will be available this fall. General Synod was led in singing "Leaning on the Everlasting Arms."

7. STATEMENT "IN RESPONSE TO THE NOMINATION OF CLARENCE THOMAS TO THE SUPREME COURT OF THE UNITED STATES"

The Rev. Benjamin Chavis and Mr. Donald Freeman (Business Committee) clarified what was done last evening in regard to the nomination of Clarence Thomas to the Supreme Court. Mr. Chavis read the statement again. Some delegates wanted a specific vote rather than a consensus.

The Rev. Sterling Cary (ILL) stated that Mr. Chavis needed permission of Synod to entertain the motion. Mr. Chavis explained this motion came at the recommendation of the Business Committee. There was a motion to suspend the rules in order to entertain this motion.

The Rev. Keith DuVernay (OHIO) stated that he felt it both unfair and inappropriate to ask General Synod to vote without seeing the whole statement being voted. Following discussion, the Synod acted upon the motion.

91-GS-68 VOTED: The Eighteenth General Synod adopts the statement "In Response to the Nomination of Clarence Thomas to the Supreme Court of the United States."

IN RESPONSE TO THE NOMINATION OF CLARENCE THOMAS TO THE SUPREME COURT OF THE UNITED STATES

It is the consensus of the Eighteenth General Synod of the United Church of Christ that today's nomination of Judge Clarence Thomas to the Supreme Court of the United States is an affront to the pursuit of equal justice. The United Church of Christ affirms a historic commitment to equal justice for all persons without limitation or discrimination due to race, gender, religion, or national origin.

Mr. Clarence Thomas, at the age of 43, has gained the questionable distinction of being a severe opponent to civil rights and human rights. As the former chairman of the Equal Employment Opportunity Commission during the Reagan Administration, Thomas exemplified callous and contemptuous lack of respect for the rights of women, racial and ethnic persons, and the rights of the senior citizens. In addition, Thomas consistently opposed the efforts of workers to redress employment discrimination. Thomas is a vocal opponent of affirmative action and his anti-abortion stance sends a chilling message to the most vulnerable in our society and casts a repugnant shadow over "freedom of choice" and opportunity at the hands of the courts for decades to come.

The legal career of Clarence Thomas is diametrically opposed to the standards of justice embodied by Justice Thurgood Marshall.

The Eighteenth General Synod decries the nomination of Clarence Thomas to the Supreme Court of the United States; respectfully requests that President Bush withdraw this nomination; requests that the Judiciary Committee of the United States vote to not approve this nomination; and calls upon all other persons, groups and organizations across this nation with a commitment to fairness and equal justice to join in building a national campaign to block the confirmation of Clarence Thomas as a justice of the Supreme Court of the United States of America.

8. INTRODUCTION OF AGENDA COMMITTEE MEMBERS

Assistant Moderator Rogers called upon Ms. Linda Turner, chair of the Agenda Committee.

Ms. Turner took a moment to introduce the members of the Agenda Committee process people: the Rev. Mary Ann Neevel, the Rev. Bob Ullman, the Rev. Sheldon Culver Shippel and Ms. Rheda Schulz and thanked them for their work. Ms. Neevel thanked the people who chaired hearings and committees.

9. RECOGNITION OF A SPECIAL GUEST

Assistant Moderator Rogers recognized a special guest (to a drum beat) as an Easter Bunny playing a drum (the copper top bunny) came on to the stage and left. This was symbolic of General Synod which keeps on going and going. The bunny was thrown out of the arena because it did not have proper credentials.

10. PROPOSED PRONOUNCEMENT "TOWARD AN ACCESSIBLE UNIVERSAL HEALTH CARE SYSTEM"

The chairperson of Committee Six was Mr. James Blume (SC). Mr. Blume talked about the original documents the committee was given and described the changes made to the original documents which resulted in the final documents, found in Committee Report 4, page 5.

Mr. Blume spoke to the motion commenting on the Good Samaritan story as a basis for support. Mr. Blume stated this is not a call for socialized medicine as in Great Britain, or a plan similar to Canada's current plan.

Mr. Joe Alfred (IL.S) stated he felt the document is in the form of a resolution, which is not proper for a pronouncement.

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The Rev. John Humbert (Disciples of Christ) asked for permission to speak for the Rev. Howard Mills from Canada. Mr. Humbert said there are no charity wards in Canada and people choose their own specialists. Mr. Humbert spoke in favor of the Pronouncement.

The Rev. Louis T. Tuleja (NY) was concerned that the government has never entered a program and operated that program cost effectively. When health care is in the hands of the government it becomes a political issue. Mr. Tuleja reminded the delegates that the Roman Empire didn't take care of the wounded man; it was the Good Samaritan, a private citizen.

Mr. Kevin Newsome (IL.S) presented a biblical point of view that Jesus healed 100% of the people who came to him for healing regardless of money. The Rev. Mary Ellen Hoffman (OHIO) called question and the delegates voted to terminate debate.

91-GS-69 VOTED The Eighteenth General Synod adopts the Pronouncement "Toward an Accessible Universal Health Care System."

PRONOUNCEMENT TOWARD AN ACCESSIBLE UNIVERSAL HEALTH CARE SYSTEM

SUMMARY

This pronouncement declares the Christian conviction that through Jesus Christ and the continuing revelation of the Holy Spirit, God calls humanity to health, wholeness and liberation. It affirms and responds to the moral and justice imperatives of equal access to all people in the United States, without discrimination, to high quality and affordable health care. It calls for United Church of Christ commitment to the development of a comprehensive strategy for education, advocacy and programmatic initiatives implemented in church and society supporting the creation of universal health care in the United States. It reaffirms and augments previous actions on this issue adopted by the Tenth (1975) and Eleventh (1977) UCC General Synods.

BACKGROUND

The health care system in the United States is in crisis. In the last decade the nation's health care costs more than doubled, from \$650 million per day in 1980 to \$1.5 billion per day in 1988. During that same period the number of Americans with no form of health insurance coverage increased by 40%. ("Can You Afford to Get Sick?" Newsweek, January 30, 1989) Today the nation's yearly health care spending is \$600 billion or 12% of the Nation's Gross National Product (GNP), a particularly disturbing increase since the early 1970's when it was 7.2%. (National Health Care: An American Priority, December, 1989, Publication of the National Health Care Campaign, Washington, D.C. 20005) The Federal Health Care Financing Administration projects that by 1998 federal health care expenditures will reach \$1.5 trillion - an estimated 15% of the GNP. (Health Care Financing Administration Review, Vol. 8 No. 4, Summer, 1987)

Between thirty-one and thirty-seven million people in the United States have no health insurance, public or private. (National Health Care: An American Priority, December, 1989, page 1, and Health, a publication of the Children's Defense Fund, page 8) Two million of them are chronically ill. (Health Care Costs for America's Elderly, 1977-1988, report by the House Select Committee on Aging, March, 1989)

Another seventy million people have inadequate insurance and are vulnerable to large out-of-pocket costs. (Medical Alert, a staff report of the Subcommittee on Education and Health of the Joint Economic Committee, October, 1989) Most health insurers have increased premiums, deductibles, co-payments, and out-of-pocket ceilings. (Economic Notes, Labor research Associates, July/August, 1989) Sixty percent of all employee health plans now include annual out-of-pocket ceilings of \$2,500 or more. (Rising Health Care Costs: The Real Story, Publication 190 of the AFL-CIO Health Care Campaign)

Fourteen million women of childbearing age do not have maternity insurance and 9.5 million are completely uninsured. (Health, children's Defense Fund Publication, pg. 8) Older adults pay over 18% of their total income for health care. (Health Care Costs for America's Elderly, 1970-1988, Report by the House Select Committee on Aging, March, 1989) Medicaid provides health care coverage for only 10% of the country's low income population. (Ibid.) Fourteen million persons do not seek the care they need because they are unable to pay for it. (Kennedy, Sen. Edward M., Statement regarding Basic Health Benefits for All American Act of 1989 before the Subcommittee on Health for Families and the Uninsured of the Senate Finance Committee) Health care spending is the leading cause of personal bankruptcies in the United States. (Nilson Report of Bankruptcy, October 14, 1988) Eighty-nine percent of small businesses find health care coverage for their employees prohibitively expensive and list the lack of affordable insurance as their number one problem. (Nilson Report on Bankruptcy, October 14, 1988)

Two comparative measures of health care quality in the United States are the nation's infant mortality rate and life expectancy. Between 1950 and 1985 the infant mortality rate increased and the United States ranking position fell from sixth place in infant mortality among industrialized nations, to last place (twentieth), and life expectancy in the United States is lower than in most Western nations. (Hughes, Dana et al, The Health of America's Children: Maternal and Child Health Data Book. Children's Defense Fund, 1989)

In 1988, thirty-three million persons lived in health worker shortage areas—17 million in urban and 16 million in rural areas. The number of community health centers has fallen from 710 to 532, while many hospitals have closed out-patient clinics or curtailed emergency room services. (Community Health Care: Needs and Services, National Association of Community Health Centers, Inc., 1989. Facing Facts: A Statistical Profile of Health care in America, Americans for Health Care, Inc., December, 1986)

The facts, which convey only some of the ways individual lives are affected by the health care crisis, are some of the reasons why Americans consistently express frustration and discontent with the current health care system. In an April, 1989 NBC News poll, two-thirds, (67%) of those polled favored a comprehensive national health plan that would cover all Americans. Ninety-two percent (92%) said they were concerned about the rising cost of medical care.

Seventy-five percent (75%) affirmed the belief that good health care is something to which all Americans should be entitled. Eighty-nine percent (89%) of those polled in a February, 1989 Harris poll said they believed that the United States health care system needs fundamental restructuring. (NBC News Poll #162, June 9, 1989, and National Health Law Program, Health Advocate No. 160, Spring, 1989) Among the concerns needing to be addressed in any such restructuring, equal accessibility,

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without discrimination, is paramount. An equitable health care system must offer a comprehensive array of services and benefits to all who need them. It must offer the maximum quality of service in ways that are both efficient and intelligible to the consumer. Such a system must be built upon an efficient, equitable, non-restrictive financing system drawn from the broadest possible resource base.

ACTIONS BY PREVIOUS GENERAL SYNODS

Members of the United Church of Christ have long expressed support for an equitable, accessible universal health care system. In 1975, the tenth General Synod called upon constituent bodies, church-related health institutions and individual members of the United Church to address "the total health care system of the nation and to those national policies which affect the health and health care of people" in the United States. (Minutes Tenth General Synod United Church of Christ, Minneapolis, Minnesota, June 27-July 1, 1975)

In 1977, the Eleventh General Synod expanded the policy by calling for eye and ear care and corrective devices and for the establishment of guidelines for the monitoring of professional fees. With those additions the policy was adopted as "A Statement of Policy on National Health Care" calling for the church to share the policy "with the members of Congress and with the President of the United States and the Secretary of the Department of Health, Education, and Welfare." (Minutes of the Eleventh General Synod United Church of Christ, Washington, D.C., July 1-5, 1977)

The renewed call for national health care affirmed that health care needed to be universal, accessible, continual and comprehensive—including elements such as health maintenance and preventive care; early diagnosis and treatment; care of the chronically ill; comprehensive mental health care and services; dental care; research; and education and training of health care personnel, both professional and para-professional.

BIBLICAL AND THEOLOGICAL RATIONALE

The Biblical narratives tell us that throughout Jesus' ministry he was concerned about the health and well-being of the people of God. Through his exemplary life we, as his followers today are called to the ever widening ministry of healing.

Jesus entered history as a healer. The first acts of Jesus' ministry were acts of healing, casting out demons, bringing serenity, health and wholeness. (Matthew 4:23, Mark 1:21, Luke 4:31, John 4:46) He invited all of humanity to partake of the grace of God's healing power. Jesus quickly established a ministry of healing and in pursuit of his gifts, crowds following him grew in size increasingly making urgent requests for help. People were seeking release and relief from every illness, affliction, condition, and despair. Through his healing, Jesus offered new life freed from the bondage of suffering, pain, agony, and anxiety. He offered hope to humanity by connecting persons with the power of God's presence and spirit-filled grace.

When Jesus encountered human illness and despair, he intentionally chose to respond with help. "If you choose, I can be healed" the "leper" pleaded. (Mark 1:40) Jesus said, "I choose." He reached out and touched the person. With this act, Jesus not only brought health to the individual, but challenged the assumptions that society must blame the afflicted, isolate the permanently ill, and shun whatever it labels untouchable. In restoring wholeness, Jesus freely offered his own

accessibility as an avenue to health, all the while instructing and equipping the disciples with the necessary gifts of faith to address other situations of brokenness and pain. Then, as now, Jesus is our paradigm, our model, for the healing ministry of health and wholeness in human community.

The familiar story of the Good Samaritan (Luke 10: 25-37) makes a direct case for universal access to health care. We are reminded to love our neighbor, stop and touch the pain, then assist in a caring manner to nurture the neighbor back to health and wholeness. Who is our neighbor? The lesson of Jesus' parable is clear: the one in need, regardless of who that person is, or where the person is located, is the neighbor. Persons in need are not to be passed by. Nor are they to be left abandoned and ignored by the side of the road. Those who would be caring neighbors cannot rest until proper care and services have been obtained for the ones in need.

Just as Jesus commissioned the original disciples to go to every town and heal the sick, creating a caring community and a healthier world, so we, as his contemporary disciples are called to the ministry of healing and commissioned to provide spiritual and physical nourishment to all who have a need and a desire for health and recovery from brokenness.

Churches historically have pioneered caring responses of hospitality, health care and recovery, not just for Christians, but for the whole society. The church has never sought to take over this responsibility in society, but rather to encourage the whole society to be responsible for the health of all.

God calls and works to move all of creation towards wholeness. Wholeness is inner peace, an integrated experience of being well. As part of creation God encourages us towards harmony and wholeness. Creation is good, we are reminded. (Gen. 1:31)

We are each to be stewards, responsible for the good creation, and are called to be responsible for our own health as well as the health and wholeness of others.

Health care is a justice issue. All parts of creation deserve to be healed when broken, injured or sick. All persons regardless of race, ethnic origin, age, gender, religion, sexual orientation, disability, income, legal status, health status, or geographical location, deserve to be tenderly touched by concerned healers whenever in need. God provides ample resources for the whole human household; our task is to see that these resources are distributed fairly to provide for the needs of all. A more responsive health care system is ethically essential. And the creation of a high quality, comprehensive, affordable and accessible universal health care system is a moral issue. The current health care system itself is ailing and pleads for a healing response. As the church, we are called to hear the cry, feel the pain, work to find the resources and respond with care until recovery is completed.

STATEMENT OF CHRISTIAN CONVICTION

WHEREAS, the United Church of Christ seeks to follow the example of Jesus Christ and be faithful to the Gospel;

WHEREAS, sharing the earlier General Synod actions with Congress, the President of the United States and Secretary of the Department of Education, Health and Welfare did not produce a universal health care plan, nor provide a viable alternative;

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WHEREAS, the health care crisis today is even more acute;

WHEREAS, our current health care delivery services are not oriented to preventive care and positive health promotion;

WHEREAS, persons without insurance are often at greater risk because they have not had preventive medical attention, such as pre-natal care, immunizations, initial diagnosis of progressive conditions;

WHEREAS, our society needs to prepare to provide services for the current number and predicted increase of persons with Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome;

WHEREAS, the escalating insurance costs are becoming prohibitive for large families, single-income families, unemployed persons and the elderly, and more people are experiencing the loss their insurance policies;

WHEREAS, health care services are unevenly distributed with inadequate care in poverty areas and in rural areas and health care facilities are literally disappearing from many communities;

WHEREAS, emergency hospitalization, major surgery or long term chronic or terminal illness costs are eradicating family financial resources;

WHEREAS, the general health of infants and children in this country is rapidly declining and epidemic outbreaks of preventable contagious diseases such as measles are again being seen in this country because poor children are not being immunized;

WHEREAS, people are increasingly voicing their discontent and frustration with the inefficient, costly and non-responsive current health care system;

WHEREAS, there are 43 million people with disabilities in the United States for whom obtaining insurance is either impossible or a difficulty due to what are termed "pre-existing conditions," which means often medical care or medicines are not made available to help control the situation, and does not improve upon the difficulties being experienced;

WHEREAS, many disabled persons cannot get health care because despite federal regulations, the buildings themselves are not yet accessible, nor are there interpreters for the deaf, or tactile signs to assist the blind;

WHEREAS, the cost of improved and much needed equipment used by disabled persons is often no longer being covered by insurance; and

WHEREAS, a universal access health care program would provide the fairest distribution of health care costs, promote improved health for the remainder of the population of our nation, generate important administrative savings and provide a stable base for fair reimbursement to health providers.

THEREFORE, BE IT RESOLVED, the Eighteenth General Synod of the United Church of Christ declares that an equitable, accessible system of universal health care in the United States is consistent with the moral and justice imperatives of the Christian Gospel.

BE IT FURTHER RESOLVED, the Eighteenth General Synod

calls upon instrumentalities, conferences and congregations of the United Church of Christ to:

- 1) initiate, with all deliberate speed, educational programs to increase awareness among United Church of Christ members and United Church of Christ health care providers concerning:
 - a) the Biblical and theological foundations of the moral and justice imperatives of the Gospel as they relate to health care issues; and
 - b) the many dimensions of the crisis in health care in the United States.
- 2) design and implement a process for the effective mobilization of United Church of Christ constituencies for proactive health care legislative activity and public policy advocacy.
- 3) encourage individual involvement in health care advocacy organizations engaged in efforts consistent with the principles and goals of this Proposed Pronouncement and prior General Synod action.

BE IT FURTHER RESOLVED, the Eighteenth General Synod calls upon all constituent bodies and individual members of the United Church of Christ to become knowledgeable about the need for, and to actively work for, the establishment of a universal health care system in the United States that:

- 1) provides universal health care access to all persons in the United States equally, without discrimination;
- 2) provides a comprehensive array of services and benefits (Op. cit. 18) available to all who need them, including but not limited to health maintenance, preventative, diagnostic, therapeutic, and rehabilitative services, and chronic, long term home and hospice care for all illness and conditions and pre-conditions;
- 3) provides reasonable established standards of cost containment that address, among other things, the issues of reduction in administrative costs: regional planning and guidelines for efficient delivery of comprehensive health care services and the elimination of unnecessary and inappropriate capital expenditures and treatments; establishment of cost control standards and fees and parameters for malpractice litigation; and effective preventative education, programs and public policies;
- 4) provides an equitable and efficient system of health care delivery that is responsive to, and easily understood by the consumer;
- 5) provides an efficient, equitable system of health care financing drawn from the broadest possible resource base designed to ensure that persons with little or no income are neither excluded from nor restricted in accessibility to quality health care services, home and hospice care benefits; and
- 6) provides for educational support and encouragement of professional and para-professional health care workers to provide high quality health, home and hospice service.

Subject to the availability of funds.

11. PROPOSAL FOR ACTION "TOWARD AN ACCESSIBLE UNIVERSAL HEALTH CARE SYSTEM"