



Engaging Faith Communities in working for Health Care Justice

What does faith require of us? All faith traditions challenge believers to act with justice, to engage in healing and to treat all persons with compassion. In our country today, we witness a health care delivery system that distributes services unjustly, rations care inequitably, and offers compassion only to those who can pay for it. In that reality, people of faith have no choice but to decry the lack of health care for millions of people in the richest nation in the world as a *moral outrage*. Further, they are called to embrace the call of all faith traditions to proclaim health care for all as a *moral imperative*. Indeed, people of faith have a unique role in working for reform.

Background

Through the centuries people of faith have identified health and health care among the issues integral to the wholeness of body and spirit. To that end, faith communities have committed themselves to addressing disease prevention, improving access to medical care and making ethical choices regarding health care at all levels.

Medical and teaching professional in faith-based settings have labored to provide care and information to persons who are

underserved. Faith groups have built hospitals and facilities for medical training and research. Hospital chaplains, counselors and clinical pastoral educators link spiritual and mental health and provide support in times of medical crises. Substance abuse programs are supported by congregations. Healing services and prayers are offered for those broken by sickness and disease. New clinics in religious facilities, health fairs, and the growing numbers of parish nurse ministries are indicative of ways in which people of faith continue to engage in healing. People of faith have done well in providing charity health care, but, in the midst of a failing health care system, they are called to do more – to engage in advocacy for justice in health care.

The religious leadership of our day reinforces the need for people of faith to support health care for all. The late Rabbi Alexander Schindler said: “To be without insurance in this country means to be without access to medical care. But health is not a luxury, nor should it be the sole possession of a privileged few. We are all created *b'tselem elohim* – in the image of God – and this makes each human life as precious as the next. By ‘pricing out’ a portion of this country’s population from health care coverage, we

From “SEEKING JUSTICE IN HEALTH CARE: A Guide for Advocates in Faith Communities”© (CH. 7)

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mock the image of God and destroy the vessels of God's work."

The U.S. Catholic Bishops have said that "every person has the right to adequate health care. This right flows from the sanctity of human life and the dignity that belongs to all persons, who are made in the image of God . . . Our call for health care reform is rooted in the biblical call to heal the sick and to serve 'the least of these,' [and in] the priorities of justice and the principle of the common good. The existing patterns of health care in the United States do not meet the minimal standard of social justice and the common good."

In light of the continuing health care delivery crisis in our country, and in recognition of the faith community's historic commitment to working for health care justice, it is vital and appropriate that people of faith engage in this issue vigorously.

What people of faith can do

◆ **Be informed.** The health care debates today are only the beginning of what is increasingly understood to be a long road ahead. To engage fully in the debate will require a deeper understanding of how our health system works and the injustices that are a part of it. Wide-spread grassroots education and dialogue will be integral to that process, and faith communities are especially suited to enable that process. Representing grand and diverse cross-sections of the population, people of faith gathering together do so in a sense of community that exists in few other places. In compassionate dialogue, faith groups can study the issues of justice and learn together how to evaluate proposals for reform by asking the difficult questions. Further, they can look together at the "myths" perpetuated by those who don't want to see change and challenge those myths with the truth.

◆ **Engage in advocacy.** Virtually every faith group has gone on record in support of universal health care and many groups actively worked for national health care in the early 90s. However, with the demise of that effort, and with the subsequent silence of advocates and politicians, faith groups have invested their commitments and resources in other arenas, most notably in poverty and peace issues. For those who did engage in continued health care justice advocacy, it was to respond to developments in specific legislation rather than to work for comprehensive reform.

After years of nursing wounds from the failure of the last attempt at reform, realistic hope for reform has emerged once again. Faith groups, health care justice advocates, health care providers, labor organizations, senior groups and political leaders are simultaneously denouncing the continuing deficiencies of health care delivery in the U.S. Now, more than at any time in the past decade, there is an opportunity to make a difference. Now, more than at any time in the whole history of the health care for all agenda, there is the need for voices of faith to speak out and call for justice. Strong messages emphasizing the *moral imperative* for health care justice will expose the absence of political will for reform and help transform that resistance into political possibilities.

◆ **Build bridges.** A dichotomy of *liberal Democrats* versus *conservative Republicans* traditionally characterizes our political process. Even though everyone can agree that *health care is a people issue not a partisan issue*, this dichotomy is an ever-present force that continues to block the possibility of reform. And even though good people with good hearts and moral grounding sit on both sides of the aisle in Congress and in our state houses any possibility for reform seems elusive. It is clear that comprehensive health care reform will happen only when we can see

the value in one another's perspectives and approach debate with a willingness to compromise for the greater good.

The faith community has the potential for producing the voices needed for collaboration. The debate surrounding health care reform must move beyond what is politically prudent or economically feasible to dialogue which embraces compassion and justice and the moral imperative of health care for all. Voices of faith are uniquely positioned to initiate such dialogue and to encourage conversation that transcends ideological difference and political partisanship.

◆ **Offer hope.** The faith community is especially suited to offer hope for positive change – even in difficult times. Hope allows persons to imagine what could be. It acknowledges that boundaries are wider than they seem. Hope is communal and inherently collaborative. It is slow to admit that “everything” has been tried. Justice-seekers – people of hope – have a vision of right relationships and are faithful to that vision. Hope is not overcome.

But what about separation of religion and politics?

Freedom of religion is one of the pillars of our nation's belief system. Searching for freedom of religious expression was among the driving forces behind our forebears' willingness to give up everything and risk life itself in the journey to the New World. With the writing of the U.S. Constitution, citizens were guaranteed the government would not interfere with the practice of religion or impose a “state” religion.

Unfortunately, that freedom has been misinterpreted over the years. What was intended to be protection *from* government intervention in the affairs of religion has come to be misinterpreted as complete separation of

the state and religious practice. Internal Revenue Service rules for charities have further confused the issue. Even so, the IRS issue is one of tax-exempt status, not of separating faith and politics.

The truth. The truth is that people of faith and the faith communities to which they relate have the right to participate in advocacy activities. Permission is grounded in understanding that *lobbying* usually refers to protecting one's self-interest, while *advocacy* is speaking for those whose voices are not heard.

Non-profit faith-based groups *may engage in:*

- **Direct lobbying:** Within generous limits, individuals and organizations can express their position on legislation.
- **Grassroots lobbying:** Within generous limits, individuals and organization can tell the public their positions and ask them to communicate that position to elected representatives.
- **Voter education.** Non-profit faith groups are permitted to educate voters about important issues, even if it means influencing campaign issues.
- **Voter registration.** Non-profit faith-groups are permitted to register voters and urge them to vote.

Non-profit faith-based groups *may not:*

- **Endorse political candidates** or mobilizing supporters to elect or defeat candidates.
- **Align with political parties.**
- **Contribute to candidates or parties.**

THE FUTURE

Faith communities have been integral to the success of social reform movements in the U.S. That will continue to be true as voices of faith join in working for health care justice and in proclaiming that *health care for all is a moral imperative.*

What people of faith are saying about health care for all

“We are prepared to continue to work for reform of the U.S. health care system. . . . In short we seek national health care reform founded on respect for human life and human dignity, that assures quality and affordable health care for all Americans. We look forward to working with others in shaping a policy best suited to these purposes. We hope our national leaders will look beyond political and ideological differences and the pleadings of the many and diverse interest groups in health care to fashion a comprehensive response which unites our nation in a new commitment to serve the common good by effectively meeting the health care needs of our people, especially the poor and vulnerable. This is a major political task, a significant policy challenge, and a moral imperative.”

United States Catholic Conference
Health Care Reform Criteria
[1992]

“The NCCC, since its founding 50 years ago, has been on record as committed, with its member communions, to universal health care as a sacred tradition, a biblical teaching, and a human right; clearly derived, as well, from the Universal Declaration of Human Rights, adopted 50 years ago as NCCC was being founded. The NCCC, together with its member communions, across the decade of the 90's has been on record as committed to national public policy for universal health care with clearly stated principles including unified financing, comprehensiveness, quality, affordability, and community and personal accountability.”

National Council of the Churches of Christ
in the USA [1999]

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

The Rev. Dr. Martin Luther King, Jr.

“Our commitment to health care stems from two central ideas. The first is Judaism’s teaching that an individual human life is of infinite value and that the preservation of life supersedes almost all other considerations. We are constantly commanded ‘not to stand idly by the blood of our neighbors.’ The second is the belief that God has endowed us with the understanding and ability to become partners with God in making a better world. The use of that wisdom to cure illnesses has been a central theme in Jewish thought and history. From these themes, we must conclude that when members of a society at large are ill, our responsibility – not only of the medical profession but of all of us – expands to ensure that medical resources are available at an affordable cost to those who need them. This principle is also embodied in the concept of *mipnei tikkun ha-olam* – what we are obliged to do in order to repair the world in which we find ourselves.”

Religious Action Center
of Reformed Judaism
[2003]

***Seeking Justice in Health Care: A Guide for Advocates in Faith Communities* includes additional statements from religious groups. In addition, more resources about faith groups working for justice in health care may be found on UHCAN’s web site at <www.uhcan.org>.**