

The Alabama Faith Council

ALABAMA FAITH COUNCIL STATEMENT ON UNIVERSAL HEALTH CARE

It is a national disgrace that a wealthy country like the United States currently counts approximately 46 million of its citizens among the uninsured. In Alabama, some 15% of the nonelderly population (below age 65) are uninsuredⁱ. Most of the uninsured are in low-income, working families for whom employer-supported health insurance is either unavailable or unaffordable and who do not qualify for Medicaid. Children in these families account for 11% of the uninsured population nationally, 8% in Alabama (thanks to SCHIP enrollment).

When families are not covered by health insurance, they must make hard choices, frequently delaying needed healthcare in anticipation of its high cost or neglecting to fill prescriptions or follow up on a doctor's recommended treatment regimen to save money for other family needs. It has also been shown that hospitals often charge the uninsured higher rates for care than the insured. These barriers to needed health care on a timely and affordable basis naturally produce worse health outcomes for the uninsured, many of whom are ultimately hospitalized for preventable illnesses. Lack of health insurance has also been connected with a decline in general health status for adults.

Beyond the problem of the uninsured, there are also access issues relating to the limitations of coverage for the insured which also leads to poor health outcomes and high medical debt for families.

The need for universal access to health care is now widely recognized as a major issue for the country's leaders and citizens alike. There are different approaches to the problem that must be carefully considered with a willingness to confront the issue honestly, fearlessly and without prejudice. This is a moral and economic imperative.

FACTS

- The United States health care system is expensive: at a per capita rate of over \$4000ⁱⁱ, our annual health care costs are twice as much as other developed countries. In 2006, 30% of U.S. adults reported spending more than \$1000 out-of-pocket on medical care during that year alone.
- The U.S. health care system is fragmented and inefficient: a patchwork of private and public insurers and care providers promotes inefficiency. It is estimated that almost 17 percent of health insurance premiums go toward administrative overhead. These administrative costs amounted to over \$100 billion in 2002.ⁱⁱⁱ
- There are few incentives for care providers, insurers or consumers built into the current system to avoid unnecessary and costly procedures while encouraging preventive care. There are also few consequences for insurance companies who "cherry pick" the healthiest clients to insure while pricing out individuals with prior health issues, adding to the inequitable coverage now evident.
- Of the 618,913 Alabama residents under age 65 who were uninsured in 2006-2007, over a third of these were minorities^{iv}.
- Alabama employers on average contribute less toward their employees' health insurance than other employers around the nation, 72% of the family premium as opposed to a national average of 75%. The average Alabama worker with employer-sponsored coverage spent almost \$3000 in premiums for family coverage in 2006^v.

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GUIDING PRINCIPLES OUR FAITH TRADITIONS SHARE IN COMMON

From the Alabama Faith Council Statement of Principles:

- We believe every aspect of life is sacred to people of God.
- All people are thereby inherently equal in their humanity, worth and dignity.

From Jewish texts:

- “Thou shalt not stand idly by the blood of your fellow,” (Lev. 19:16)

From Christian Bible:

- ‘I tell you the truth, whatever you did for one of the least of these brothers of mine, you did for me.’ (Matthew 25:40)

From the Islamic faith:

- “To be healthy and grateful is better than to be ill and endure patiently.” The Prophet replied by saying: “G-d loves healthy people, as you do.” With this in mind, The Prophet was asked: “What should I ask G-d for upon concluding each of the five daily prayers?”. He replied: “Pray for good health.” The man further asked: “Then what”? He reiterated: “Pray for good health.” The man asked again: Then what? He replied again: “Pray for good health and well being in this world and in the hereafter”. Sahih Bukhari (Hadith)

From Hindu texts:

- “Oh Lord! May all be happy! May all be free from misery, may all see goodness, and may no one suffer pain and suffering.”

IN VIEW OF THESE FACTS AND PRINCIPLES, WE AFFIRM THE FOLLOWING VISION FOR HEALTH CARE REFORM:

- As a basic human need and universal human right, health care must be affordable for everyone and exclude no one.
- Health care costs must be shared fairly and rationally among government, employers and individuals.
- There must be set standards for basic health care coverage which every individual can depend on, including preventive, primary and emergency care.
- This coverage must be portable, not subject to disruptions and waiting periods if an individual changes jobs or moves to a new area. It must provide health care security across the lifespan, from cradle to grave.
- Health care reform must also address current weaknesses in the system concerning continuity of care, the public health infrastructure, provider shortages in rural and low-income areas, and health disparities and inequities among various groups.
- The doctor/patient relationship must be respected, with decisions regarding personal healthcare not subject to undue interference from insurance providers (private or public).
- The interests of consumers must come first. Health systems and insurers must be held to a standard of efficiency and accountability that minimizes waste, fraud and abuse.

FURTHERMORE, WE RESOLVE AS FOLLOWS

- To apply the principles of our faith to this important and timely issue.
- To educate ourselves and our communities about the realities of health care access in Alabama and around the country.
- To speak out about our inefficient, costly and unjust health care system that serves those who need it most so poorly.
- To work within our faith communities to improve our own understanding and actions regarding the human right to quality health care for all.
- To encourage our political leaders to make fair, adequate and efficient health care for all a priority.

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ACTION ITEMS TO THE AFC STATEMENT ON UNIVERSAL HEALTH CARE

Whether an individual congregant, a whole congregation or a state-wide faith community, there are several ways to engage in the effort to promote universal access to quality health care for Americans:

Study

- Review the Alabama Faith Council Statement on Universal Health Care at the Alabama Faith Council web site: <http://alfaithcouncil.org>.
- Visit the web sites indicated in that document's footnotes and study the material there.
- Study more materials on the topic provided by Faithful Reform in Health Care (<http://www.faithfulreform.org/>), the Commonwealth Fund (<http://www.commonwealthfund.org/>), and Sojourner's Health Care Toolkit (http://www.sojo.net/action/alerts/Health_Care_Toolkit.pdf).

Once you have studied and reflected on this important issue, consider the following ways you can share your time to help alleviate this crisis in access to care among "the least of these:"

Action

- Use the discussion guides provided by Faithful Reform in Health Care or Sojourner's (available free via links above) to help groups within your congregation study the issue.
- Call on your clergy, regional, statewide leaders or lay leaders to sign the AFC Statement on Universal Health Care.
- Call or write your state and national government representatives and senators, expressing your support for healthcare reform and universal access to health care for all Americans.

If you would like to be involved in the efforts to reform health care in the United States on a local or statewide level, or know clergy, lay leaders or others in your faith community who are interested, please contact AFC Health Care Issues Work Group leader, Kay Hogan Smith, at khogan@uab.edu.

ⁱ Kaiser Family Foundation. State Health Facts, "Health Insurance Coverage of Nonelderly 0-64, states (2006-2007), U.S. (2007). Available <http://www.statehealthfacts.org/>. [Viewed 6/17/09]

ⁱⁱ Kashihara, D. and Carper, K. *National Health Care Expenses in the U.S. Civilian Noninstitutionalized Population, 2006*. Statistical Brief #229. December 2008. Agency for Healthcare Research and Quality, Rockville, MD. http://www.meps.ahrq.gov/mepsweb/data_files/publications/st229/stat229.pdf.

ⁱⁱⁱ Sarpel U, Vladeck BC, Divino CM, and Klotman PE. Fact and fiction: debunking myths in the US healthcare system. *Annals of Surgery* (2008). 247(4): 563-9.

^{iv} Kaiser Family Foundation. State Health Facts, "Distribution of the Nonelderly Uninsured by Race/Ethnicity, states (2006-2007), U.S. (2007). Available <http://www.statehealthfacts.org/>. [Viewed 6/17/09]

^v Agency for Healthcare Research and Quality. *Average total employee contribution (in dollars) per enrolled employee for family coverage at private-sector establishments that offer health insurance by firm size and State* (Table II.D.2), years 1996-2006: 1996 (Revised March 2000), 1997 (March 2000), 1998 (August 2000), 1999 (August 2001), 2000 (August 2002), 2001 (August 2003), 2002 (July 2004), 2003 (July 2005), 2004 (July 2006), 2005 (July 2007), 2006 (July 2008). Medical Expenditure Panel Survey Insurance Component Tables. Generated using MEPSnet/IC. <<http://www.meps.ahrq.gov/mepsnet/IC/MEPSnetIC.jsp>> (June 17, 2009)