

FOR IMMEDIATE RELEASE:

A Response to the United States Health Care Reform Legislation

By Harriett J. Olson\*

United Methodist Women and its national policy-making body, the Women\*s Division of the United Methodist General Board of Global ministries has long supported efforts to extend health care to everyone, especially women and children. Our advocacy of the State Child Health Insurance Program (SCHIP) in the past several decades has been an effort to see that every child has access to health care in our country. Our historical support of hospitals and clinics in the United States and around the world is testimony to our commitment to providing health care for all.

Recent legislation passed by the U.S. House of Representatives and the U.S. Senate put forth attempts at broadening access to health insurance, which we support, but both bills are troublesome in the way they address the most vulnerable among us\*women and children who are among the working poor. Those without health insurance need help to access health care in a country where the medical industry is among the finest in the world.

No one deserves to go untreated, without medicine, be forced to make a choice between medicine or food, or worst, to die because they cannot afford to pay for medicines or treatment. No one. The biblical story of the \*Good Samaritan\* teaches us to care for everyone, even the people who might be \*despised\* in our own culture. Clearly, a person in need should not be left by the side of the road, or anywhere else, to suffer.

In an October 2009 policy recommendation, Women\*s Division directors reaffirmed principles of the United Methodist Church and United Methodist Women to lift up health care as a human right; and the right to quality health care for ALL within our borders; regardless of age, income, race, gender or status; including coverage for reproductive

health care.\*

In light of this, the Women\*s Division is studying the bills passed by our Congress. Of particular concern are the requirements that place additional burdens on those who can least afford to pay. A fine for people who cannot afford insurance premiums does not seem to be a reasonable way to help people whose incomes are already low and whose employers do not provide health benefits.

A second concern is about how the debate around abortion services will be resolved. Debate at United Methodist General Conferences since 1972 has shown that individual United Methodists have differing views on abortion. However, this medical procedure is legal and the United Methodist Church states, in our United Methodist Book of Discipline, that the procedure is permissible under certain circumstances though not as a means of birth control or for gender selection (see Para. 161. J).

Further, in the United Methodist Book of Resolutions (No. 2026 \*Responsible Parenthood\*) the Church \*encourage[s] our churches and common society\*\* \*to safeguard the legal option of abortion under standards of sound medical practice, and to make abortions available to women without regard to economic status.\*

Denying coverage for abortion services for women who purchase health coverage through one of the new \*exchanges\* or by a provider that also has a government funded plan could cause desperate or poor women to resort to unsafe measures and to take personal medical risk\*adding additional burdens to those who are already facing financial hardships.

In its October 2009 recommendation, the Women\*s Division also stated, \*No national health plan could be complete without providing the full range of family planning services that promote reproductive health and freedom, access to contraception, comprehensive sexuality education, and assure confidentiality so that women seek needed care in a timely way.(UMC Resolution No. 2026 \*Responsible Parenthood\* and No. 3208

\*In Response to Hospital Mergers\*) Naturally, we continue to work on issues of economic justice for women and children as well as supporting efforts to reduce the number of unwanted pregnancies.

A third concern is the near consensus within the House and Senate that undocumented immigrants should not receive government supported health care coverage. This challenges our church\*s policy of inclusion. It poses troubling questions about our values as a nation when asking, \*Who is our neighbor?\* and literally considering who might live or die. It also undermines a basic goal of the health care reform bill, which seeks to insure all in the United States, by leaving out millions who would continue to rely on costly emergency care as their sole option.

Women\*s Division directors affirmed the General Conference\*s statement, that \*no national health plan could be complete without addressing the needs of and providing access to the health care for \*all persons within the borders of the United States\* (UMC Resolution No. 3201 \*Health Care for All in the United States\*), including citizens, residents and undocumented immigrants. This is both a justice and a public health imperative. \*Excluding access to health care promotes an increase in the demand on emergency rooms to provide that daily care or it forces migrants fearful of seeking medical care to live in continued pain and suffering. The United States benefits from migrant labor, but migrants have been forced to live in the shadows, unable to fully contribute or receive appropriate care.\* (UMC Resolution No. 3281 \*Welcoming the Migrant to the US\*)

For more than 140 years, United Methodist Women members have supported the work of improving health and education for women, children and youth around the world. We will continue to do so as we put our faith into action as members committed to health care for all.

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