

Churches Push National Health Care

In speaking about a health care bill in his first address to Congress, President Ford made a slip of the tongue:

"Why don't we write — and I ask this with the greatest spirit of cooperation — why don't we write a good health bill on the statute books in 1964 before this Congress adjourns? — 74, excuse me."

Many people in the churches would doubtless agree that adoption of a national system of financing medical care is long overdue. And in the growing national momentum of support for health care legislation, the churches have been conspicuous for their active participation.

Earlier this year, when Ford was Vice President, he said adoption of a national health insurance plan may be remembered by history as one of the most important acts of the 1970s.

Speaking at the dedication of a \$32 million Baptist Medical Center in Little Rock, he said that the United States was the healthiest nation in the world, but that much improvement was needed in its health care system. The churches have been coming forward to endorse the efforts of national leaders seeking to develop an improved health care system.

As the House Ways and Means Committee was considering various plans that had been proposed, several church representatives appeared to offer testimony urging adoption of some comprehensive health care measure.

Three Catholic health officials told the committee that the United States must recognize the "moral necessity" of such a program. "The question, in other words, is not whether we should have a national program, it is how such a program should be developed and implemented," they said.

Presenting the statement were Sister Virginia Schwager, director of the Division of Health Affairs, U.S. Catholic Conference (USCC); Sister Mary Maurita Sengelau, president of the Catholic Hospital Association, and Msgr. Lawrence Corcoran, executive director of the National Conference of Catholic Charities.

They urged that health care be extended to all residents of the country, including aliens, and that "separate tiers of care" for the poor and elderly be eliminated, with a phasing out of Medicare and Medicaid.

The plan should be financed, they said, through a mix of federal revenues and taxes on payrolls and the self-employed, but not through taxes on income from federal assistance, social security or other such sources.

Taking note of the variety of health care bills before Congress, including the Nixon Administration bill, plans introduced by senators and proposals endorsed by the American Hospital Association and the American Medical Association, the Catholic spokesmen said no one bill provided "a total and practical solution."

Church representatives testifying before the Ways and Means Committee included spokesmen for the Lutheran Council in the U.S.A. (LCUSA), which represents all three of the major U.S. Lutheran bodies — Lutheran Church in America, American Lutheran Church and Lutheran Church-Missouri Synod.

They called for a program insuring access to basic health care "regardless of means, place of residence, social status or any other condition."

"Present methods of delivering and financing health care are manifestly inadequate," their statement said. "Health care is too expensive. Quality is less than it should be. Care is not available to many persons who need it."

Of the bills before Congress, they concluded, the one sponsored by Senator Edward M. Kennedy (D-Mass) and Representatives Martha Griffiths (D-Mich) and James C.



Corman (D-Calif) was superior because it not only covered all hospital and medical services but also provided for preventive care.

Among the other groups that have expressed concern about a national health care program is the American Jewish Committee. In March its Board of Governors said such a policy "must be based on the conviction that the enjoyment of the highest possible standard of health care is a fundamental right of every human being, without distinction of race, religion, sex, ethnicity or economic and social conditions."

While religious spokesmen have been prominent this year in lending support to the efforts in Congress for a national health care program, actually the movement in this direction is of several years standing.

The National Council of Churches has been on record since 1971 in support of "universal" and "quality" health services for everyone as "a right." These services, it contends should include preventive health care, mental health treatment and dental care.

The USCC also went on record in favor of a national health insurance program in 1971.

In the same year the General Assembly of the Christian Church (Disciples of Christ) voted 1026 to 850 in favor of a resolution endorsing a national health care insurance program.

In connection with their concern for health care generally, church groups have often urged attention to the health needs of particular groups. This past April Sister Virginia Schwager of the USCC called on the federal government to focus attention on the health care needs of American Indians.

The churches, of course, have long been involved in providing health care themselves and have built an extensive system of hospitals and other medical facilities. In calling for a comprehensive government health program, they do not propose abandoning their own efforts but anticipate that church-sponsored facilities will continue to play a role in meeting American health needs.

Nonetheless, they recognize that a major new federal program would likely bring adjustment problems for church hospitals and they have begun planning for these. In June, for example, Cardinal Terence Cooke of New York announced formation of a task force to reevaluate the Catholic health care system of his archdiocese.

"We feel we are going to have National Health Insurance in a few years, and we want to know where we stand, where we are going," said Msgr. James Cassidy, director of health and hospitals for the New York archdiocese.

"This is the time to evaluate, make

decisions. The diocese is taking a look at its whole health system."

Cardinal Cooke suggested that a major role for the Church following establishment of a comprehensive government-sponsored system would be to guard against the dehumanization of health care.

Church officials concerned with health care have also cautioned against an approach oriented too exclusively to hospitals. A position paper adopted last year by the Christian Medical Commission of the World Council of Churches cited the high cost of elaborate facilities and the impersonal nature of treatment in crowded situations.

Though the WCC report had in view primarily the situation in the developing countries, some of the same ideas have been expressed in regard to meeting health care needs of impoverished groups in the United States. And emphasis has been laid on the need to take services out into the community.

"In all our fields of service — aging, child care and health care — it is no longer possible to just provide comfortable care within the four walls of an institution," Theresa Hoover of the Women's Division of the United Methodist Board of Global Ministries told a convention of the denomination's National Association of Health and Welfare Ministries. "We need to find ways to move clinics out to the people — in ghetto areas as well as the middle class suburbs."

The Seventh-day Adventist Church, which places a major emphasis on health programs and maintains numerous hospitals, has initiated such projects as a roving health service in which vans toured throughout Florida to give free medical tests.

Seventh-day Adventists also offer live-in and evening programs for people who want to quit smoking, and these are conducted in the context of an emphasis on a total health program.

While church-sponsored hospitals are a natural outgrowth of this emphasis, many church leaders urge that the minister and the parish themselves be seen as key elements in the healing community.

Seventy-five per cent of all illness results from stress situations that cannot be handled by doctors, says Dr. Granger Westberg, a clergyman on the faculty of the University of Illinois School of Medicine, explaining the importance of the church in healing.

Churches therefore can work for increased effort by government in the health care field while expecting that there will not only be a continuing role for church-sponsored hospitals but also the broader need for church leadership in directing health care efforts toward the problems of the whole person.