

Chapter One

Historical Context: Why a Social Statement on Health Care?

With the defeat of President Bill Clinton's health care plan of 1993, a plan that would have provided universal health care for all Americans, members of the board of the Division for Church in Society of the Evangelical Lutheran Church in America (ELCA) urged the church to find ways to address the lack of equitable, accessible, quality health care for a large segment of the US population. At the time, millions of Americans were uninsured. Those who were insured were spending twice as much per capita on medical care as people in other developed nations, with "results that aren't twice as good."¹

President Clinton's health plan sought to provide every American affordable, high-quality medical care. It is believed that the Clinton health plan failed for a variety of reasons. The plan was seen as too all-encompassing, too complicated, and too difficult to communicate to the general public. It aimed to provide permanent health care coverage to all Americans by requiring employers to pay 80 percent of the cost of basic health care benefits for employees, a provision not widely favored by employers.² In addition, many Americans opposed the plan because they falsely believed that it would lock them into government-controlled care, leaving them unable to use a private-pay option to receive the additional or higher-quality care they preferred. Additionally, a majority believed the plan would drive costs up rather than bring them down.³

Voting members at the ELCA's 1999 Churchwide Assembly approved the board's request for the drafting of a social statement to address issues related to health care, as well as to lift up ways this church, in all its expressions, might share in efforts to bring about needed changes. During the assembly, the Rev. Ronald W. Duty, associate director for studies, ELCA Division for Church in Society, stated this church's belief that health and healing are gifts from God. He noted that, at that time, more than 43 million Americans were without health insurance and that many who had coverage were in fear of losing it in the near

future. Rev. Duty acknowledged that the issues involved with equitable access to health care were complex and difficult, and that remedies were not obvious, easily achieved, or inexpensive. But Duty insisted that the lives of the people affected were all precious in God's sight.⁴ And he added that a church that follows Christ's call to love and serve our neighbors is likewise called to help address these needs.

Duty outlined the Division for Church in Society's recommendation that the social statement be limited to four areas: 1) affirming the ELCA's biblical and theological position on the issue; 2) addressing access to health care and equity in the care provided; 3) taking a fresh look at this church and the health care institutions connected with it; and 4) exploring the role of health ministries within congregations.⁵

The assembly's vote to develop a social statement on health, healing, and health care led to the creation of a task force to carry out this work. The task force consisted of twenty individuals from across the church and included a parish pastor; physicians who practiced family medicine and oncology; professors of theology, nursing, and insurance; a hospital chaplain; a public policy director; a leader in Lutheran social ministry; and staff from the ELCA's churchwide expression. The group spent nearly four years studying, researching, discussing, sharing information,

conducting a broad range of listening sessions, and writing the draft social statement.

The document they created was adopted as a social statement of the ELCA at the Churchwide Assembly in August 2003 and calls upon the church to “renew their prayer for the health and healing of all people, to strengthen their congregations as communities of healing, to study the scriptural witness to the God of healing, and to participate in the shared endeavor of health care in their daily lives” (26).⁶

The adoption of this social statement was a recognition by this church that America’s health care system was broken and in need of change. It acknowledged that the responsibility to help improve the health of others is the church’s to share with a variety of other organizations, institutions, and entities. Along with the social statement, the assembly adopted several implementing resolutions that called on individual members of the church and rostered leaders, as well as congregations and divisions of the churchwide organization, to actively participate in the shared venture of caring for health.

Several of these resolutions focused on what individual members of the church could do in caring for their own health and the health of others, including being good stewards of their health and setting reasonable expectations for the health care they receive. These remain relevant today

and provide context for some of the content in this book. Others challenge the congregations of this church to explore and renew their roles in health and healing ministries, be disseminators of health education for their communities, encourage members to explore health care professions, and join with others to advocate for change in health care. These, too, continue to be helpful challenges for congregations to explore and take on within their respective settings. Some of the resources provided in this book can assist in doing so.

The remaining resolutions challenge various divisions and units of the churchwide organization to be involved in this shared endeavor of caring for health. The challenges themselves remain important and relevant. However, the structural and organizational changes that have occurred within the ELCA churchwide organization over the last twenty years will require careful discernment as to which current Home Areas and leaders should be responsible for carrying out this work with renewed focus. It is hoped that any new organizational structure will not deter this church from addressing these ongoing and critical needs.