

# Peace and Justice news



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## Peace and Justice Committee

EASTERN DISTRICT CONFERENCE  
FRANCONIA MENNONITE CONFERENCE  
Mennonite Church USA

An occasional newsletter for local  
church peace representatives

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## Healing the Sick ...

*'A man was going down from Jerusalem to Jericho, and fell into the hands of robbers, who stripped him, beat him, and went away, leaving him half dead. ... a Samaritan while traveling came near him; and when he saw him, he was moved with pity. He went to him and bandaged his wounds, having poured oil and wine on them. Then he put him on his own animal, brought him to an inn, and took care of him. The next day he took out two denarii, gave them to the innkeeper, and said, "Take care of him; and when I come back, I will repay you whatever more you spend." ... Jesus said ... 'Go and do likewise.'*

-- Luke 10:30,33-35, 37b NRSV

Men and women, Jew and Samaritan, leper and centurion, came to Jesus for healing – and heal them he did. He also instructed his disciples and followers to heal and care for injured and sick people.

This issue of PJN looks at some challenges facing Pennsylvania's health care systems – especially for the people who have little or no access to health care today – and what we can do to count everyone in.

## Health Care: Some Folks Just Don't Get It

The United States undoubtedly has the world's best medical technology, but Americans spend two to three times as much per person for health care as other industrialized countries, and by the usual measures of health such as infant mortality and life expectancy, the U.S. lags behind most other industrialized nations. In short, some Americans (such as members of Congress) get excellent care; some get little or no care, and the rest of us often struggle with insurance and co-payment costs, piles of paperwork, and confusing choices for insurance coverage that change every year; and sometimes limited choice of doctors, hospitals, or other health care facilities.

Around 47 million Americans have no health insurance— roughly 17% of the population (as of August 2007), and another 50 million are under-insured. In Pennsylvania, about 800,000 adults are uninsured: 71% are employed and 44% of them are employed full time. Many of the uninsured work for small businesses that would like to offer health insurance for their employees but cannot keep up with rising premiums, or they work in low wage jobs and cannot afford to purchase health insurance from their employer or in the individual insurance market.

For people who don't have access to affordable health insurance, hospital emergency rooms have become the primary care facility, because they have no other options. People who can't afford routine health care postpone going to the doctor until they end up with a medical emergency,

*(continued on page 2)*

**Health Care...Just Don't Get it** (continued from page 1)

and the cost of emergency care – which all of us pay for through taxes or higher medical costs – far exceeds the cost of preventative care.

**People without Insurance:**

Any person who comes to the hospital emergency room must be seen by someone – not necessarily a doctor, but a trained medical professional. Hospitals now have case managers in the emergency room – social workers whose job it is to determine whether that patient needs to be admitted to the hospital, because Medicare can refuse to compensate the hospital for in-patient services if the necessary care could have been provided on an outpatient basis, and Medicare now reserves the right to review any admission for up to three years. It is stressful for care providers, because sometimes it is not possible to determine what is really happening with a patient in a 15-minute emergency room visit – especially a patient who has no primary care physician and therefore the doctor may have little information about the patient's medical history. In such cases it had been customary for a doctor to recommend admission for 24 hours observation – but now it has become an economic judgement: "Will the hospital receive payment if this patient is admitted?"

Hospital discharge plans also affect patient access to health care. Once admitted to the hospital, anyone will be given care, whether insured or not, but the discharge plan depends on the patient's insurance coverage. The attending physician does not have the choice of saying, "this is what is in the best interests of my patient, and this what is needed," because the insurance plans say, "this is what we will pay for, and we will pay for it in this place only." It doesn't matter what's convenient for the patient, and it doesn't matter what's in the patient's best interest. Often homeless patients are discharged to homeless shelters which are not equipped to provide essential medical or nursing care.

Managed care insurance plans sometimes assign patients to "in-network" providers, such as physical therapy or rehabilitation services, requiring that they travel a considerable distance when comparable services are available much closer to home. This is especially difficult for people who depend on public transportation.

When patients are discharged, the hospital insurance program is allowed to give up to one week of medication to a patient. Patients who need more than a week's supply of medicine and can't pay for it are at risk of landing back in the hospital after the medication runs out. Some pharmaceutical companies have programs that provide low-cost or free drugs to indigent patients, and there are pharmacies that provide lower-cost prescriptions – but most people need help getting access to these programs.

Also, Pennsylvania has a handful of community health clinics, which can be far more cost-effective and convenient for providing non-emergency services.

**Insurance Options in Pennsylvania:**

Senior citizens – age 65 or older – are covered by Medicare, and although there are some coverage gaps, such as extended hospitalization and drug benefits, overall it operates more efficiently than private insurance and provides adequate services for most patients.

Also, Pennsylvania's SCHIP (State Children's Health Insurance Program) provides basic health care for all children up to age 19 who are not otherwise insured. Not all eligible children are enrolled in the program, however. Low-income parents who are caring for children may also be eligible for medical assistance.

For single adults ages 21-64 who don't have employer-sponsored health insurance, there are fewer options. The cost for private insurance is typically about \$500-600/mo., and for anyone with chronic health problems, the costs can be much higher or coverage may not be available at all.

A single person, without dependent children, to be eligible for Medicaid, must earn less than \$215/mo., not including government assistance, or meet other special qualifications..

Pennsylvania's adultBasic insurance for \$35 per month plus small co-pays provides for most medical and hospital services; however, it does not pay for medications or mental health services. Currently, almost 50,000 people are enrolled in adultBasic, but there are another 118,000 on a waiting list. In March, the Pennsylvania House approved legislation to provide affordable basic health insurance for 272,000 uninsured adults; however, the Pennsylvania Senate has adjourned for the year without taking action on the bill.

Selected Countries	Infant Mortality*			Life Expectancy**			
	Rank	Under 1	Under 5	Rank	Overall	Men	Women
Iceland	1	2.9	3.9	3	81.8	80.2	83.3
Singapore	2	3.0	4.1	15	80.0	78.0	81.9
Japan	3	3.2	4.2	1	82.6	79.0	86.1
Sweden	4	3.2	4.0	7	80.9	78.7	83.0
Hong Kong	6	3.7	4.7	2	82.2	79.4	85.1
France	12	4.2	5.2	10	80.7	77.1	84.1
Germany	14	4.3	5.4	23	79.4	76.5	82.1
United Kingdom	22	4.8	6.0	22	79.4	77.2	81.6
Canada	23	4.8	5.9	11	80.7	78.3	82.9
Cuba	28	5.1	6.5	37	78.3	76.2	80.4
<b>U.S.A.</b>	<b>33</b>	<b>6.3</b>	<b>7.8</b>	<b>38</b>	<b>78.2</b>	<b>75.6</b>	<b>80.8</b>

The United Nations World Population Prospects 2006 report, for the period 2005-2010.

\*Infant mortality:

“Under 1" means number of deaths up to 1 year old per 1000 live births.

“Under 5" means number of deaths up to 5 years old per 1000 live births..

\*\*Life Expectancy at birth (median expected age at death)

## Health Care: What Are the Alternatives?

Some 87 countries now have health care systems which avoid most of the problems of U.S. health care by providing universal, single-payer coverage – everyone is included and government pays the full cost. There are many variations of single-payer health care, which can serve as models for designing a more effective U.S. health care system. We can compare these different plans to see what works well and what is not working.

Among the proposals for single-payer health care are a pair of bills in the Pennsylvania Legislature (*The Family and Business Health Security Act*: HB 1660 in the House and SB 300 in the Senate).

These bills and other proposals for a U.S. single-payer health care system generally include provisions which:

- combine public funding with private health care providers
- allow all patients to choose their own doctors
- give doctors pay incentives to keep patients well
- provide funding for health and physical fitness education for children in kindergarten through grade 12.
- seek to identify and eliminate environmental health hazards
- provide incentives for primary care doctors to set up practice in under-served communities
- eliminate co-payments, deductibles, restrictions on pre-existing conditions, and the associated paperwork
- cover hospitalization, physicians, prescription drugs, dental, mental, optical, emergency transport, addiction, transplants, durable medical equipment, hospice, and long term care
- do not cover purely cosmetic surgery, but private insurers may cover anything not included in the publicly funded Plan.

### How would we pay for it?

Funding would come from a 10% Health Care payroll tax (including the self-employed) plus a 3% Wellness Tax on all personal income. (This would be a significant savings to most consumers and to companies which now contribute to health insurance for their employees.)

There are other provisions to reduce medical errors, address the high cost of malpractice insurance, and assist insurance company employees who are displaced by the move to a single payer system. Pennsylvania would also leverage the collective purchasing power of 12 million residents to negotiate better prices for prescription drugs and durable medical equipment.

National health care legislation with similar provisions (HR 676) was introduced in the U.S. Congress last year, but it appears that several states, such as Pennsylvania, may need to implement single-payer plans to demonstrate the viability of a national single-payer plan before Congress will act.

In the meantime, Governor Rendell has proposed “Prescription for Pennsylvania” legislation that would expand health insurance coverage and provide some other modest reforms, but as mentioned above, the Pennsylvania legislature has adjourned without taking action on proposed health care legislation.

## Mennonite Church USA –

### Health Insurance for Church Workers

The Mennonite Church USA Executive Board, meeting in Philadelphia last month, endorsed a plan to share health care insurance costs and recommended that congregations and church agencies enroll pastors and church workers.



There are big disparities in access to healthcare among pastors of Mennonite Church USA congregations. Some have comprehensive health insurance to use if they have health needs; others have no health insurance for themselves or their families. Some congregations have abundant resources to provide comprehensive health insurance; other congregations cannot provide this benefit.

Mennonite Mutual Aid will enroll participants and collect the insurance premiums, but contract with Blue Cross Blue Shield to negotiate arrangements with service providers and process claims.

Under the Plan, with enrollment expected to begin next year, the insurance premium is divided into three parts: a) basic insurance coverage; b) mutual aid – to cover all workers regardless of health history or insurance risk; and c) an additional payment, based on church attendance, to subsidize lower-income congregations.

### What’s not yet included in the Plan

The new plan is consistent with the Mennonite tradition of mutual aid and is an appropriate step toward providing equitable health care for church workers. However, the plan still relies on the private insurance system that is responsible for many of the abuses outlined in the accompanying commentary. Also, it does not address the lack of access to health care among congregational members, and especially those congregations which now cannot afford to provide health insurance for pastors or staff members.

Keith Harder, Denominational Minister with MCUSA, acknowledges, “Yes, we should be concerned about others who do not have adequate access to healthcare. This effort to provide for our pastors is where the delegates thought we should start, but if we can make this effort work, we need to extend our efforts to include everyone.”

### Resources for further study:

- “Healing Healthcare: A Study and Action Guide on Healthcare Access in the United States,” edited by Joseph J. Kotva, Jr. (Faith & Life Press: 2005)
- Also, see links to many on-line resources at <http://efjpc.pjcr.org/issues/health.htm>

## Peace and Justice Calendar\*

**October 16-18, 2008** (Thurs-Sat.) Reading, Pa.

**Damascus Road** – this session is cancelled.

**October 11-12, 2008** (Saturday-Sunday) Harleysville, PA  
Peace and Justice weekend at Salford Mennonite Church, with Sr.

**Helen Prejean**, author of "Dead Man Walking." She will speak Saturday, Oct. 11, at 7:00 p.m., and on Sunday morning, Oct. 12, for the 9:00 a.m. worship service. For further information, contact Pastor James Lapp at 215-256-0778, Salford Mennonite Church, 480 Groff's Mill Road, Harleysville, PA 19438. Website: [www.salfordmc.org](http://www.salfordmc.org); [mail@salfordmc.org](mailto:mail@salfordmc.org). Phone: 215-256-0778



**October 25, 2008** (9:30 am-1pm) Philadelphia, PA  
**Sustainable Living Festival** Peace and Justice Fall Gathering: with displays, discussion, and local foods potluck at Germantown Mennonite Church. See the enclosed flyer, or for more details on the web at [efpjc.pppjr.org](http://efpjc.pppjr.org)

**October 17-21, 2008** Speaking tour – Eastern PA locations  
**Freddy Caicedo**, a **Colombian human rights organizer**, will speak on the Colombia Free Trade Agreement, with compelling stories from Colombia's labor unionists, indigenous groups, and Afro-Colombians.

– **October 17** (Friday, 7:00pm) Lancaster: East Chestnut St. Mennonite Church, 432 E Chestnut St., 717-392-3092

– **October 18** (Saturday, 10:00am potluck breakfast; 10:30 presentation) East Greenville: Peace Mennonite Church, 104 Main Street. Contact: Duane Hershberger 610-367-8786, 800-278-5043 or [DHershberger@habitat.org](mailto:DHershberger@habitat.org).

– **October 18** (Saturday, 6:00 pm) Bethlehem, PA  
LEPOCO/Americas Solidarity, at Lehigh Valley Friends Meeting House 6:00pm – potluck; 7:00pm – program.. For further information: contact LEPOCO: 610-691-8730.

– **October 20** (Monday, 2:30 pm) Community College of Philadelphia

– For other details, times, and other locations in Philadelphia, West Chester, and Lancaster, contact Ben Beachy  
[wfpma@witnessforpeace.org](mailto:wfpma@witnessforpeace.org) or see PJC on-line calendar

**November 2, 2008 – Peace Sunday** Resources for Peace Sunday observances are posted on the MCUSA PJN web page. see [peace.mennolink.org/resources/psunday08/](http://peace.mennolink.org/resources/psunday08/)

**November 23, 2008** (Sunday, 7:00 - 9:00 pm) Lancaster, PA  
Public Forum "Homosexuality and Christianity" Presented by **Tony and Peggy Campolo** Questions and discussion invited. Free and open to the public. First United Methodist Church, 29 East Walnut (downtown at Duke & Walnut), Lancaster. [engagegodfirst.org](http://engagegodfirst.org)

**December 13, 2008** (Saturday: Nazareth to Bethlehem, PA)  
49th Annual **Christmas Peace Pilgrimage** recalling the journey of Mary and Joseph. Meet in Bethlehem at 11am; buses transport pilgrims to Nazareth Moravian Church on Center Square where the Pilgrimage begins. Pilgrims may join at any point along the way. The program concludes at Christ UCC in Bethlehem, around 5:30 for a light meal and rally. Janet Chisholm will speak on "Walking Away from Fear." See [www.peacewalk.org](http://www.peacewalk.org) for details.

**January 13-17, 2009** (Tuesday-Saturday) Philadelphia, PA  
**Heeding God's Call: A Consultation on Peace and Justice in Violent Times.** Sponsored by Philadelphia Friends (Quaker) Yearly Meeting with Church of the Brethren and Mennonite Church USA. Location: Arch Street (Friends) Meeting House in Philadelphia. See [www.peacegathering2009.org](http://www.peacegathering2009.org) for more information.

**Feb. 13-15, 2009** **Spruce Lake Winter Peace Retreat.**  
**Adult Program: Restorative Justice** with **Lorraine Stutzman Amstutz** and other invited guests. There will be conversation with victims, offenders, and people involved in various restorative justice ministries.

**Youth program: Understanding Jesus' Activism:**  
with **L. Mark Reiff** **Can Youth Change the World?**

As usual, there will also be activities for children.

Look for details next month, or see [efpjc.pppjr.org/efp092.htm](http://efpjc.pppjr.org/efp092.htm)

**February 27-March 1, 2009** (tentative: Fri. evening - Sun.)  
**Anti-Racism Analysis Training** (Damascus Road) Philadelphia. Sponsored by Franconia Mennonite Conference Open to all. See [www.mcc.org/damascusroad](http://www.mcc.org/damascusroad) or contact Sharon Williams, [SharonW@DesignForMinistry.com](mailto:SharonW@DesignForMinistry.com) (610) 277-1729.

**March 13-16, 2009** (Fri.-Mon.) Ecumenical Advocacy Days, Washington, DC area. "**Enough for All Creation**" with workshops on U.S. domestic issues, eco-justice, Latin America, Jubilee economics, Africa and the Middle East.

The event will be held at the Hilton Alexandria Mark Center in Alexandria, VA -- just across the Potomac River from Washington, DC. Begins Friday evening, and includes Congressional office visits on Monday. For further information. see [www.advocacydays.org](http://www.advocacydays.org)

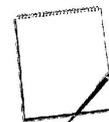
### MCC 2008 High School Essay Contest

The annual MCC Washington Office essay contest provides an opportunity for young people to reflect on public policy and Anabaptist faith. The contest is open to Mennonite, Brethren in Christ and other Anabaptist youth of high school age, and to all youth who attend Mennonite high schools.

Entries for the 2008 Essay Contest must be postmarked by December 15, 2008 and sent to the student's regional MCC Office. Prizes will be awarded as follows: One (1) Grand Prize of \$500 chosen from all entries; Four (4) Prizes of \$100, given to one student from each of the four MCC regions in the US.

Topics for this year's essay contest are:

- U.S. Energy Policy
- The Global Food Crisis
- Gun Deaths



Resources on these topics are available from MCC. Contact MCC at (202) 544-6564 or [mccwash@mcc.org](mailto:mccwash@mcc.org)

\* This calendar includes a sample of leadership training events, including events sponsored or co-sponsored by the EDC/FMC Peace and Justice Committee. Please contact us for further details about any of these events (see contact info. on page 1).