

1 **EXHIBIT 1**

2 **Resolution on Health Care in the United States (Mennonite Church, 1993)**

3 **Preamble**

4 • The U.S. health care system is in crisis. It has become intolerably expensive, yet fails to provide
5 equitable access to care or achieve a better level of health. Health care now consumes nearly 14
6 percent of our Gross National Product, but more than 37 million people lack health insurance.

7 • However, the crisis in health care involves more than politics and money. At its core, the crisis
8 reflects misguided values and beliefs: our obsession with physical health, our unrealistic
9 expectations of the medical profession, our fear of death, our faith in unlimited scientific progress,
10 our individualism, and the pursuit of unfair profit.

11 • Because of these difficult problems and a change in national leadership, health care reform is a
12 priority on the national agenda. This climate has created a new opportunity for the church to be
13 involved in reforming the system.

14 • The church is called to respond to this crisis through its biblical concern for both healing and
15 social justice. The connection between these concerns is evident in the message of Jesus.

16 • The Spirit of the Lord is on me, because he has anointed me to preach the good news to the poor.
17 He has sent me to proclaim freedom for the prisoners and recovery of sight for the blind, to release
18 the oppressed, to proclaim the year of the Lord's favor. (Luke 4:18-19)

19 • The concern for justice in health care arises from our belief in the sanctity and dignity of persons
20 created in God's image and calls us to free people from social structures which deny them that
21 dignity. The rising cost of health care widens the gap between the rich and the poor, between those
22 who have access to health care and those who do not.

23 As Mennonite Christians, we affirm the following vision of a more effective and just health care
24 system and commit ourselves to specific actions to work toward its realization.

25 **I. We call for a health care system that**

26 **A. provides access to basic health care for everyone, everywhere in the United States.**

27 As a social good, basic health care should be available to all regardless of ability to
28 pay. While the system cannot provide everyone with all the services they might want or
29 need, all people should have access to basic preventive, curative, supportive, and
30 emergency services.

31 **B. emphasizes health promotion and prevention of illness.** The health care system
32 should encourage individual responsibility for a healthy lifestyle and for appropriate
33 use of the system. It should emphasize health education, wellness promotion, illness
34 prevention, and primary care.

35 **C. places the curing of individuals in the larger context of healing and caring for one**
36 **another.** We must replace our endless pursuit of curing with a broader vision of
37 healing which stresses the overall well-being of the person and community. There can
38 be cure without healing and healing without cure. We must always care, though we
39 cannot always cure.

40 **D. recognizes our mortality and the limits of our financial resources.** We must
41 acknowledge death as an inevitable part of life, and resist the temptation to fight it at
42 all costs. We must also recognize that financial resources are limited and that excessive
43 spending on health care reduces our ability to meet other social needs such as
44 education, housing, and transportation.

45 **E. is guided by a national health care policy which controls cost while emphasizing**
46 **quality care.** This comprehensive policy should guide management of the health care
47 system by addressing issues of finance and administration, access to care, resource
48 allocation and planning, treatment and technology assessment, medical education and
49 research, and legal reform.

50 **II. As delegates we call on our congregations, institutions, and members to**

51 **A. reaffirm our biblical beliefs about health and illness, life and death, and our hope**
52 **in the resurrection through Jesus Christ as the basis from which we approach**
53 **health care issues.**

- 54 1. We commit ourselves to completing advance directives (e.g., living wills and
55 proxies) as an affirmation of our beliefs about life and death and as a symbol of
56 our commitment to stewardship and justice.
57 2. We commit ourselves to living self-controlled lifestyles, especially in the areas of
58 diet, exercise and stress reduction.

59 **B. strengthen the congregation as a health promoting and healing community.**

- 60 1. We encourage the establishment of congregational health ministries programs
61 which incorporate a theology of health promotion and healing as a vital part of our
62 ministry.
63 2. We will encourage people to make important health care decisions within the
64 context of their congregations.
65 3. We will educate ourselves on issues of healing, personal wellness, advance
66 medical directives, health care ethics, and health care alternatives.

67 **C. recognize with appreciation the ministry and accountability of health care**
68 **institutions, health care professionals, and other caregivers.**

- 69 1. We challenge them to fulfill their unique mission in a manner consistent with
70 kingdom values and priorities. We call on them to go beyond professional self-
71 interest in responding to the health care crisis.
72 2. We call on both our health care professionals and members to exercise greater
73 restraint and stewardship in the utilization of health care resources.

74 **D. recover a commitment to community in bearing the cost of health care.**

- 75 1. We call for the utilization of financial resources, institutions, and people to find
76 new ways of doing mutual aid in today's health care environment. We ask the
77 church and Mennonite Mutual Aid to reconsider the justice of commercial
78 underwriting practices and find alternatives which embody the biblical ideals of
79 justice and mutual aid.
80 2. We call for the personal and institutional sacrifices necessary to provide justice in
81 the health care system. We acknowledge that changing the health care system will
82 be painful. Those of us who have power, financial resources, and access to care
83 must be willing to pay more or do with less so that those without may have access
84 to care.

85 **E. share our vision and values with government and support efforts to develop a**
86 **comprehensive national health care policy which sets priorities and brings justice**
87 **and order to our chaotic health care system.**

88 *The Mennonite Church General Assembly adopts the "Resolution on Health Care in the United States"*
89 *and as delegates call on our congregations and institutions to give attention to the actions identified in*
90 *the resolution.*

91 Mennonite Church General Assembly
92 July 30, 1993

93 **Exhibit 2**

94 **A Resolution on Health Care**
95 **(General Conference Mennonite Church U.S. Assembly, 1992)**

96 **A Resolution on Health Care**

97 **Preamble:** The American health-care system is in crisis. The system has become intolerably
98 expensive, and fails to provide equitable access to care or achieve a better level of health. The
99 cost of health care is rising much faster than the rate of inflation, with health care now
100 consuming more than 11 percent of our Gross National Product. Nevertheless, fewer and fewer
101 people are being served by the system. Over 34 million people, including 12 million children,
102 lack health insurance which would provide them with access to care.

103 However, the crisis in health care involves more than just politics and money. At its core it
104 reflects misguided values and beliefs: our obsession with physical health, our unrealistic
105 expectations of the medical profession, our fear of death, our faith in unlimited scientific
106 progress, our individualism and the pursuit of unfair profit.

107 The church is called to respond to this crisis out of its biblical concern for both healing and
108 social justice. These concerns are evident in the message of Jesus: "The Spirit of the Lord is on
109 me, because he has anointed me to preach the good news to the poor. He has sent me to
110 proclaim freedom for the prisoners and recovery of sight for the blind, to release the oppressed,
111 to proclaim the year of the Lord's favor" (Luke 4:18-19).

112 Historically, the healing ministry of Jesus (Matthew 4:23-25) has been carried forward by the
113 church in efforts to restore health and wholeness to individuals and communities. One example
114 of this mission is the founding of hospitals and medical missions throughout the world.

115 The concern for justice in health care arises out of the belief in the sanctity and dignity of
116 persons created in God's image. This commitment to justice calls us to free people from social
117 structures which deny them that dignity. Our concern for stewardship calls us to use our limited
118 resources wisely and in the promotion of justice.

119 Thus, as Mennonite Christians, we are called to help shape the vision for a better and more
120 just health-care system. We must also actively work to help bring it about. Therefore, we affirm
121 the following vision of a health-care system and commit ourselves to specific actions to work
122 toward its creation.

123 **I. We call for a health-care system that**

- 124 A. provides access to basic health care to everyone, everywhere in the United States. As a
125 social, and not strictly individual good, basic health care should be available to all
126 regardless of ability to pay. While we cannot provide everyone with all the services
127 they might want or need, all people should have access to basic preventive, curative,
128 supportive and emergency services.
- 129 B. emphasizes prevention of illness and health promotion. The health-care system should
130 encourage individual responsibility for a healthy lifestyle and for appropriate use of the
131 health-care system. To enable people to be responsible we should emphasize health
132 education, wellness promotion, illness prevention and community- based primary care.
- 133 C. places the curing of individuals in the larger context of healing and caring for one
134 another. We need to shift from our endless pursuit of curing to a broader vision of
135 healing which stresses the overall well-being of the person and community. There can
136 be cure without healing and healing without cure. We must always care, though we
137 cannot always cure.

- 138 D. recognizes our mortality and the limits of our financial resources. We must
139 acknowledge death as an inevitable part of life, and resist the temptation to fight it at all
140 costs. We must also recognize that the financial resources available for health care are
141 limited and that we cannot continue to spend without jeopardizing other social needs.
- 142 E. controls cost and spending while emphasizing quality care. While the system should
143 continue to emphasize quality of care, it should control cost and spending through more
144 simple administration, reduced malpractice litigation, increased emphasis on primary
145 care and the wise use of technology.
- 146 F. is guided by a national health-care policy. This comprehensive policy should guide
147 management of the health-care system by addressing issues of access to health care,
148 resource allocation and planning, technology assessment, medical education and
149 medical research.

150 **II. As congregations, institutions and members we resolve to**

- 151 A. reaffirm our biblical beliefs about life and death, and our hope in the resurrection.
152 Questions about what we want from a health-care system are fundamentally religious in
153 nature. These foundational beliefs should provide the basis from which we approach the
154 healthcare system.
- 155 B. promote the congregation as a healing community. We must integrate a theology of
156 healing into our worship, teaching and small group ministries, incorporating the
157 practice of prayer and anointing for healing in worship services and implementing
158 congregational health-ministry programs.
- 159 C. educate ourselves on issues of healing, personal wellness, advance medical directives,
160 health-care ethics and health-care alternatives. Through education we can help
161 congregations become health-promotion communities.
- 162 D. recognize and affirm the ministry and accountability of health-care institutions, health-
163 care professionals and other caregivers. These people and institutions possess valuable
164 skills, knowledge and abilities. We support, encourage and challenge them to fulfill
165 their unique mission in a manner consistent with kingdom values and priorities.
- 166 E. recover a commitment to community in bearing the cost of health care. We should
167 utilize our financial resources, institutions, volunteers and professionals to find new
168 ways of doing mutual aid in today's healthcare environment.
- 169 F. become advocates for a health-care system that includes fairness, accountability and
170 accessibility.
171 Advocacy is a natural outgrowth of our Christian mission in health and healing. We
172 should share our vision of a just health-care system with government and encourage the
173 development of a national health-care policy that sets priorities and brings justice and
174 order to our chaotic health-care system.
- 175 G. call on Mennonite health-related organizations (Mennonite Health Association,
176 Mennonite Health Services, Mennonite Nurses Association, Mennonite Medical
177 Association and Mennonite Mutual Aid) to lead in responding to the health care crisis.
178 We urge them to develop consultations, statements and exemplary activities which are
179 needed to move us from dialogue to action in redefining the church's mission in health
180 and healing in the '90s.

181 Health Dialogue Steering Committee: James Waltner (chair), Lawrence Greaser, Gene Yoder,
182 Anne Hershberger, Vyron Schmidt, Carl Good, James Lapp and Willard Krabill.
183 Adopted by delegates to the U.S. Assembly of the General Conference Mennonite Church,
184 July 22, 1992.