

## Presbyterian Church (USA) Policy Brief

(Excerpted and expanded from the *Christian and Citizen Election Year Resource*)

<http://www.pcusa.org/washington/christiancitizen/studyguide0908.pdf>

### *Health Care*

As far back as 50 years ago, the General Assembly called for federal legislation relating to health care. In the last decade, the church has had to reflect on an array of health care issues to discern what system would best serve the needs, not only those who can afford medical assistance, but also to those on the margins of society.

#### **Health Care for All**

The 208<sup>th</sup> General Assembly (1988) adopted the policy statement, “Life Abundant: Values, Choices and Health Care – The Responsibility and Role of the Presbyterian Church (U.S.A.).” The 1991 resolution on “Christian Responsibility and a National Medical Plan” urges Presbyterians to “seek candidates for office...who will place high priority on the establishment of an equitable, efficient and universally accessible health plan...” Until such a plan is instituted, the General Assembly called upon “the federal and state governments to: protect uninsured persons, especially those with low or fixed incomes, from erosion of health care benefits or an increase in cost of health care benefits and expand Medicare and Medicaid benefits (*Minutes*, 1991, p. 810).

The 211<sup>th</sup> General Assembly (1999) approved two reports on health care. The “Monitoring Report on the Presbyterian Church (U.S.A.)’s Health Care Policies and Activities and the Current Sociopolitical Context for Health Care with Recommendations” reaffirms General Assembly recommendations but placed a stronger emphasis for congregational involvement. Recommendations include:

- Providing information and advocacy opportunities in regard to health care for historically underserved and marginalized persons;
- Encouraging study and growth through learning of cultural dimensions of health, especially as they relate to international health issues;
- Encouraging congregations and middle governing bodies to organize for effective advocacy and participation in public policy formation and implementation efforts...using the principles of access, quality and affordability in advocating for a just health-care system. (*Minutes*, p. 307)

In 2002, the 214<sup>th</sup> General Assembly passed a resolution “On Advocacy on Behalf of the Uninsured,” directing the Presbyterian Washington Office to “urge adequate funding for the Children’s Health Insurance Program (CHIP) so that health care coverage will be available for all children, urge the expansion of CHIP legislation to include the parents or caregivers of children covered under its provisions, oppose federal tax credits as a method to address the health needs of the uninsured, urge the expansion of Medicaid to insure more low-income and fixed income

persons, including the recently unemployed, and encourage members of the Congress to recognize the importance of universal health care – that is, equal, accessible, affordable, and high-quality health care for all persons residing in our nation.” (*Minutes*, p. 634)

In 2008, the 218<sup>th</sup> General Assembly “endorse[d] in principle the provision of single-payer universal health care reform in which health care services are privately provided and publically financed. [and] Direct[ed] the General Assembly Council... to advocate for, educate about, and otherwise pursue the goal of obtaining legislation that enacts single-payer, universal national health insurance as the program that best responds to the moral imperative of the gospel.”

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## **Serious Mental Illness**

In 2008, the 218<sup>th</sup> General Assembly approved “Comfort My People: A Policy Statement on Serious Mental Illness,” in which the Assembly included a variety of recommendations for all levels of the church. The following summarizes the public policy directions provided for the Presbyterian Washington Office and UN Office:

- Advocate for federal legislation that would increase and improve availability of mental health services in under-served areas.
- Advocate for federal legislation and increase and improve care for vulnerable, high-need groups in racial and ethnic populations, which should increase the number of multilingual practitioners.
- Advocate for federal legislation aimed at reducing the alarmingly high rate of suicides among elderly people.
- Advocate for federal legislation that would create health maintenance systems for persons with a serious mental illness to reduce symptom relapse and suicide risk.
- Advocate for federal legislation that requires parity in the coverage of mental health care and general health care, so that mental illnesses are covered on the same terms as other illnesses.
- Advocate for federal legislation that would increase and improve the Veterans Administration (VA)’s ability to care for veterans with mental illness.
- Advocate for international human rights treaties that would protect the rights of persons with a mental illness.
- Advocate for international human rights treaties that would improve mental care universally.

<http://www.pc-biz.org/Explorer.aspx?id=1619&promoID=23>

## **Stem Cell Research**

The 213<sup>th</sup> General Assembly (2001) “affirms the use of fetal tissue and embryonic tissue for vital research. Our respect for life includes respect for the embryo and fetus, and we affirm that decisions about embryos and fetuses need to be made with responsibility. Therefore, we believe that the Presbyterian Church (U.S.A.) and other faith groups should educate their members in making these very difficult ethical decisions. With careful regulation, we affirm the use of human stem cell

tissue for research that may result in the restoring of health to those suffering from serious illness. We affirm our support for stem cell research, recognizing that this research moves to a new and challenging frontier. We recognize the need for continuing, informed public dialog and equitable sharing of information of the results of stem cell research. It is only with such public dialog and information sharing that our diverse society can build a foundation for responsible movement toward this frontier that offers enormous hope and challenge." (*Minutes*, 2001, p. 463) The 2004 Assembly reaffirmed the 2001 Assembly position "in order to add the faithful voice of the PC(USA) to the rapidly progressive debate about fetal tissue and stem cell research." (*Minutes*, 2004, p. 849)

## **Economic Security for Older Adults**

At the 217<sup>th</sup> General Assembly (2006), commissioners approved "A Report on Economic Security for Older Adults." Commissioners called on the Stated Clerk to communicate to elected officials:

- Regarding Social Security, Medicare, and Medicaid and long-term care to:
  - Allay needless anxiety about the future of Social Security by acting to restore the program to long-run financial balance, which aims to strengthen the universal, contributory nature of Social Security;
  - Provide adequate funding for the continuation of Medicare Parts A & B and the implementation of the Medicare prescription drug benefit Part D, and to carefully monitor this program to assure that costs are contained and that enrollees have access to needed prescription drugs;
  - Preserve the Medicaid program as a safety-net for those who are economically vulnerable, who require assistance to purchase long-term care, and to strongly limit the ability of states to obtain waivers that reduce the population eligible for Medicaid supported services;
  - Take steps to develop a long-term care system that is adequate to meet current and future individual needs, preserves the autonomy of people receiving services, and shares costs equitably among individuals, families, and society, and that is available and affordable regardless of the state in which a person lives;
  - Provide workers in the formal, long-term care system decent wages, benefits, and working conditions;
  - Provide family and other unpaid caregivers assistance needed to carry out their vital role; and
  - Avoid reductions in needs-tested programs, and seek to increase income and asset ceiling limits on programs designed for persons with low income.
- Regarding pensions and income gaps to:
  - Enable employers to automatically enroll employees in contributory pension plans enabling them to better use these plans to achieve their retirement security needs;
  - Prohibit employers from "freezing" existing defined benefit (DB) pension plans and shifting responsibility for future retirement income to defined contribution (DC) plans that would severely disrupt the ability of many workers to achieve retirement security;
  - Improve the benefits of low-wage workers and widowed and divorced women; and

- Increase incentives to encourage personal savings. (*Minutes*, 2006, pp. 813-825)

## HIV/AIDS

The 218<sup>th</sup> General Assembly (2008), “recognizing that the HIV/AIDS pandemic is a critical matter of our faith and God’s justice” directed the Advisory Committee on Social Witness Policy to initiate a study on HIV and AIDS, in order to recommend “compassionate action and giv[e] prophetic witness regarding issues related to people living with HIV and AIDS in the USA and around the world,” to be reported to the 219<sup>th</sup> General Assembly (2010). (<http://www.pc-biz.org/Explorer.aspx?id=1437>)

In 2000, the 212<sup>th</sup> General Assembly urged, “Advoca[cy] in the United States for lifting the ban on the use of federal funds to support needle exchange programs.” The Assembly further mandated the Presbyterian Church (U.S.A.) and the Washington Office to work to remove barriers that keep drug injectors at unnecessary risk for HIV disease and Hepatitis. (*Minutes*, p. 464)

## International HIV/AIDS

In 2001, the Advocacy Committee on Women’s Concerns presented an issue report to the General Assembly, “Women and AIDS: A Global Crisis,” prepared in close consultation with the Presbyterian United Nations Office and the AIDS Task Team of the Worldwide Ministries Division. The report

- Encourages congregations and national and local AIDS networks to: engage in advocacy efforts, such as the World Health Organization’s (WHO) Massive Effort Against the Diseases of Poverty (malaria, HIV/AIDS, and tuberculosis) and to increase funding for prevention strategies and to make affordable medications available to countries in the developing world.
- Directs the States Clerk of the General Assembly to write a letter to the President of the United States, calling upon the U.S. government to allocate greater resources toward addressing the epidemic and poverty that fans it, as well as prevention and affordable treatment initiatives recommended according to the WHO Massive Effort, and to show flexibility regarding trade agreements and intellectual property rights so that life-saving drugs can be available to all affected populations. (*Minutes*, 2001, p. 336)

The 214<sup>th</sup> General Assembly (2002), in “A Plan of Christian Compassion to Ameliorate the HIV/AIDS Crisis in Africa” called upon the U.S. government to adopt a combination of policies to bring relief to poor countries, including changing trade rules and canceling unpayable debt, in addition to economic development assistance; and target aid funds repairing and building health care, education, and social welfare institutions and programs, giving priority to small-scale, community-based organizations.

It noted that the 2001 United Nations General Assembly Special Session on AIDS incorporated in its final declaration the call for the long-standing target of giving 0.7 percent of

Gross National Product (GNP) by all countries to provide the funding required by the global HIV/AIDS pandemic. The 214<sup>th</sup> General Assembly urged the U.S. Government to direct 0.7 percent of GNP to international development assistance. (*Minutes*, 2002, pp. 50, 663)

## **Tobacco and other Substance Abuse**

The problems of alcohol, tobacco and other substance abuses have received substantial attention from the Presbyterian General Assemblies throughout the years for there has never been a time when the use of body- and mind-altering substances has not been a social problem confronted by Christians.

In 1993, the General Assembly adopted a resolution on "Freedom and Substance Abuse" which attempted to synthesize its discussion of the use and misuse of drugs and other substances (such as tobacco and alcohol). The resolution includes recommendations to Presbyterians from the congregational level to the General Assembly which attempt to address the problem from many aspects; a background statement that includes a series of theological reflections concerning substance use and dependency; and a pulpit statement that was to be read from church pulpits November 7, 1993.

The 210<sup>th</sup> General Assembly (1998) took a strong stand on the issue of tobacco use by approving Commissioners' Resolution 98-2, among other things, called on Congress to "enact a substantial increase in federal excise tax on all tobacco products," and urged for legislation to allow the "Food and Drug Administration be given full authority to regulate the manufacture, sale, distribution and marketing of tobacco products." (*Minutes*, 1998, p. 737) The resolution also called for the elimination of cigarette vending machines and restrictions upon outdoor advertising, and urged professional sports/entertainment industries to cease the glamorization of use of tobacco. It called upon legislative bodies to protect children from environmental hazards by banning use of tobacco products in public facilities, and urged Congress to ban U.S. military personnel from distributing tobacco products to children or adults. This resolution was balanced with concern for those currently addicted to nicotine, and for tobacco farmers who would be impacted greatly by such changes in legislation regarding tobacco. The full text of this resolution can be found at PC(USA), 1998, p. 737-738).

The 211<sup>th</sup> General Assembly (1999) of the Presbyterian Church (U.S.A.) adopted a resolution on "Tobacco: A Review of the Programming and Policies of the Presbyterian Church (U.S.A.) Regarding Tobacco Use," which came to the Assembly in response to a 1998 Commissioners' Resolution. The resolution outlined concerns among Presbyterians, including statistical information which indicates that tobacco use continues to be the leading cause of premature death in the United States. Additional concerns relate to the approximately three thousand young people who begin smoking every day, from which one thousand will die of their addictions. The resolution reaffirmed principles adopted in 1998.

The 212<sup>th</sup> General Assembly (2000) of the Presbyterian Church (U.S.A.) stated that the church has a responsibility to protect the poor and to lift up services that will reduce those at risk for disease. Citing information that studies of needle exchange programs around the world and in the

United States have demonstrated that needle exchange programs do not increase drug use among addicts, the Assembly further stated that, "needle exchange sites provide a bridge to engage addicts for the purpose of general medical care, education, and referral for other services, including detoxification and substance abuse treatment. Needle exchange programs do not lead to injection behaviors in non-addicts. It is time to stop judging behaviors from a distance, to display Christian love through advocacy efforts, to be a presence at ministries serving people addicted to substances, and to increase awareness and education of the Presbyterian community." (*Minutes*, 2000, pp. 464-465)

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