

Temple Beth Am

Board of Trustees

Resolution for Equality in Health Care for all Residents of Washington State

January 14, 2015

WHEREAS, health care is a human right, and

WHEREAS, Jewish values teach that it is the responsibility of the whole community to assure that health care is provided to everyone in the community, and

WHEREAS, individuals, families, communities and local economies thrive when every resident has access to coverage for health care, and

WHEREAS, even though the Patient Protection and Affordable Care Act has extended coverage for health care, there are inequalities in coverage for certain groups, and

WHEREAS, the Washington Health Benefit Exchange has provided significant reductions in cost of health insurance; however, the premiums are beyond the reach of low income residents, some plans have high cost-sharing, and many individuals are living with medical debt due to illness or injury, and

WHEREAS, nearly ten percent of Washington residents still remain uninsured, and many more are underinsured, and

WHEREAS, Temple Beth Am Board of Trustees went on record in 2009 to support health care reform that leads to secure, quality affordable health care for all, THEREFORE BE IT

RESOLVED, that Temple Beth Am Board of Trustees reaffirms our support for accessible, affordable, and quality health care coverage for all residents of Washington State, AND BE IT FINALLY

RESOLVED, that Temple Beth Am join the Health Care Is A Human Right Coalition and support its efforts to achieve accessible, affordable and quality health care coverage for all Washington residents by 2020.

Temple Beth Am Tikkun Olam

ISSUE PAPER: HEALTH CARE FOR ALL

Background

The Reform Jewish Movement has long advocated for health care reform and universal health care in the United States. However, access to and availability of affordable, high-quality health care for all Americans remains an unmet need. Tens of millions of adults and children do not have insurance or are underinsured. The cost of health care remains very high. Financial barriers, limited availability of services, and other factors find millions of men, women and children without the health care they need. Working on strategies which will lead to a society in which all of its members' health needs are being met is the priority of health care advocates in the United States, including in the State of Washington.

Health care policy in the United States continues to evolve. Questions remain. Is health care a human right or a privilege? Should health care services be provided by a universal health system or by regulated private insurers? Who is responsible for the health of Americans – society or each individual for herself?

Reaching a national consensus on these basic issues is the goal of health care advocates, including the organized Jewish community. Though national health care reform has been the ideal for decades, advocacy at the state level has become an important focus. In 2006 the state of Massachusetts passed into law a state-based health care reform that provided coverage for nearly all of its residents. By 2010 the percentage of uninsured adults in Massachusetts had dropped to about 6%, while the average rate in the United States remained at nearly 20%. This suggests that working toward universal access to affordable, available health care for all is a strategy that can work.¹

Jewish Values

In Judaism, it is a religious obligation to heal the sick. The principle of *pikuach nefesh*,

saving a life, is considered to be one of the highest values. According to the Talmud Yoma 84b, almost all biblically-mandated laws can be disregarded for the sake of *pikuach nefesh*.

Jewish teachings make it clear that the physician has the religious obligation to heal. The Torah gives permission to the doctor to heal, and it is even a commandment. The Union for Reform Judaism (URJ) 1993 resolution, *Reform of the Health Care System*, cites Maimonides on this point noting his conclusion in Commentary on Mishnah Nedarim 4:4: “It is obligatory from the Torah for the physician to heal the sick and this is included in the explanation of the phrase ‘and you shall restore it to him’, meaning to heal the body.”

So important is the healing of the sick as a core Jewish value that providing health care was ultimately considered a religious obligation for the community as well as for the health care worker. The 1993 URJ Resolution states: “Health care was listed first by Maimonides on his list of the ten most important communal services to be offered to the residents of a city.”

During the long history of self-governing Jewish communities, almost all set up communal funds and societies to ensure that all their citizens had access to health care. Doctors were required to reduce their fees for the poor and communal subsidies were solicited when needed. The obligation to provide financial and other resources for the ill was prioritized over other obligations such as the construction of a synagogue.²

The Reform Movement, through its Responsa, asserts that Jewish law requires people to be provided with needed health care and that the responsibility to assure that everyone has needed health care is shared. A number of key statements stand out from the Central Conference of American Rabbis (CCAR) Responsa 5754 (1994-1995). The first is the understanding that there is a communal responsibility to pay for the health care for all of its members. The second is the statement that health care should be made available to all. The third is the declaration that providing health care to all members of our community is part of our Reform Jewish commitment to social justice. The ultimate responsibility for providing medical care to the indigent rests upon society as a whole.

Tradition teaches us that since each of us is commanded to save life, each of us should shoulder equally the burden which this duty imposes. Our Reform tradition holds that justice is a shared responsibility. Our commitment to social justice and social action requires the conclusion that no just society can fail to meet this duty.³

National, State and Local History

Health care reform has been on the national agenda in one form or another for nearly a century. A highlight of many years of advocacy was the establishment of Medicare and Medicaid in 1965. In March 2010, when the most recent health care reform measure, the Patient Protection and Affordable Care Act (ACA) was signed into law, the cost of health care to our society had risen to nearly 20% of GDP, the highest of any developed country in the world. Nevertheless nearly 50 million people, more than 25% of our adult population, were uninsured.⁴

Washington State became a leader in health care policy in the late 1980s and 1990s with the development of the Washington State Basic Health Plan (BHP), which began in 1987 as a pilot and was made a permanent statewide program in 1993. The BHP provided basic health insurance coverage to low-income and lower-middle-class workers not receiving health care insurance from their employers. However, the Washington State Legislature had essentially defunded the BHP by 2003.⁵

In November 2005, voters in the City of Seattle approved a Universal Health Care Advisory Ballot Measure. The ballot measure included the provision that “Every person in the United States should have the right to health care of equal high quality. The Congress should immediately enact legislation to implement this right.”

Implementation of the ACA in Washington State has been an important step toward achieving health care for all. The ACA’s Medicaid Expansion provision, adopted by 27 states and the District of Columbia, allows those with incomes up to 138% of the Federal Poverty Level to receive medical coverage – a lifesaver for those persons who did not qualify for traditional Medicaid. Enrollment began in 2014.⁶ However, there still remain hundreds of thousands of people in the state who are uninsured or underinsured.⁷

Temple Beth Am History

Temple Beth Am was a member of the Coalition for a Jewish Voice (CJV) during the 1990s. The Beth Am Social Action Committee (SAC) actively collaborated with CJV in state legislative work related to health care coverage for all children and in expanding coverage for the working poor.⁸

In February 2008 Temple Beth Am's Board of Trustees approved a SAC proposal for Temple Beth Am to participate in the URJ Just Congregations program. Members of the congregation were asked to identify issues of deep concern. Feedback from several hundred Temple members identified health care as a top priority. In 2009 a new committee, Health Care for All (HCFA), was established as part of the Temple's Tikkun Olam program to focus on health-care-related issues at the local, state, and national level, with emphasis on education and advocacy.⁹

Temple Beth Am Board Endorses the Issue of Health Care Reform¹⁰

At its regular Board meeting on May 14, 2009, the Temple Beth Am Board of Trustees unanimously approved a motion resolving that "the Temple Beth Am Board of Trustees go on record supporting health care reform that leads to secure, quality affordable health care for all, and inform the Congregation of the action they have taken." In addition, the Board approved a motion stating: "The Temple Board of Trustees supports the march on May 30, 2009 that supports the Resolution on Health Care Reform and the general value of health care for all." On Sunday, May 17, 2009, the resolution was brought to the congregation at the Annual Meeting where it passed. Subsequently, more than 50 Temple Beth Am members participated in the May 30, 2009 march for Health Care Reform from Seattle's Edwin Pratt Park to downtown's Westlake Park.

Temple Beth Am Activities through 2014

Under the leadership of the HCFA Committee, the congregation has supported implementation of and education about the Washington State implementation of the ACA. At least eight well-attended educational forums have featured expert outside speakers. The Committee has provided the congregation with timely state legislative updates and opportunities to support measures that promote the Temple-endorsed goals of health care reform leading to secure, high-quality affordable health care for all. These included opportunities to speak directly to elected officials in Olympia through lobby days held during the legislative session and also through off-session meeting opportunities with local members of the state legislature. State-based activity is prioritized, but important national policy issue alerts, especially as received from the Religious Action Center of Reform Judaism(RAC) are appropriately responded to and communicated to members of the congregation. A timely example of HCFA activities was the forum on November 9, 2014 addressing the potential impact of the 2014 "Hobby Lobby" Supreme Court

decision on implementation of the ACA provisions regarding women's reproductive health coverage.

Community Support

National Jewish Support

At the 2007 URJ Biennial Shabbat morning service, then-URJ President Rabbi Eric Yoffie strongly endorsed congregational advocacy for health care reform at the state level. Rabbi Yoffie also urged "...the major communal organizations of the American Jewish community to join with us." The RAC was very actively involved in working for passage of the ACA and is now working in coalition with other Jewish and broader faith community and advocacy organizations for its full implementation.¹¹

Local Faith-Based Support

The Jewish Federation of Greater Seattle's (JFGS) Jewish Justice Coalition (of which Temple Beth Am is a member) and the Faith Action Network (of which Temple Beth Am is an advocating congregation), actively support implementation of the ACA in Washington State.

Local Advocacy Coalitions

Statewide organizations with which Temple Beth Am and the HCFA Committee collaborate include Healthy Washington Coalition (HWC), Health Care for All-Washington (HCFAWa), and Physicians for a National Health Program-Western Washington (PNHPWW). Most recently, the Temple Beth Am HCFA Committee representatives have attended and participated in the Health Care is a Human Right-Washington Coalition (HCHR-WA).

Health Care for All Principles¹²

As we look to the future, the HCFA Committee is committed to working for a health care system based on these principles:

Universal Access: Everybody in. Nobody out. Universal means everyone has access to health care.

Affordability: There are no financial barriers. Everyone can afford to use the health care system and access all needed care.

Availability: Facilities, goods and services, including trained professionals, are available to all.

Equity: Health care services are delivered in an equitable way, addressing the unique needs and health risks of each human being.

Equality: There is equality for all, without discrimination. The dignity and cultural traditions of patients are respected.

Quality: Each individual enjoys the highest attainable standard of physical and mental health, receiving the right care at the right place and at the right time -- safe and high-quality care.

Participation: Individuals and communities are able to participate actively in the decisions that affect their health, including the development and delivery of healthcare services.

Accountability: Each part of the health system ensures accountability to patients and the community with appropriate staffing, standards, monitoring, and remedies.

Transparency: Information about the healthcare system is transparent, understandable, and readily available to all. People have easy access to their personal health information.

ENDNOTES

- ¹ Kaiser Family Foundation, <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8311.pdf> . The 2012 Kaiser Family Foundation(KFF) brief on the Massachusetts health care reform outcomes reported a decline in the average rate of uninsured state residents from 10.9% to 6.5% and an increase in the average U.S. rate from 17.1% to 18.4% from 2006 to 2010. Also recommended: www.kff.org/health-reform/; www.nohla.org/resources.php (private committee communication from Janet Varon, Exec. Dir. of Northwest Health Law Advocates).
- ² Moses Maimonides, *Mishnah Commentary on Nedarim 4:4*, (published 1168). See Union for Reform Judaism, urj.org/about/union/governance/reso/?syspage=article&item_id=2047 for Talmud and Shulchan Aruch citations in the 1993 Resolution. Also, Jill Jacobs. *There Shall Be No Needy*. 171-173. regarding communal obligation; Eisenberg’s “The Role of a Physician in Jewish Law”, online access at www.jewishvirtuallibrary.org/jsourc/Judaism/drrole.html regarding physician obligations.
- ³ W. Gunther Plaut and Mark Washofsky, “Physicians and Indigent Patients” , *Teshuvot for the 1990’s*, (CCAR Book of Responsa, 1997) 373-380, web edition(<http://ccarnet.org/responsa/tfn-no-5754-18-373-380/>).
- ⁴ <http://www.whitehouse.gov/healthreform/healthcare-overview> , accessed online January 25, 2015. See also Beatrix Hoffman. “Health Care Reform and Social Movements in the United States”. *American Journal of Public Health*. January 2003. 93:1. 75-85.
- ⁵ John Burbank and Dan Stokley. “Washington’s Basic Health Plan”. *Policy Memo*. Economic Opportunity Institute. October 2005.
- ⁶ See Attachment 1 for full text of 2005 City of Seattle Advisory Ballot Measure. Regarding Medicaid Expansion provision of ACA KFF reports as of December 2014 that 27 states plus the District of Columbia are participating. Accessed online at kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-act...
- ⁷ See Attachment 2 for Sally Kinney. “Health Insurance in Washington State”. 2014.
- ⁸ CJV: a coalition of Western Washington Jewish congregations and organizations formed to bring a progressive Jewish voice to state advocacy; active in WA state from about 1992 through 2002.
- ⁹ Union for Reform Judaism, <http://www.urj.org/justcongregations> for more program information.
- ¹⁰ See Attachment 3 for full text of 2009 Temple Beth Am resolution on health care. Katherine Long. “Thousands Hit Seattle Streets Seeking Changes to Health Care”. *Seattle Times*. 31May2009. Estimated 3000 or more reported for Temple Beth Am supported May 30 health care reform march.
- ¹¹ See Attachment 4 for full text of 2007 Yoffie sermon on health care. More background at Religious Action Center of Reform Judaism, <http://www.rac.org/background-healthcare/>; also including health care resolutions at <http://www.rac.org/jewish-values-and-health-care>.
- ¹² Principles adopted in 2014 by Health Care is a Human Right Washington Coalition(HCHR-Wa)

SELECTED REFERENCES

Books and Articles

Burbank, John and Dan Stokley. "Washington's Basic Health Plan." *Policy Memo*. Economic Opportunity Institute. October, 2005.

Jacobs, Jill. "I will remove illness from within your midst" in *There Shall Be No Needy*. Vermont: Jewish Lights Publishing, 2009. 159 to 178.

Reid, T.R. *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care*. New York: Penguin Press, 2009.

Toland, Bill. "How did America end up with this health care system?" *Pittsburgh Post-Gazette*. April 27, 2014. (online access: www.post-gazette.com/healthypgh/2014/04/27/VITALS-How-did-U-S-employer-based-health-care-history-become-what-it-is-today.)

Websites (* denotes important national RAC coalition partner on ACA implementation)

American Jewish Committee: www.ajc.org

Central Conference of American Rabbis: www.ccarnet.org

Conservative Movement's Rabbinical Assembly: www.rabbinicalassembly.org

Faith Action Network: www.fanwa.org

* Families USA: <http://familiesusa.org>

Health Care for All Washington State: www.healthcareforallwa.org

Health Care is a Human Right-Washington: www.healthcareisarightwa.org

Healthy Washington Coalition: www.healthywa.org

*Human Needs Coalition: www.chn.org/about

Jewish Federation of Greater Seattle: www.jewishinseattle.org

Jewish Public Affairs Council: www.jewishpublicaffairs.org

Jewish Women International: www.jwi.org

Kaiser Family Foundation: www.kff.org

National Council of Jewish Women: www.ncjw.org

Physicians for a National Health Plan-Western Washington: www.pnhpwesternwashington.org

Religious Action Center of Reform Judaism: www.rac.org

Union for Reform Judaism: www.urj.org

ATTACHMENTS pages i-vii

- 1 Universal Health Care Advisory Ballot Measure approved by Seattle voters
November, 2005
- 2 Sally Kinney. "Health Insurance in Washington State". 2014.
- 3 Temple Beth Am Board of Trustees approved resolution on Health Care Reform,
May 14, 2009 and May 17, 2009.
- 4 Rabbi Eric Yoffie, Shabbat Sermon on Health Care Reform, delivered at URJ Biennial,
December 15, 2007

Attachment 1

Universal Health Care Advisory Ballot Measure

Approved by Seattle voters – November 2005

AN ORDINANCE submitting an advisory ballot measure concerning health care to the qualified electors of the City of Seattle, at the general election to be held on November 8, 2005; calling upon the City Clerk to certify the proposed measure to the Director of Elections of King County; and requesting the Director of Records and Elections to submit the measure to the qualified electors.

WHEREAS, the Seattle City Council recognizes that it is increasingly difficult for many Seattle residents to obtain quality health care; and

WHEREAS, providing access to quality health care has moved the Seattle City Council to adopt Resolutions 30673 and 30582, both aimed at addressing health-care issues for citizens of the City of Seattle; and

WHEREAS, an estimated 11 percent of adults in Seattle do not have health insurance; and

WHEREAS, the number of uninsured children in Washington state has reached the highest level in more than a decade; and

WHEREAS, an estimated 50 percent of Washington state residents do not have dental insurance or rely on Medicaid for coverage; and

WHEREAS, Seattle's community health centers and public health primary care clinics have a common mission to provide treatment for individuals regardless of their ability to pay; and

WHEREAS, in 2003, Seattle-based community health centers reported that 37 percent of patients for medical care and 42 percent of dental patients were uninsured or did not have the means to pay for their treatment; and

WHEREAS, as the costs of providing health and dental care continue to increase, Seattle's community health centers and public health primary care clinics struggle to provide uncompensated care; and

WHEREAS, the lack of a rational system for funding and providing universal access to quality health care has led to a rapid increase in health-care costs in the United States, which now has the world's highest per-capita health-care costs; and

WHEREAS, despite these high costs, the United States lags behind many other developed nations in terms of many indicators of its citizens' health, including life-expectancy and infant mortality; and

WHEREAS, rising health-care costs have affected employers' ability to provide health-care benefits for their workers and have sharply increased the costs of doing business; and

WHEREAS, the costs to the City of Seattle of providing health-care benefits to its employees has risen while City revenue has not kept pace; and

WHEREAS, only a rational system for financing and delivering quality health care will help ensure that all Americans have access to these necessary services at a cost that is reasonable to them and to their employers, including the City of Seattle; and

Attachment 1(continued)

WHEREAS, at least eighteen states have introduced legislation regarding universal health care including California, Colorado, Hawaii, Illinois, Maine, Maryland, New York and Vermont; and

WHEREAS, concerted action is necessary to encourage the United States Congress and other decision makers to design and fund a rational health care system;

NOW, THEREFORE, BE IT ORDAINED BY THE CITY OF SEATTLE AS FOLLOWS:

UNIVERSAL HEALTH CARE ADVISORY

The current health care system is under great strain. The cost of health care increases annually at three to four times the rate of inflation.

An estimated 11% of the citizens of Seattle have no health insurance at all. Low-income adults are 10 times more likely to lack coverage than those of higher incomes. The fastest growing segment of the uninsured are the poorest families, those earning less than the federal poverty level (FPL). In all, over 60% of the uninsured are low income. Despite the rising number of uninsured children and adults, the rate of employer-based insurance continues to decrease. The percentage of people insured through their employers dropped to its lowest point in over 10 years - 60.2%. Children are significantly affected. In Washington State, there are now over 95,000 uninsured children or 5.8% of the state's children. While the United States has the wealthiest health care system in the world it is unable to ensure basics like pre-natal care and immunizations. The U.S. trails most of the developed world on such indicators as infant mortality and life expectancy. Widely differing proposals are being discussed to address the crisis in U.S. health care. This advisory ballot makes no judgments upon these various efforts. It serves only to provide the residents of Seattle with an opportunity to speak with a unified voice in advising the City of Seattle to take concerted action to help ensure that every person in Seattle and, ultimately, the United States as a whole, has equal access to quality health care.

As such, do you agree that the voters give the following advisory to the Mayor and City Council members of the City of Seattle:

Every person in the United States should have the right to health care of equal high quality. The Congress should immediately enact legislation to implement this right.

The City should also take the necessary steps to help realize this right for Seattle residents and others, including but not limited to the following:

- Ask Washington State representatives and senators in the U.S. Congress to adopt legislation that provides universal access to quality health care.
- Ask the Washington State legislators to support our efforts and work toward this goal.
- Support education of the public about this issue and support advocacy on this issue.
- Research ways that the City Council can improve health care access for the uninsured.
- Compile data and publish an annual report on local health care indicators including information on access to health care.
- Convene a panel of experts to prepare a report and make recommendations to the City about specific steps the City and Seattle private employers could take to improve insurance coverage for Seattle residents.

Attachment 2

HEALTH INSURANCE IN WASHINGTON STATE

The Federal Affordable Care Act

The federal Affordable Care Act (ACA) became law in 2010, and under the law, most Americans were required to arrange for health insurance by January 2014. If they don't sign up for a plan, there will be a stepped series of financial penalties. Although each state was able to set up their own system within the ACA, there are five key requirements which all insurance carriers must provide: 1) children may be covered by their parents' insurance until age 26; 2) no lifetime \$ limit on how much insurance will pay; 3) no annual \$ limit on how much insurance will pay; 4) no denial of coverage for pre-existing conditions; and 5) no insurance cancellation because of illness.

Washington State's Plan

Standards

If Washington residents have health insurance through their employer, they may keep that plan. For those who have privately- or publicly-funded insurance or no insurance, sign-up is through the Washington Healthplanfinder – our state's "marketplace". In addition to the federal requirements, all qualified Washington State health insurance policies must provide the following: hospitalization, emergency services, ambulatory services, prescription drugs, lab services, maternity and newborn care, pediatric services, preventive, wellness, and chronic disease management services, mental health services, and rehabilitative services.

Medicaid Expansion

One of the options for states under the federal ACA was the provision of Medicaid "expansion", available to US citizens or documented immigrants with incomes up to 138% of the federal poverty level (approximately \$15,800 for an individual). Traditional Medicaid had a number of eligibility restrictions, including a lower income restriction, and the states had to pay 50% of the cost. Under Medicaid expansion, the federal government pays the entire cost for the first 3 years. There are a number of American states whose governors have declined Medicaid expansion. But because the Washington State Legislature, in conjunction with health policy advocates and professionals, started planning for the ACA rollout several years ahead, agreement was reached that our state could benefit greatly by having as many residents covered as possible. Washington State's Medicaid expansion program is called Apple Health. (Those already enrolled in traditional Medicaid because of disability will continue to receive services through that program.)

Subsidized Insurance

If an individual's income is at or below 400 percent of the federal poverty level (for an individual, approximately \$45,900, a tax credit is available payable direct to the insurance plan. Undocumented immigrants are eligible for subsidized insurance for a limited time.

But more work needs to be done on Washington's plan.

Because of the need for legislative compromise, health insurance remains mostly delivered through separate insurance companies, causing complexity and confusion. Not all providers will treat Medicaid patients. Some major employers have dropped health insurance, requiring employees to either go without health care they can't afford or enroll in Medicaid, shifting expense from the employer onto government. The solution to these problems will be health care for all, through comprehensive state-funded health insurance.

Attachment 3

Temple Beth Am Board Meeting
From Minutes
May 14, 2009 Regular Monthly Meeting

Resolution on Health Care Reform:

WHEREAS, over the last five years, health care costs for the typical Washington family have risen over six times faster than family income, and

WHEREAS, an estimated 700,000 Washingtonians are uninsured and an estimated 50 million people in the U.S. are uninsured with recent studies showing 10,000 people in the U.S. per day losing their health care coverage, and

WHEREAS, medical debt is the leading cause of bankruptcy in our country, and

WHEREAS, employer based coverage has declined since 1993 from 71% to 65%, in 2007, and

WHEREAS, in our health care system, thirty cents of every health care dollar is spent on administration, and

WHEREAS, the Union of Reform Judaism is on record supporting health care reform and health care for all, and

WHEREAS, President Obama has stated that "Health Care Reform cannot wait, it must not wait, and it will not wait another year.",

THEREFORE BE IT RESOLVED, that the Temple Beth Am Board of Trustees go on record supporting health care reform the leads to secure, quality affordable health care for all, and inform the Congregation of the action they have taken.

Resolution passed unanimously.

2. The following motion was made after passage of the resolution.

Motion: The Temple Beth Am Board of Trustees supports the March on May 30, 2009 that supports the Resolution on Health Care Reform and the general value of health care for all. **Motion carried.**

Attachment 4

Sermon by Rabbi Eric H. Yoffie on Health Care Delivered at the San Diego Biennial , December 15, 2007

In our Torah portion this morning, we read of the first known example of centralized economic planning. Joseph used the seven years of plenty to prepare for seven years of famine, and then with the famine as a pretext, seized the land of the peasants for his Egyptian master.

However, while the Torah describes this economic model, it does not endorse it. When the Children of Israel arrived in the Promised Land, the biblical text mandates that property rights and economic freedom were to be respected there, along with the rule of law. Still, this is not the end of the story; the Jewish view of economics is a nuanced one. The Torah also mandates that free markets were not to be given full sway—they were to be tempered by social welfare and practical compassion. No one—no one—was to be reduced to humiliating dependence or excluded from the support of the body politic.

These considerations come to mind as the debate continues in America over the economic arrangements appropriate for American society. When talking today of those denied the blessings of our political system, we think most frequently of the 47 million people without health insurance, and thus without assured access to decent medical care. We think of the pain, chaos and indignity imposed on these Americans, who know that a single profound illness or injury can devastate their lives.

Of course, this is hardly a new story. Because the fact is that we live in a country with a pitifully inadequate health insurance system that causes horrors every day so tragic that they could rip the heart out of a stone.

We know that the uninsured tend to let minor illnesses grow into major illnesses before seeking treatment. The press is filled with stories of a mother with a lump on her breast who worries about the cost of checking it out, and a father with chest pains who decides that seeing a cardiologist is too expensive. We are aware that lack of insurance sends thousands of people to an early grave every year and plunges millions of Americans into severe financial distress.

It is not my intention to discuss with you the mechanics of providing health insurance. Some, including our Movement, prefer a single-payer system in which the government provides health insurance, and some want insurance delivered by private entities under government regulation.

But what we do need to discuss is the fundamental question of values that is as yet unresolved by our society: What do we owe each other as Americans?

The Jewish answer is: Communities are obligated to provide healing to all of their citizens. The *Shulchan Aruch* makes the point very simply: “If the physician withholds his services, it is considered as shedding blood” (S.A., *Yoreh Dei-ah* 336:1).

Attachment 4 (continued)

The Jewish answer is: Something is profoundly wrong when somebody else's medical crisis is no longer our problem, and when we are so unwilling to come to each other's aid.

The Jewish answer is: Providing health insurance for all is about helping a family member, a neighbor, or a fellow citizen because, next time, any one of us could be facing catastrophe. It is not just about them, it is about us.

We all know the practical problems that have, thus far, prevented us from providing medical insurance to all Americans. What ever plan is adopted, drug and insurance companies may face reduced profits; health-care providers may have to accept reductions in income; and middle-class families may have to pay more for the coverage they receive.

In a country such as ours, it is natural that honest, well-intentioned people are going to differ about how to fix health care. But that is what we pay politicians for—to lead our country in finding some reasonable compromise.

And now is the time. Every uninsured family is a catastrophe waiting to happen. The time has long since passed when our leaders should have done what every other advanced country has somehow managed to do: provide all its citizens with essential health care.

No more excuses, please.

And no more claims that we have nothing to learn from other countries. Our Canadian members, as well as British and Israeli Reform Jews, will be happy to tell us about the health care problems in their countries. But how many of them would prefer the American system to their own?

And no more talk by congressional leaders and White House aides, all with superb health insurance provided by the taxpayers, about how we need to focus on "the long run." What do we say to the uninsured divorced mother, valiantly raising three children, hounded by medical bills she cannot pay? She doesn't need access to medical care in the long run; she needs access right now. And what do we say to the 9 million children in this country who do not have health insurance? We ask those children every day to recite the Pledge of Allegiance, and the time has come for us to pledge them the unfettered access to decent health care that they deserve.

We don't know if this country will elect a president committed to providing health insurance to all Americans. And if we do, we don't know if he or she will follow through. We have watched many times before as our leaders, bullied by the drug and insurance industries, rationalize their surrender in clouds of earnest words and good intentions.

But we need not look only to Washington for answers. In light of federal failures to address this issue, most states are considering plans to cover uninsured residents. In California, Maryland

Attachment 4 (continued)

and Vermont, the crucial debate is well underway. Our Massachusetts congregations have already demonstrated how effective we ourselves can be. Progress on the state level is important in and of itself; and if we succeed there, our next president will be far more likely to actively promote a national solution.

I propose, therefore, that this Movement begin immediately to support state initiatives to expand health insurance. In almost every state of the Union, we have identified one Reform synagogue that has agreed to coordinate these efforts. We will bring Reform Jews, and our allies, to state capitals and we will make our voice heard and our presence felt.

I also urge the major communal organizations of the American Jewish community to join with us. There was a time when the Jews of America would have spoken with a single voice on this issue. There was a time when to be a Jew in America meant not only to care for our own, to fight for Israel, to educate our children as Jews; it also meant that whenever we saw injustice afflicting our neighbors, our Jewish souls would rush in to bring balm to their wounds. But I fear that is far less true today than it once was.

In recent years, there has been a feverish conversation among communal leaders about how to connect young adults to Jewish life. We all agree that they need Torah study, Jewish ritual and connection to Israel. But all of this has not been enough.

Well, here is my suggestion to these leaders about what they need to do next: They need to speak up for justice. They need to speak up loud, proud and unafraid.

Because our young people are very wise. They know that a Judaism that ghettoizes itself has no real mission and therefore no real purpose. They don't understand how Jews can pray for the sick every day and then do nothing to get health care to those who need it. In the end, if the Judaism we offer our young does not speak to the great moral issues of the world and of their lives, it will fail to capture their imagination or their hearts.

And one more point: Our synagogues have a responsibility to promote good health that goes beyond public activism. Are we providing healthy food choices at our meetings, *onegs* and in our classrooms? Are we educating children and adults about Jewish teachings on health? Are we offering fitness programs to our members in all age categories? Our Department of Jewish Family Concerns has prepared a congregational audit that suggests how each of our synagogues can do more to keep its members healthy, and I urge you to review it with your leadership.

My friends, the health insurance situation in this country is a disaster. If we continue to tolerate it, we will lose our humanity, and no matter our other accomplishments, we will have failed as a people and a nation. So let us work to change it, piece by piece and child by child—until no cry for help goes unheard. Only in this way can we honor the image of God in every human being.