Mennonite Church USA Healthcare Access Summary

Post-San José 2007 report

Introduction
In response to the request of the delegates at the Charlotte 2005 Delegate Assembly, Mennonite Church USA Executive Leadership engaged in a denomination-wide healthcare access initiative. In the past 18 months, thousands of church members became better aware of the challenges of healthcare access for millions of persons in the United States. For many individuals, congregations and institutions, the healthcare access program in this biennium was the beginning of a process which will extend into the coming months and years. This summary focuses on four major aspects and actions of the program.

Healing Healthcare study by congregations
About one in nine Mennonite Church USA congregations formally reported using the Healing Healthcare study and others reported at the assembly that they also used the study.

More than half of the congregations that used the study reported that they took specific actions to respond to needs in their congregation or community. In addition to these specific actions, there was also a change in among congregations as they moved toward a more missional stance. Two of these shifts in self-identity were featured in videos at the San José 2007 assembly from Stephens City (Va.) Mennonite Church and Salford (Pa.) Mennonite Church.

The number of congregations that completed the healthcare study guide was well below the goal of 20 percent of congregations set at the beginning of the project. However, reports from nearly 100 congregations who used the study indicate that it was significant in improving their understanding of the healthcare access issue.

Stewardship of health
MMA was asked to take leadership for this part of the healthcare access initiative. They published Ingrid Fricsen's book Body Talk, designed for Sunday school class discussion. One Sunday in February 2007 was designated as Health Sunday. Staff from MMA and Mennonite Church USA Executive Leadership with assistance from others prepared worship material based on the Mark 2 story of the paralytic who was brought to Jesus. Congregations continue to use this worship guide.

A number of congregations completing the Healing Healthcare study found innovative ways to increase their stewardship of health, including support for end-of-life decisions and a variety of educational programs and initiatives to support health-related social services to members. Some congregations organized congregational-based health reference groups to support members in their use of healthcare in a way that is consistent with Anabaptist theology.

The majority of congregations completing the healthcare study addressed wellness/stewardship of health issues. To follow up on stewardship of health issues, MMA will promote a congregational health ministries network to encourage and inform local congregational-based groups.

Advocacy for healthcare reform
A committee to help church members more effectively advocate to the government for healthcare reform met on three occasions in person plus a number of conference calls. These persons represented eight Mennonite Church USA-related agencies and two persons representing Racial/Ethnic groups. The group produced four documents – Foundational Beliefs, Talking Points, Questions and Answers and a Guide to Effective Advocacy. These documents together formed a 16-page booklet that was given to delegates and is available from Mennonite Church USA Executive Leadership.
The committee representing Mennonite Church USA agencies, with varying viewpoints of healthcare providers, concerns for justice and political stances on government involvement, were united in calling on the government to implement healthcare for all. Some congregations have already mounted active programs to advocate for healthcare reform.

**Healthcare access for pastors and church workers**
Considerable time was given to the concern of the Charlotte 2005 delegates that all church workers have access to healthcare. The six insurance pools that now insure Mennonite Church USA pastors and church workers, agency staff, Mennonite primary, secondary and college-level faculty and staff of other institutions, gathered on two occasions. MMA provided staff work to develop a proposal to address this concern. The proposal was tested with denominational and conference leaders. The proposal focuses on the need to assure healthcare access to pastors and church workers.

The proposal to provide insurance for all Mennonite Church USA pastors and congregational workers was presented to the San José 2007 Delegate Assembly. Delegates overwhelmingly passed the following resolution:

*That we affirm the Healthcare Access work completed since the Charlotte 2005 Delegate Assembly, including the Stewardship of Health and Public Policy Advocacy resources included and referenced in the following pages of this report.*

*That, as a denomination, we are committed in principle to providing basic health insurance for all eligible pastors.*

*That we request the Executive Board to oversee the development and implementation of a plan whereby all congregations of Mennonite Church USA participate together in an arrangement that covers all of our pastors with basic health insurance.*

Glen E. Miller, program manager
Mennonite Church USA Healthcare Access Initiative
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