

# Washington Memo

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“So let there be no doubt: health care reform cannot wait, it must not wait, and it will not wait another year.”

—President Barack Obama, address to Joint Session of Congress, Feb. 24, 2009

## And Many Were Healed

### HEALTH CARE FOR ALL

by Gabe Schlabach

Over the last year, United States residents watched as nearly half their monetary wealth vanished.

Bear Stearns, an 85-year-old investment bank that survived the Great Depression, crashed and burned, triggering a massive stock market decline. The U.S. Treasury subsequently saved AIG, fearing its demise would plunge the country deeper into an economic abyss. Congress authorized \$700 billion to bail out additional financial firms and banks, as well as an additional \$800 billion to stimulate the economy.

As a result, the recession has slowed, but economists estimate it will take several years before unemployment falls back to 2007 levels and the economy returns to “normal.” In the meantime, many U.S. residents are struggling to keep their jobs (if they still have them), keep their health care (which is tied to their jobs) and choose between paying their bills or buying food, medicine and other necessities.

But around the world, the economic collapse has impacted the lives of billions more acutely, especially in places where people struggle to survive during “good” economic years.

Seemingly forgotten by the news media, the “silent tsunami”—as the head of the UN World Food Program refers to the global food crisis—rages on. While international food prices have fallen from their 2008 peak, food

remains more expensive than in years past. As of March 2009, cereals—basic staples that much of the world relies upon for basic sustenance, such as rice, wheat and corn—still cost 71 percent more than they did in 2005.

Coupled with lower wages and weak (or nonexistent) social safety nets, people in developing countries, who bear no responsibility for the lending excesses that led to the crisis, are suffering most from its effects.

In the context of this economic crisis, the MCC Washington Office is launching a year-long campaign entitled “Abundant Life: Economic Justice for All.” Throughout the next four issues of the *Washington Memo*, and online at [washington.mcc.org/life](http://washington.mcc.org/life), we will highlight four areas of U.S. policy where action is badly needed: health care, debt relief, housing and trade.

This issue focuses on U.S. health care policy, a timely issue as Congress moves to pass the largest health care reform bill in decades. It includes background articles along with worship and advocacy resources, which can be used on Sunday, July 19th: our recommended day of action and prayer for health care. We encourage congregations across the United States to participate.

We welcome your advocacy in urging Congress to ensure that economic justice is truly guaranteed for all, in the United States and around the world. ✪

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# The Health Care Debate

(in a Nutshell)

Matthew Lester/MCC

by Tammy Alexander

**T**he debate is on. At the time of this writing, there are no specific health care reform bills, but the rhetoric is heating up as Congress holds hearings, President Obama holds press conferences, and special interest groups on all sides weigh in. This article attempts to answer some of the most frequent questions being raised.

## What's wrong with the current system?

In a nutshell, too many are left without insurance and costs are skyrocketing. Currently, 47 million Americans lack health insurance. Another 16 million are underinsured. Health premiums have almost doubled in the past seven years alone.

Another problem is the current system's focus on treating illness rather than promoting wellness. When doctors and other providers are paid a *fee-for-service*, there is a perverse incentive for repeat visits. Insurance companies, on the other hand, work to reduce visits—some through prevention and wellness programs, others by looking for ways to deny paying for legitimate services.

## Why is universal coverage important?

Those with insurance end up paying for those without. This is because, when the uninsured visit an emergency room, the hospital often 'writes off' their care. The hospital increases the costs of their services to those with insurance to compensate, resulting in a 'hidden premium tax' that, according to some estimates, is as high as \$1,000 per person per year.

Additionally, those without insurance often delay getting medical care until their condition is severe. This increases not only their suffering, but also the cost of their care. And many young, healthy individuals decide not to purchase insurance at all, skewing insurance rolls toward the older and sicker and increasing premiums.

Universal coverage is typically achieved in one of two ways—by establishing a *single payer system* where the government provides care for everyone, or by establishing an *individ-*

*ual mandate* where every citizen is required to purchase insurance (and providing subsidies for those who can't afford the cost). Currently, the U.S. is the only industrialized nation not to have some form of universal health care.

## But we have the best health care system in the world . . . don't we?

In a 2000 World Health Organization ranking of the world's health care systems (based on measures of good health and access to care), the U.S. ranked 37th. More recently, a 2008 study by the London School of Hygiene and Tropical Medicine that looked at preventable deaths ranked the U.S. last out of 19 rich nations.

## With *socialized medicine*, won't I have to wait in long lines and pay higher taxes?

First, not all universal health care systems are alike. In France, which comes out at the top of the two studies cited

*Above: Sandra Vielman (left), former Community Resource Development Coordinator for MCC Great Lakes, talks with Nurse Dorothy Muiruri and Juan Carlos Duarte at the Center for Healing and Hope Clinic in Goshen, Indiana.*

above, citizens do not consider their system socialized medicine. It is a combination of both private and public insurance where consumers retain their choice of doctors and there are no waiting lists for elective surgery. Cancer patients, for example, can get any drug, even experimental ones.

While it is true that the French pay much higher taxes, in terms of health care, it is important to look at the overall cost. In France, the bulk of health care costs is paid through taxes. In the U.S., costs are paid by employers and consumers. Annual health care costs in France are approximately US\$3,300 per person, compared with \$6,400 in the U.S. (2005). And yet the French are arguably able to provide better care to their citizens. In one of the most basic measures of health, infant mortality, France has one of the lowest rates in the world.

### Won't health care reform hurt the already struggling economy?

In the current employer-based system, as people lose their jobs, many families also lose their health insurance. Half of all bankruptcies in the U.S. are a result of health-related bills.

According to a study by the Kaiser Family Foundation, health insurance premiums for employer-sponsored family plans have risen by 119 percent, while wages over the same period increased by 34 percent. It is estimated that in 2009, 17.6 percent of our GDP will be spent on health care.

Small business owners—and large ones, too—face difficult choices in providing quality care to their employees in the face of rising costs. This burden, and the tying of health benefits to employment, can stifle flexibility and innovation for both employers and employees. Couple this with the lost productivity due to delayed treatment and the negative effects on the economy are quite serious.

## Canada: A Model for Universal Access to Health Care?

Canadians know with certainty that when we inevitably need to rely on our health system, our stay in a hospital or our visit to a doctor will be covered. In Canada, all citizens, regardless of pre-existing conditions or income, have access to comprehensive coverage of medically necessary services without deductibles, co-pays or maximum dollar limits. The *Canada Health Act* ensures this.

Like most modern health care systems, the bulk of Canada's health services are publicly financed with tax revenues. The remainder of services—about 30 percent, such as pharmaceuticals, dental care and eye exams—is paid by private insurance and out-of-pocket payments. Many Canadians have access to private insurance coverage for these kinds of services through employer-based private insurance plans.

Although Canadians face wait times for some health care services, Canada is successfully working to reduce wait times through innovations in the publicly-funded system. These innovations include expanding roles for some health care providers, promoting health and wellness, and using technology to increase efficiency.

The case for publicly funded health care is supported by research on patient outcomes. A 2007 study compared Canadian and American patients with the same diagnosis. It found that the Canadians had at least as good an outcome—and in many situations, a better health outcome—as their American counterparts. Most interesting is the fact that Canada spent a little more than US\$3,678 per individual in 2006 while the U.S. spent \$6,714. We spend less in Canada, but are just as, if not more, healthy.

Major health organizations in Canada agree that accessibility to care, collaborative practice and patient safety are all better served by publicly funded, not-for-profit health care services. It is that kind of health care system that has served Canadians well. And it is that kind of system that continues to make us proud.

*Kaaren Neufeld is an RN and works as Chief Quality Officer for the Winnipeg Regional Health Authority. She is a member of Fort Garry Mennonite Fellowship in Winnipeg.*



thomas23/flickr

### What proposals are on the table?

A *single-payer system*, where the government acts as a single administrator for all health care services (similar to Medicare) is unlikely to pass in Congress. More likely to pass is a combination of public and private insurance options, coupled with an individual mandate.

The *public insurance option* is sure to be one of the big sticking points in Congress. The public plan, run by the government, would help to cover those who cannot afford to purchase private insurance. The idea is that such a plan could keep costs down because

the federal government, being such a big player, would be able to negotiate significantly lower costs from doctors and hospitals.

Republicans in Congress have expressed concerns that such a public plan will present unfair competition with private plans. Doctors are also concerned about potentially lower payments. Democrats argue that the public option is needed in order to lower costs and that, without it, universal coverage cannot be achieved.

Some type of *individual mandate* is also likely to be included. The state of Massachusetts enacted such a mandate in 2006 requiring every citizen to have insurance, requiring employers to help pay for costs, and offering subsidies for those who can't afford it. The advantage is that it builds upon the exist-

*(continued on page 6)*

**“Everyone may be at the table right now, but that’s only because no one wants to be on the menu.”**

—Michael F. Cannon, *Health Care Reform? Maybe Next Year*, CATO Institute



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## Healing Health Care: Recent Mennonite Statements on Health Care Access

### Excerpts from Healthcare Access Statement, Mennonite Church USA (2005)

*Because health is a gift from God and our bodies are temples of the Holy Spirit, we seek to be better stewards of our health. At the same time, because we are finite creatures and because we believe in the resurrection of the dead, we will accept limitations on medical intervention from the beginning through the end of life.*

*Because our life together in Christian community is a foretaste of the kingdom of God, we commit ourselves to work toward adequate access to healthcare for all our brothers and sisters, including our pastors, in Mennonite Church USA.*

*Because health and healing are part of God's mission to redeem brokenness in the world, we will work with diligence as stewards of the gospel to provide better healthcare access for our neighbors.*

*Because the scriptural test of a just nation is how it treats its weakest members, we will be clear and consistent advocates to policy-makers on behalf of public health matters and access to healthcare for everyone.*

### Excerpts from Foundational Beliefs on Healthcare Access (2007) Healthcare Access Public Policy Group, Mennonite Church USA

As an Anabaptist Christian community, we believe that a biblically-compatible healthcare system will:

#### **I. Celebrate God's generous provision of resources, assuring enough for everyone when shared equitably by all** (Gen. 1–2; Lev. 25; Ps. 35:5–9; 2 Cor. 8–9).

Included in this basic principle of healthcare is the realization that:

- provision of enough for all requires stewardship by all;
- resources are limited and costs must be controlled;
- limits on medical intervention should be accepted as intrinsic to our nature as finite creatures;
- risks, costs, responsibility and limits must be shared by all;
- greed and excessive profit are to be challenged;
- decision-making about healthcare, ranging from individual procedures to public policy, is a shared task requiring discernment and humility.

#### **II. Promote the flourishing (shalom) of the whole community, including each of its members** (John 13:34–35; Acts 2–4; Rom. 12; 1 Cor. 12:12ff.).

Applied to healthcare at a national level, this principle necessitates:

- access for all to quality care;
- adequate funding of public health measures, preventative care, long-term care, mental health treatment, dental care and disease management;
- government policies to assure access, quality and adequate funding;
- moral and financial commitments to quality healthcare for the two-thirds world.

#### **III. Protect the well-being of the weakest and most vulnerable members of society** (Deut. 10:17–19; 24:17–22; Ps. 72; Isa. 1:16–17; Jer. 7:5–7; Matt. 25:31–46; Luke 1:46–55; 4:16–21).

In healthcare, this principle necessitates that:

- the poor, working poor and others lacking political or economic power have ready access to quality healthcare;
- the system is structured to protect the interests of all people without power, such as children, people with disabilities or mental illness, the elderly and immigrants.

#### **IV. Cultivate stewardship of God's resources** (Gen. 1:26–31; 2:15ff.; Lev. 25; Deut. 15; Ps. 8; Matt. 6:19–21; 20:1–16; 25:14–30; Mark 12:41–44; 14:3–9; Luke 10:29–37; 1 Tim. 6:17–19).

In healthcare, this requires that:

- everyone is challenged to be a caretaker of health
- models of accountability and reconciliation . . . will guide situations where people have been genuinely harmed
- caretaking and generosity are essential as government, employers, insurance groups, pharmaceutical and medical supply manufacturers and healthcare providers balance their “bottom line” with the need for access to healthcare;
- local communities of faith remain engaged with issues of health and healthcare access. ✨

# Worship Resources for Sunday, July 19

## And many were healed: Health care for all

*“They laid the sick in the marketplaces, and begged him that they might touch even the fringe of his cloak; and all who touched it were healed.” (Mark 6:56b)*

### Scripture text

Mark 6:30–34, 53–56

### Songs and hymns

O healing river (*Hymnal: A Worship Book* 372)  
Heal us, Immanuel, here we are (*Hymnal: A Worship Book* 375)

There is a balm in Gilead (*Hymnal: A Worship Book* 627)  
Healing balm, forgiving Lord (*Sing the Journey* 55)  
Christ’s is the world (*Sing the Journey* 62)

### Prayer of confession

Loving God, we come to you this day confessing that we have not always loved our neighbors as ourselves. We are aware of people suffering for lack of health care coverage, yet we pass by on the other side. We know there are children who struggle to grow and learn with untreated health problems, yet we pass by on the other side. Families are crushed by medical bills and other financial burdens, yet we pass by on the other side. When we encounter troubling situations that we don’t know how to fix, we are tempted to pass by on the other side. Stop us in our tracks, O God, and open our hearts so that we are not afraid to get involved in



meeting the needs of those who are being ignored. Make our hearts bold and loving and send us, in the name of your Son, to go and do likewise. Amen.

### Prayer of intercession

**Leader:** Let us pray for those who do not have health care coverage. (*Pause for silent or spoken prayers.*)

**All:** We pray that those who are uninsured will receive the health care they need and that they will know your strength in their weakness, your comfort in their pain, your hope in their despair.

**Leader:** Let us pray for health care providers. (*Pause for silent or spoken prayers.*)

**All:** We pray that doctors, nurses and all health care providers will be guided and strengthened by you as they care for others as an expression of your love.

**Leader:** Let us pray for all in leadership positions. (*Pause for silent or spoken prayers.*)

**All:** We pray for elected officials, business leaders, community leaders and all in positions of power, that they will lead with justice and integrity and point the way to solutions that assure all the care that people need.

**Leader:** Let us pray for the sick and injured. (*Pause for silent or spoken prayers.*)

**All:** We pray with full hearts for those who are sick and injured, especially the uninsured whose suffering is increased by lack of care or by anxiety over paying for care. We pray that in these difficult days, they will know your comforting love that enfolds each and every one, and that they will be restored to health.

**Leader:** Let us pray for ourselves. (*Pause for silent or spoken prayers.*)

**All:** We pray for ourselves . . . for health, for caring hands to reach out, for loving hearts to share another’s pain, for the will to solve big problems. We pray these things with gratitude for the life you have given us, for your care that enfolds us and for your love made known on the cross. Amen.

*—Both prayers adapted from Cover the Uninsured.*

*Sermon reflection and additional worship resources available at [washington.mcc.org/life](http://washington.mcc.org/life).*

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## The Health Care Debate (in a Nutshell)

(continued from page 3)

ing employer-based system; the disadvantages are cost, complexity, and enforcement.

Proposals to shift the focus of health care to disease prevention and wellness look to both reduce costs and improve health. There are interesting alternatives to the *fee-for-service* structure being discussed—such as paying for *episodes* of care, a flat fee per patient, bonuses for quality, and fixed salaries for doctors.

### How do we pay for all this?

There are essentially two strategies: controlling costs and finding new sources of revenue. The ideas for controlling costs include Health Informa-

tion Technology (using electronic records to lower administrative costs and better share information), studying the effectiveness of treatments, and focusing on prevention and quality. So far in the debate, there has been little discussion about limits to care, including end-of-life care.

Ideas on the revenue side include increasing taxes on alcohol, tobacco, and even soft drinks. There is also a controversial proposal to tax employer-provided health care benefits.

### Is anyone talking about lifestyle choices?

In May, President Obama met with employers and unions who have im-

plemented various wellness efforts such as programs to quit smoking, free gym memberships, healthier food in cafeterias, health screenings, and chronic disease management. Employers have found such programs to significantly reduce health care costs, so it is likely that personal accountability will be part of the discussion.

The health care debate is an important one to follow, not only because it will affect each of us personally, but because it is crucial to ensure that the voices of the least and the last are lifted up. For too many people, this debate can mean the difference between solvency or bankruptcy, between care or suffering, between life or death. ✦

### To learn more about health care

Abundant Life: Economic Justice for All campaign  
[washington.mcc.org/life](http://washington.mcc.org/life)

Resources on stewardship of health  
[mma-online.org](http://mma-online.org)

Healing Healthcare: A Study and Action Guide on Healthcare Access in the United States  
Purchase online at [mpn.net](http://mpn.net)

Matthew Lester/MCC



Sandra Vielman, former Community Resource Development Coordinator for MCC Great Lakes, stands at the door of the Center for Healing and Hope Clinic in Goshen, Indiana.

# HIV in Tanzania

by Jan Emswiler

**R**ehema, a 25 year old married woman from rural Tanzania visits the reproductive health clinic for prenatal care. She is screened for HIV and her tests indicate that she is infected with the virus. As she starts the five mile trek home, questions run through her head. *Will she tell her husband? Will he disown or beat her? What about her family? Who will support her? What if she cannot deliver her baby at the health center and receive medication to reduce risk of infecting her baby? Where did this infection come from?*

These questions reflect some challenges in preventing mother-to-child transmission of HIV in Tanzania. These challenges are linked to lingering social stigma for those with HIV, gender inequality, and inadequate health services.

Just because a woman is regularly screened for HIV and informed of her results, does not guarantee that her child will be protected from the virus.

While strategies have been developed to reduce the risk of HIV infection to the unborn and provide care for the parents, socio-economic factors remain major challenges. Greater attention to such factors will increase the success of preventing mother-to-child transmission and reduce the number of infants born with HIV. \*

*Jan Emswiler is a project coordinator with MCC Tanzania.*



Melissa Engle/MCC

*Zauda Mafita, 35, has received support from MCC's HIV/AIDS work in Tanzania.*

## Healing for the First Nations

by Gabe Schlabach

**T**he United States government is bound by law to provide health care to American Indians. In numerous treaties with Native American Nations in the 18th and 19th centuries, the U.S. agreed to provide medical care, as well as food and protection, in return for the land that Native people had lived on for generations.

The U.S. has broken those treaties time and time again. And now policy-makers are failing to provide health care to Native peoples.

The Indian Health Care Improvement Act, which authorizes the medical treatment provided by the Indian Health Service (IHS), has not been updated since 1992. This means that the IHS is barred from taking advantage of any of the medical advances of the last two decades, making Native health care inferior to the health care of other U.S. residents.

To make matters worse, the IHS is grossly underfunded. There is a joke on Native Reservations: "Don't get sick after June 1st." Unfortunately, there is truth to the saying.

Congress has funded the IHS at less than 60 percent of the required level. Additionally, Congress *cut* funding to Native health care last year by \$21 million. This means some IHS clinics run out of money halfway through the year and must turn sick people away.

This is unacceptable, and we must tell Congress to honor the United States' promises to Native Americans by reauthorizing and fully funding the Indian Health Care Improvement Act. \*



Melissa Engler/MCC

# Health Care and Conflict

by Mary Stata

**M**arie's\* story haunts me. In the middle of the night, rebels stormed into her village and set fire to the huts. She was attacked by three soldiers as she tried to flee her home. They held her down while they took turns raping her. Marie still bears scars on her hands and the rape resulted in a pregnancy. She now lives with her son in a camp for internally displaced persons (IDPs) in eastern Democratic Republic of Congo.

I visited Marie's IDP camp in early March. The camp is located on a hardened lava flow, completely isolated from schools, food, clean water and health care. Conditions in the camp are, to put it mildly, awful.

Congo has been embroiled in a conflict for the past ten years involving nearly a dozen rebel groups. The conflict is fueled by the rebels' efforts to control lucrative natural resources. Millions of civilians have been internally displaced by the fighting. According to John Holmes, the UN's Under Secretary General for Humanitarian Affairs, Congo is also home to the worst sexual violence in the world.

In other words, Marie's story is all too common. Rape and sexual vio-

lence have become a weapon of war in this country, used to terrorize its victims and tear apart communities. The judicial system in Congo is woefully under-resourced and lacks the capacity to prosecute perpetrators. Furthermore, most rape victims do not receive any medical treatment after they are attacked.

Bad roads, the scarce number of health clinics, poverty and social stigma all prevent these women from receiving desperately needed treatment. Congo's lack of basic infrastructure inhibits the government's ability to appropriately respond to the thousands of women who have been brutalized as part of the conflict. Rape victims are regularly ostracized from their home communities. Children that

are a product of rape, like Marie's son, also face discrimination.

Beyond providing necessary medical services, treatment can also start the healing process for these women. Telling their story to a health care professional and receiving appropriate treatment can reduce social stigma.

Access to medical treatment will not solve the problem of sexual violence in Congo. As long as rebels fight to control Congo's natural resources and spar with each other, women will continue to suffer. Nevertheless, providing accessible health care can play a vital role in saving lives, healing emotional scars and mitigating the effects of the conflict. ✨

*\* Name changed to protect identity*

## Support MCC's Work in Congo

Go to [mcc.org/congo](http://mcc.org/congo) to see a photo gallery and to read more about MCC's work in Congo, including efforts to provide health care in western Congo. MCC provides funds for medications and basic supplies, including gloves, gauze, and surgery tools. A gift of \$50 helps provide medicine and medical supplies for ten people. To donate online, visit [mcc.org/donate](http://mcc.org/donate).



Melissa Engler/MCC

## Washington Memo Blog

Visit the Washington Memo Blog to stay informed about Washington Office activities, publications, events, action alerts and news regarding the issues we cover. The Washington Memo Blog is frequently updated, so you do not have to wait for the next issue of the *Washington Memo* to find out what is going on. The following are excerpts from recent blog posts:

### Who Would Jesus Torture?

May 12, 2009

“The Pew Forum on Religion and Public Life published the disturbing results of a poll they conducted a few weeks ago, which found that Christians of all stripes (though especially evangelical Protestants) supported torture at higher rates than people unaffiliated with religious denominations.

“Additionally, increased support for torture correlated with increased church attendance. In other words, people who attend church most are also most likely to support torture, and people who attend church least (or not at all) are also least likely to support torture.”



Ryan Beiler/MCC

### MCC Joins Letter to Secretary Clinton on Palestinian Christians

May 7, 2009

“Yesterday MCC and other church bodies sent a letter to

Secretary Clinton, highlighting the plight of Palestinian Christians. The letter comes on the occasion of Pope Benedict XVI’s trip to the Middle East later this week, and was coordinated by Churches for Middle East Peace.

Also today the UN Office for the Coordination of Humanitarian Affairs released a report describing how Israel is increasing its control over Bethlehem through settlements and the separation barrier. Bethlehem, located in the West Bank, is home to many Palestinian Christians.”

## Resource Highlights



### Washington E-Memo

The Washington E-Memo is the newest resource from the MCC Washington Office. The E-Memo is a monthly electronic newsletter to keep you better informed on the changing events here in Washington on the issues of peace and justice that you care about. Each issue will provide legislative updates, links to action alerts and information about upcoming events. The E-Memo complements the print *Washington Memo* which provides more in-depth issue analysis. Sign up for the E-Memo at [washington.mcc.org](http://washington.mcc.org).



### Preventing Gun Violence Packet

Learn about gun violence prevention and get involved. This new MCC Washington Office guide includes gun death statistics, a faith reflection on violence and nonviolence, policy suggestions for preventing gun deaths and injuries, and

advocacy tips for contacting your elected officials.

Order free hard copies at: [mccstore.org](http://mccstore.org). Download electronic copies at: [washington.mcc.org](http://washington.mcc.org).



Matthew Lester/MCC

### Website: “Abundant Life: Economic Justice for All”

The Washington Office website includes more materials related to U.S. health care. Go to [washington.mcc.org/life](http://washington.mcc.org/life), to find background information, prayer and reflection resources, action alerts, and links to articles and other websites which are useful for gaining a better understanding of the issue.



### Action Alerts

We have a new format for sending and receiving action alerts. We hope that these changes will make your work as an advocate easier, and that you will choose to make your voice heard on Capitol Hill on behalf of others. Sign up at [washington.mcc.org](http://washington.mcc.org). ✨

# Advocates' Corner



The Advocates' Corner highlights current advocacy work by Anabaptist congregations. Please let us know what your congregation is doing, so that we can include it in a future issue.

## 10TH ANNUAL 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. The three suggested topics this past year were U.S. energy policy, gun laws, and the global food crisis. Other contestants chose their own topics, including one essay receiving honorable mention which discussed global warming and environmental policy. The following are excerpts from the winning essays.

### Grand Prize

#### **"The Global Food Crisis: Feeding the 6,700,000,000"**

*Johnny Kauffman, Bethany Christian High School, Goshen, Indiana*

In the New Testament story of the feeding of the five thousand, a small boy shares a few pieces of fish and bread which miraculously become enough to feed the large crowd that is gathered to hear Jesus speak. "Jesus called his disciples to him and said, 'I have compassion for these people; they have already been with me three days and have nothing to eat. I do not want to send them away hungry, or they may collapse on the way (Matthew 15:32).'" The importance of the food that is distributed in this passage is often forgotten, because many Christians prefer to focus on the miraculous powers of Jesus. However, Christians need to take another look at this passage as food shortages and rampant food price increases occur throughout the world, giving the followers of Jesus around the world a new multitude to feed.

The global food crisis has hit the developing world hard and fast. Riots have broken out in a number of countries over food price increases and food shortages. There should be little surprise that unrest has reached so many countries, because between 2006 and 2008 rice prices rose 217 percent; wheat prices 136 percent; corn prices 125 percent; and soybeans 107 percent. Unfortunately the crisis has hit those who are already struggling to find food the hardest. The food crisis raises new questions about how Christians living in developed nations should respond to poverty, hunger and economic injustice around the world. . . .

## SAMPLE LETTER ON HEALTH CARE REFORM

Dear [Member of Congress]

More than 47 million Americans—disproportionately African-Americans, Hispanics and the working poor—are uninsured. As a result, they lack ready access to care, which causes unnecessary deaths and results in higher costs. This situation is immoral and intolerable.

As a Christian, I believe that a biblically-compatible health care system will celebrate God's generous provision of resources, assuring enough for everyone when shared equitably by all; promote the flourishing of the whole community, including each of its members; and protect the well-being of the weakest and most vulnerable members of society.

I call upon the U.S. Congress to enact bipartisan legislation that assures access without barriers to affordable, basic, quality health care for all.

Sincerely,

Name and address

*For a more detailed letter, visit [washingtonmemo.org/newsletter/summer09](http://washingtonmemo.org/newsletter/summer09).*

## Honorable Mentions

### “Global Warming and the Threat It Poses”

*Jacob Brubaker, Western Mennonite School, Salem, Oregon*

The question has shifted, from “if global warming exists?” to “how soon will its full effects be unleashed on our relatively small and unprotected planet?” How do we combat this problem? There are many ways. However, most, if not all, require tremendous sacrifice on the part of the highest contributor to the problem, the United States. . . .

### “An Energy Policy for All Americans”

*Erin Helmuth, Bethany Christian High School, Goshen, Indiana*

Economically, the costs of alternative energies will be higher at first as new factories and means of generation are established. Government investment, however, would help make them affordable to all Americans. Also, their production would create new markets and new jobs that couldn't be shipped overseas, significantly boosting the economy and providing work for the thousands of unemployed. Alternative energy sources have the capacity to power the country, but something will have to be done to drive people and companies to make the switch from the more convenient sources of coal and oil to renewable energies. To accomplish this, the U.S. government needs to create a carbon cap and trade system and offer industry and consumer tax incentives. . . .

### “Life or Death”

*Lindsay Waltner, Freeman Academy, Freeman, South Dakota*

Many families in the United States own guns because they are fearful of their surroundings, and they want to feel as if they are protected. . . . Whereas one should be able to have a gun for recreational purposes, there should be stricter regulations as well as background checks when purchasing a gun, which is made possible through the use of technology. We, as Christians, need to realize that our hope and trust should lie in God, not our material needs. . . . We are clearly called to live peaceful lives. Some may interpret this to mean that we do not raise a gun, but others will believe that it goes way beyond that. A realization needs to be made that violence is not the way to solve conflict. . . .

## Abundant Life: Economic Justice for All

Join us on one or more of the following Sundays to pray, reflect and act for economic justice for all:

- **Sunday, July 19, 2009** And many were healed: Health care for all
- **Sunday, October 25, 2009** Proclaim Jubilee: A new beginning
- **Sunday, January 31, 2010** Secure dwelling places: A home for everyone
- **Sunday, April 25, 2010** Let justice roll down: Trade for the common good

Worship and advocacy resources for each Sunday available at [washington.mcc.org/life](http://washington.mcc.org/life) or by contacting us at [mccwash@mcc.org](mailto:mccwash@mcc.org) or 202-544-6564.

Together we can be part of God's vision of abundant life for all.



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## UPCOMING DATES

### June 30–July 5

Mennonite Church USA Convention  
Columbus, Ohio

MCC Washington workshops on immigration, Colombia and the Middle East

### July 19

And many were healed: Health care for all  
[washington.mcc.org/life](http://washington.mcc.org/life)

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All biblical quotes are from the New Revised Standard Version, unless otherwise noted.



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Matthew Lester/MCC

## And Many Were Healed

“Currently, 47 million Americans lack health insurance. Another 16 million are underinsured. Health premiums have almost doubled in the past seven years alone.

For too many people, [the health care] debate can mean the difference between solvency or bankruptcy, between care or suffering, between life or death . . .”

*Read more inside.*