

**North Dakota Faith Leaders Teleconference on Health Care Reform
October 8, 2009
Comments from Pastor Dan Forsberg
Peace Lutheran Church, Fargo, ND**

The 2009 ELCA Churchwide Assembly adopted a resolution committing the church to advocate that each person should have ready access to basic health care services that include preventative, acute and chronic physical and mental health care at affordable cost.” In a joint statement on affordability, the ELCA states, “We believe it is essential that the responsibility to purchase health coverage come with strong consumer protections and adequate subsidies that make it possible for families to obtain quality coverage at a cost they can afford.”

In John 10: 10, Jesus says, “I came that they may have life, and have it abundantly.” As Christians, we see this truth becoming reality as Jesus brought healing physically, mentally, spiritually, and communally to the world around him. Jesus inclusive nature was shocking to his peers, his generosity to love, forgive and accept others was beyond their experience.

Because of our sinful nature, we often turn in our selves, away from God, and concern for our neighbor. We segregate ourselves by those who have more, those who have less and by those who are different than us, rather than embracing diversity in community and the intrinsic value and sacredness of every individual. Instead of hoarding power and resources that protect our own interests, the gospel calls us to share these gifts for the good of all. In his day, the apostle Paul challenged the people of God to collectively view themselves as the body of Christ, and to continue the mission of sharing God’s abundance and wholeness in the world.

I appreciated the words of Pastor Andrew Genszler when he said, “People of faith care about health care because Jesus was a healer, and God cares about people in poverty. For Christians, those two scriptural values converge in this public issue. Through congregational and health ministries, Lutherans also know the front lines of what living with marginal or no health care can do to people and families.”

Let me take just a few minutes to share some specific concerns of health care in North Dakota that come from a study published in March of 2009 entitled, “An Environmental Scan of Health and Health Care in North Dakota.” Of particular importance is the availability of primary care, mental health, and oral health providers. There is a combination of reasons that contribute to the growing problem of health care: unhealthy behavior leading to obesity, a growing elderly population, chronic care needs, cost of care, access to health services, shortages of health care providers in rural areas, and a monopoly on health insurance that dictates rather than negotiates terms and reimbursement for hospitals and physicians. A State Planning Grant study found important differences in insurance coverage by location, age, race, and size of employer. In terms of geographic location, 44% of the uninsured reside in very rural areas with young adults from 18-24 having the highest percentage. North Dakota’s American Indian population has a five times the % rate of un-insurance compared to Caucasians.

72% of uninsured adults in the state “are employed” and a majority work in businesses with fewer than 11 employees. Overall, 64% of employers in the state offer health insurance coverage to their employees.

As God’s people we are to work to both meet immediate needs, and to work for systemic change in policies that perpetuate the problem of inadequate health care services. When a system gets out of balance, others suffer. A balance of power is so important for the health and welfare of our relationships both personally and communally. Whether as individuals, government, whether as faith based initiatives or secular business, we need to work together to provide checks and

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balances and a practical standard of ethics and policies that protect all concerned. In the large arena of health care, the idea is to create a climate that provides equality without monopoly. In the ELCA's statement of "Care for Health: Our Shared Endeavor," it says, "In cooperating with government, we are to 'work with civil authorities in areas of mutual endeavor, maintaining institutional separation of church and state in a relation of functional interaction.'"

A broad base of collaboration and communication is necessary in this mutual endeavor: Representatives from public and private entities, legislators, employers, insurers, Medicare, Medicaid, educators, the governor, attorney general, health care providers, and citizens all developing partnerships that generate ideas and action items for the good of all.

Let me close with some words once again from the ELCA's "Caring for Health: Our Shared Endeavor." "Christians know that health and healing are from God, 'who forgives all your iniquity, who heals all your diseases' (Psalm 103:3). The church is a community that bears witness to the commitments of love and justice that change will require. The Gospel offers the world the hope of abundant and everlasting life, that liberates us from idolatry of health and fear of death. Out of this freedom, Christians can accept the limits of this life and seek to realize a vision of health care for all people as a shared endeavor."