

August 31, 2006

Religious Coalition for Reproductive Choice
1025 Vermont Avenue NW, Suite 1130
Washington DC 20005

Citizens' Health Care Working Group
Attn: Interim Recommendations
7201 Wisconsin Avenue, Room 575
Bethesda, MD 20814

Dear Members of the Working Group,

The Religious Coalition for Reproductive Choice appreciates the opportunity to provide comments on the interim recommendations in the document "Health Care That Works for All Americans." We heartily support the recommendation that all Americans have affordable health care, although we have concerns that the content of that health care may be determined—to an extent—by political pressure. We respectfully submit to you that, based on the long experience of many religions in providing health care services, it is critical to respect the religious diversity of the nation, especially in decisions regarding reproductive health (including contraception, infertility treatments, voluntary sterilization, and abortion).

The Religious Coalition for Reproductive Choice is a national non-profit education and advocacy organization founded in 1973. Our members are national religious and religiously affiliated organizations from 15 denominations, including the Episcopal Church, Presbyterian Church (USA), United Church of Christ, United Methodist Church, Unitarian Universalist Association, and Reform, Conservative and Reconstructionist Judaism as well as independent religious organizations from the Church of Christ (Disciples), Lutheran, Catholic, and Church of Brethren traditions. All members have official policies in support of reproductive choice, i.e., policies that have been adopted by their governing bodies. The Coalition and member groups view decisions about reproductive health and bearing children to be personal decisions of conscience, often informed by and involving religious and moral beliefs, and as such, protected under the constitutional guarantees of religious freedom.

I would like to make three points regarding the Interim Recommendations:

Respect for Religious Diversity: The Values and Principles acknowledge that healthcare is a shared social responsibility and should not be determined or restricted by "categorical factors" such as age, income, health status, and working status. We respectfully propose adding "creed" and/or "religion" as factors, as is customary in non-discrimination policies. Our experience over more than 30 years of education and advocacy is that there is a highly visible contingent that opposes any legislation, policy or insurance coverage that

would make reproductive health services more available. It is important to ensure that this opposition view not be considered as a consensus or mainstream viewpoint and not be adopted as a standard for everyone. The religious and cultural diversity of the United States should be acknowledged openly and clearly. Regarding contraception and family planning (including counseling about contraception and treatment for sexually transmitted diseases and infertility problems), individual decisions regarding basic, legal healthcare should be respected and medically accurate information and basic, legal healthcare should be available without barriers or obstacles.

Core benefits/services. We are pleased that the recommendations specifically address the importance of an “independent, fair, transparent, and scientific process” in identifying core benefits and services. Women and men deserve to have access to the full range of reproductive health services, including contraception, medically accurate sexuality education, treatment for sexually transmitted diseases, and unbiased information regarding abortion as an option. Equally important, healthcare services must address the needs of pregnant women and families, including universally available prenatal care to the pregnant woman and post-natal care to the new mother and her child, as well as programs such as WIC.

Commitment to serving the healthcare needs of disadvantaged and vulnerable populations. In America’s increasingly profit-driven system, it is urgent to recognize that health care is not a commodity like automobiles but a human right. In our nation, the wealthiest and one of the most medically advanced, we have tremendous disparities in healthcare and fail to provide essential services for the most vulnerable. We believe a commitment to address the disparities and the medical needs of the economically disadvantaged should be clearly stated in the final recommendations. By way of illustrating the need, one in five pregnant women does not receive timely prenatal care or receives no prenatal care at all. Our infant mortality rate is the worst among industrialized nations. We have one of the highest rates of unintended teen pregnancy.

In conclusion, a healthcare policy for all Americans should be respectful of religious diversity and committed to providing every patient in a publicly supported institution with full information and timely services.

Thank you for your consideration,

Sincerely

Reverend Carlton W. Veazey
President and CEO, Religious Coalition for Reproductive Choice