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The Problem of Suffering: Universal Health Coverage as a Partial Solution

Christen Scaggs
Department of Biology; College of Arts and Sciences
Abilene Christian University

Universal Health Coverage is evaluated from a Christian Biblical perspective and found that it meets an appropriate standard of service to the poor. Christians should consider its benefits and drawbacks compared to doing nothing. The issue of diminished access to healthcare, burdensome medical costs, reduced coverage, and discrimination against impoverished individuals with specific regards to healthcare are all conquerable challenges.

The world is full of pain, anguish, bitterness and destruction. It is easy to reflect on the problem of suffering, especially with the recent terror attacks on Paris, earthquakes in both Japan and Mexico, suicide bombings in Beirut, and funeral bombings in Baghdad. However, times like these should cause reflection. One should reflect on questions of how to approach the problem of suffering. It may seem like an insurmountable task to tackle solving a problem such as suffering. Therefore, it may be better to approach the problem one issue at a time, one day at a time. One issue to approach in particular is that of healthcare. There are a large number of individuals not currently receiving adequate healthcare even in a country as advanced as the United States of America. The reasons for this vary, but tend to focus on finances. One solution proposed to resolve this issue is Universal Health Coverage (UHC). This refers to a healthcare system devoted to serving the impoverished that are sick, injured, or feeble. Although there are opposing arguments to such a system, the benefits truly outweigh any negation. In addition, this healthcare system models Christian principles by ensuring all individuals receive care. Therefore, society should earnestly evaluate whether UHC is a healthcare system that can solve issues such

as healthcare costs and percentage of population receiving adequate care. As a healthcare system, UHC seeks to solve on of society's problems by allowing everyone access to healthcare. Although surrounded by promising pros and cons, it requires attention since it aligns itself with Christian principles. Thus, UHC is worth pursuing at least to the degree of researching whether it truly can help solve the world's problem of suffering.

Universal Health Coverage Defined

The concept of UHC is difficult to define uniformly or concisely. Not everyone agrees on what "universal" truly entails. For example, one individual might consider universal to be every person receiving a basic coverage allowance that he or she can apply to visits made to his or her primary care physician. However, another individual might view the concept of UHC to include all regular visits to a person's primary care physician and an allowance of coverage that he or she could apply to first-degree referral visits. With the numerous variables that a topic such as UHC possesses, one can imagine how complex such a definition can become. In a report presented by a committee at the First Global Symposium in 2010, they noted the intricacies of defining UHC. Their efforts to describe what exactly

UHC is resulted in the discovery of five major themes. These themes include (1) access to care or insurance, (2) coverage, (3) package of services, (4) rights-based approach of UHC, and (5) social and economic risk protection.¹ Within each of these themes, there is a large degree of variation. However, there is a basic goal to these themes that each variation attempts to achieve. Therefore, instead of specifically defining UHC, it is more prudent to explore the topic with an understanding of the general purpose of UHC. Each theme itemizes an objective of UHC. From the list of the five major themes, one can conclude that the aim of UHC is to provide individuals their right to access to healthcare by financially covering a package of services yet still considering the social and economic ramifications. The World Health Organization released a definition that mirrors this personally constructed definition.² It too incorporated each of the five main themes, however it recognized an emphasis on equity of treatment. The distinction between this system of health coverage and the health coverage currently implemented in the United States is easily recognized. In a universal healthcare system, all individuals receive equal coverage funded by the government. However, the Affordable Care Act of the United States allows all individuals access to affordable insurance. If U.S. citizens failed to enroll in an insurance program by the deadline, they must pay a tax according to household size for all uninsured individuals. The contrast is between the government providing universal coverage and simply providing affordable options of health care. Some major benefits to the enactment of the Patient Protection and Affordable Care Act is the reduced

Dialogue & Nexus | Fall 2015-Spring 2016 | Volume 3 number of uninsured U.S. citizens, the abolishment of denying treatment of a patient due to a preexisting condition, and the slight reduction in healthcare costs. ³ However, UHC solves all of these defects and allows citizens to pay a less for healthcare overall. The issue in the nonuniversal healthcare system of the United States is that Americans are still paying far more of their Gross Domestic Product (GDP) for healthcare and yet receiving less than other countries who pay a considerably lower percentage of their GDP.⁴ Since nations currently implementing UHC have lower annual healthcare costs, it seems to show that UHC could be a viable solution. Therefore, it might prove beneficial to consider the arguments for and against UHC and what it means for the Christian.

Arguments For and Against UHC

There are pros and cons to virtually every decision, option, and position. In the case of UHC, there are logical supporting and opposing arguments. However, the arguments supporting UHC seem to be more promising than the arguments opposing it. ProCon.org, a nonprofit organization whose desire is to inform the nation about the pros and cons of certain issues in an unbiased manner, has itemized the pros and cons to the UHC issue.⁵ Among the opposing arguments, ProCon.org lists potential increased cost deficit as one of the primary concerns. The reasoning behind this comes from the dollar amount programs such Medicare and Medicaid have cost taxpaying United States citizens. According to Russell Korobkin, programs such as these composed 21% of the federal budget.⁶ The concern here is that the burden of funding will compound if the United States of America

¹ Stuckler, Feigl, Basu, & McKee, 2010, 10-13

² World Health Organization. 2015

³ Stokoff, Grossman, Sterkx, Bount, & Volberding, 2010, 13-29

⁴ World Health Organization, 2011, 91-102

⁵ ProCon.org, 2015

⁶ Korobkin, 2014, 525

adopts a UHC system and ultimately cost the taxpaver more than if they retain their current privatized system. However, the argument supporting UHC dealing with finances cites the Organization for Economic Co-Operation and Development's health data for 2013. According to this report, the United Kingdom reported to have spent 41.5% per capita in 2010 of what the United States spent on healthcare. This is significant when considering that the United Kingdom has a UHC program whereas the United States does not. Other countries such as Canada who also possess UHC programs report the same level of reduced cost.⁸ This shows that cost is not truly a concern when governments implement an actual UHC system. The other major concern listed by ProCon.org is reduced efficiency of health services. The opposition again lists programs such as Medicaid as their example. The United States Government Accountability Office (GAO) found that 9.4% of individuals on the Medicaid program experienced reduced treatment efficiency as opposed to 4.2% of individuals on private health insurance programs reporting the same problem.⁹ This is a poor opposing argument, as Medicaid is not an actual UHC program since there still exists a private insurance market. Therefore, the correlation made between Medicaid and UHC is erroneous and on can disregard it. To counter this argument, the obvious benefit to UHC seeks to reach more people in need and therefore inevitably saves more lives. Overall, the supporting arguments have shown to be more influential and substantial than the opposing arguments.

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What Should Christians Do in Light of
UHC?

The Christian faith features a call to serve the poor and needy. Keeping this in mind, UHC seems to be congruent with the Christian faith. T. R. Reid even nicknames the German healthcare system "applied Christianity" in his book *The Healing of* America: A Global Quest for Better, Cheaper, and Fairer Health Care. 10 He does this because he sees this correlation to the Christian mission and the aim of UHC. The only way to determine whether this conclusion is accurate or misleading involves searching Scripture for support. During the presentation of this topic to a class of students, the presenter compiled the responses to this question of Scriptural support for UHC. Among the responses, students cited Deuteronomy 15:7-11 and Matthew 25:37-40. It is interesting to note that Deuteronomy, a book of the Old Testament written to remind God's people of His Divine Law, includes a passage urging God's people to care for the poor. This particular passage explains the consequences of failing to help another in need suggesting that it is the duty of a Christian to serve the poor. 11 The passage found in Matthew takes a different approach to serving those in need by suggesting that in helping the destitute one is serving the Lord Himself. 12 Although different from Deuteronomy's presentation of this concept, it conveys the same major idea. Serving others who cannot care for themselves is integral to the Christian faith. Beyond what the students presented, there is a plethora of Scriptures supporting this concept. Proverbs 14:31 mirrors the previously referenced Matthew passage. In His familiar manner,

⁷ Organisation for Economic Co-Operation and Development, 2013, 209

⁸ Lasser, Himmelstein, & Wolhandler, 2006, 1300

⁹ United States Government Accountability Office, 2012, 30-31

¹⁰ Reid, 2009, 66

¹¹ Deuteronomy 15:7-11, English Standard Version

¹² Matthew 25: 37-40, English Standard Version

Christ challenges His listeners in Matthew 19:21 to not just serve the poor, but to give everything to the poor. 13 1 John 3:17 sets forth a deeply convicting message stating that those who do not love their neighbor by caring for him cannot truly have the love of God abiding in their hearts. 14 The overwhelming supply of supporting verses suggests that Christianity as Christ presents it would certainly approve the overarching aim of UHC. As discussed previously, the goal of UHC is primarily to provide a means for every individual to receive competent health services. It should be easy to identify how this relates to the Christian message. Serving the sick that cannot provide for themselves is essentially the mission of UHC. Therefore, it should seem strikingly out of character for Christians to oppose such a movement as the one promoted by Universal Health Care.

The logical thought process following such conclusions stated above should cause individuals to question what motivates professing Christians to oppose a movement such as universal access to health. Considering that approximately 70% of United States citizens identify as Christians, one might assume that more would favor UHC or at least a healthcare plan that seeks to supply more individuals with comprehensive care. 15 However, the lack of initiative towards such a movement and severe critique of any system mirroring such aims identified by UHC seems puzzling. In order to consider a reason for such circumstances, one will make a few assumptions that run the risk of oversimplifying the opposition. With that in mind, consider the following reasons Christians might oppose providing the nation with competent healthcare. Two reasons for this rejection involve money and socialism. It is never easy to pay taxes.

When the government takes a portion of an individual's income, it then applies those funds to programs they might not benefit from, it causes friction and discomfort. However, Scripture is clear as to how a Christian should always be willing to serve those who are in need. In addition to this, 1 Timothy 6 outlines that idolatry is the root of all evil. The author gives the specific example of idolatry of money, however, the overarching message deals with idolatry in general.¹⁶ If Christians struggle giving their earnings to causes specifically designed to care for the poor and needy, it might be bread out of a heart of idolatry. The second reason Christians might have an aversion to the concept of UHC deals with Socialism. The word "Socialism" carries a heavily negative connotation for Americans. Because of the Cold War, the idea of Socialism is closely associated with Communism. However, UHC is not calling for the United States to join the Socialist Party, completely abolish private businesses, and allow the government to run everything. It merely encourages the transformation of the healthcare system from a largely private to a more public market thereby equalizing the cost of healthcare for individuals. Neither argument holds up as they find their basing in idolatry and prejudice respectively, two qualities not actively supported by Scripture.

The question still remains as to whether or not UHC can solve an issue contributing to the problem of suffering. Until implemented in the United States, UHC cannot be determined as successful or unsuccessful. Each country is comprised of a unique demographic of individuals. Although statistics support the implementation of UHC, it cannot guarantee that it will take hold and be advantageous to the people of the United States of America.

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¹³ Matthew 19:21, English Standard Version

¹⁴ 1 John 3:17, English Standard Version

¹⁵ Pew Research Center, 2015

¹⁶ 1 Timothy 6:10, English Standard Version

People cannot guarantee anything when so many variables are at play. Nevertheless, it must be noted how promising UHC systems have been for countries such as Canada, the United Kingdom, France, and Germany. Another interesting fact to note is how the United States featured the highest infant mortality rate among developed countries in 2010 even though America's medical advancements are world-renowned. 17 In the study referenced here, researchers compared the United States to countries that have UHC systems in place. Through all of this, individuals can make at least one definitive conclusion: the healthcare system currently serving the United States is not operating as it ought to. Thus, change must occur in order to combat these unnecessary, solvable issues adding to the problem of suffering in the world. One cannot overlook the reduction of the number of issues such as infant mortality in countries where UHC exists. If UHC has the potential to be the solution for America, the United States must consider and potentially pursue it. If Christians are responsible to care for the less fortunate then they must pursue every option including UHC.

Conclusion

UHC, although having its pros and cons, seeks to provide aid to the sick and

Dialogue & Nexus | Fall 2015-Spring 2016 | Volume 3 needy which is a concept that Christianity preaches. Christians have a responsibility to their fellow humans and to God. This Godmandated responsibility is to serve and care for those who cannot care for themselves. With a system such as UHC, Christians have the opportunity to reach far more individuals and care for the needy. This increased scope of care should encourage Christians to sincerely contemplate the benefits and drawbacks to this cause. While society may never solve the problem of suffering, the issue of diminished access to healthcare, burdensome medical costs, reduced coverage, and discrimination against impoverished individuals with specific regards to healthcare are all conquerable challenges. UHC has shown itself to be incredibly promising in fixing all of these issues. This in turn contributes to the resolution of the problem of suffering. Therefore, in a small way, UHC has the very real potential to solve part of the problem of suffering. If this is truly the outcome of implementing a healthcare system modeled after the UHC systems society absolutely must research, scrutinize, and potentially consider it as a solution to the issues America currently faces in their healthcare system.

Literature Cited

Korobkin, R. (2014) Comparative Effectiveness Research as Choice Architecture: The Behavioral Law and Economics Solution to the Health Care Cost Crisis. Michigan Law Review. Ann Arbor, MI: Michigan Law Review.

http://www.repository.law.umich.edu/cgi/viewcontent.cg?article=1028&context=mlr Lasser, K. E., Himmelstein, D., Wolhander, S. (2006). Access to Care, Health Status, and Health Disparities in the United States and Canada: Results of a Cross-National Population-Based Study. American Journal of Public Health. 96(7), 1300-1307. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1483879/pdf/0961300.pdf

¹⁷ MacDorman, M. F. et al., 2014, 1

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- MacDorman, M. F. et al. (2014). International Comparisons of Infant Mortality and Related Factors: United States and Europe, 2010. National Vital Statistics Report, 63(5): 2-7. http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_05.pdf
- Organisation for Economic Co-Operation and Development (OECD) (2013). Health at a Glance 2013. Paris, France: Organisation for Economic Co-Operation and Development. http://www.oecd.org/els/health-systems/Health-at-a-Glance-2013.pdf
- Pew Research Center (2015). America's Changing Religious Landscape. Religion & Public Life. Washington, D.C: Pew Research Center.
 - http://www.pewforum.org/2015/05/12/americas-changing-religious-landscape/
- Reid, T. R. (2009). The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care, New York: The Penguin Press.
- Strokoff, S. L., Grossman, E. G., Sterkx, C. A., Blount, E. C., Volberding, E. M. (2010). Compilation of patient protection and affordable care act. Washington, D. C.: Office of the Legislative Counsel. http://housedocs.house.gov/energycommerce/ppacacon.pdf
- Stuckler, D., Feigl, A. B., Basu, S., McKee, M. (2010). The political economy of universal health coverage. Montreux, Switzerland: World Health Organization. http://www.pacifichealthsummit.org/downloads/UHC/the%20political%20economy%20of%20uhc.PDF
- United States Government Accountability Office (GAO) (2012). Medicaid: States Made Multiple Program Changes, and Beneficiaries Generally Reported Access Comparable to Private Insurance. Report to the Secretary of Health and Human Services. Washington, D. C.: United States Government Accountability Office. http://www.gao.gov/assets/650/649788.pdf
- World Health Organization. (2015). What is universal coverage? Health financing for universal coverage. http://www.who.int/health_financing/universal_coverage_definition/en/#
- World Health Organization (2011). World Health Statistics 2011, Geneva: World Health Organization.
 - http://www.who.int/gho/publications/world_health_statistics/EN_WHS2011_Full.pdf?ua =1