

**AGENDA FOR CHANGE: AN ELECTRONIC NEWSLETTER
ST. LAWRENCE DISTRICT SOCIAL JUSTICE COUNCIL – SUMMER 2009**

Dick Gilbert - SLUUD Social Justice Coordinator - Rsgilbert@uuma.org

(Deadline for September issue is September 8)

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SOCIAL JUSTICE CALENDAR 2009

October 31 – November 1: “Birth & Growth Conference – Celebration of the 50th Anniversary of the ‘Conference at Syracuse’” (at which Universalists and Unitarians decided to consolidate)

November 7: “Doing Justice in an Economic Tsunami” - the 2009 **St. Lawrence District Social Justice Council** annual conference at the Unitarian Universalist Church in Amherst, Saturday, November 7. Former UUA President John Buehrens will be the featured speaker. **SEE BELOW**

November 22: UUSC Guest at Your Table Sunday

June 23-27, 2010: UUA General Assembly in Minneapolis, MN

EDITORIAL COMMENT: In the matter of Henry Louis Gates

This incident in which Professor Gates was arrested by police in his own home reminds us of several things: (1) racism is not dead. It is hard to imagine such an incident with a white professor; (2) the police have a wickedly hard job in being sensitive to minorities in America – I do not envy them; (3) presidents and the rest of us ought to hold our fire until we have fully digested the facts of the case; (4) having a friendly beer is good PR to redeem mistakes, but the long hard work of ending racism remains daunting even in the Obama era. Dick Gilbert



**The St. Lawrence Unitarian Universalist District
Social Justice Council Presents**
DOING JUSTICE IN AN ECONOMIC TSUNAMI
November 7, 2009—9:30am to 4pm
Unitarian Universalist Church of Amherst



Theme Speaker – JOHN BUEHRENS
Former President, Unitarian Universalist Association

This fourth annual conference will feature John Buehrens, former President of the UUA. John brings not only a national perspective on economic justice, but also the understanding of a parish minister. He has been a prominent figure on the national religious scene for years, has served as special advisor to the Unitarian Universalist Service Committee and is a prolific author. His talk will be **“Maintaining a House of Hope.”**

The economic meltdown at the national and world levels has pervaded the religious consciousness. The recession has not only a social, political and economic impact, but also a moral and spiritual one as well. How do we respond as individuals, as congregations, as a religious movement? John will outline his views on this troubling topic.

In addition to the theme talk there will be a question and answer period, and topical workshops on **health care, religious advocacy, racism and economic justice and class issues in liberal religion**. A **youth con** in Amherst will enable many of our young people to participate. See our social action section on the district website at www.sld.uua.org.

Conference registration information and a detailed program will be available in early September on the St. Lawrence District website: www.sld.uua.org, and will be mailed and e-mailed to each congregation. For further information, contact Rev. Dick Gilbert at Rsgilbert@uuma.org.

NEW YORK STATE ISSUES

***** See Interfaith Impact of NYS August Newsletter – ATTACHED

Report Compares Four Comprehensive Reform Proposals and Their Impact on Health Insurance Coverage in New York

The New York State Departments of Health and Insurance today announced the release of a study showing how four proposals to reform the State's health insurance system might achieve quality, affordable coverage for all New Yorkers. The study was mandated by the State Legislature.

The Departments of Health and Insurance contracted with the Urban Institute to determine the cost and coverage implications of four health reform proposals: (1) the Public-Private Partnership proposal that simplifies and expands existing public programs and reforms private health insurance; (2) New York Health Plus, Assemblyman Richard N. Gottfried's proposal that gives all New Yorkers an option to enroll in Family Health Plus; (3) Public Health Insurance for All, a single payer public health insurance option; and (4) the Freedom Plan, an option that relies on regulatory flexibility and tax credits. The Public-Private Partnership proposal is similar to the proposal now being debated in Congress.

The Urban Institute's study shows:

Three of the four proposals modeled cover all New Yorkers: Public Health Insurance for All, New York Health Plus and the Public-Private Partnership. The Freedom Plan leaves 13.3% of New Yorkers uninsured, a small reduction from the current 15.8% uninsured.

There is minimal change in employer-based coverage under the Public-Private Partnership and the Freedom Plan proposals. However, under New York Health Plus, employer coverage drops significantly, and under Public Health Insurance for All, employer coverage ends altogether.

The market for individuals to buy coverage directly ceases to exist under the Public Health Insurance for All and the New York Health Plus proposals. Individual coverage increases under the Public-Private Partnership and the Freedom Plan.

Public health insurance programs, which currently cover 21.4% of the population, would continue to serve significant numbers of New Yorkers under all four proposals, ranging from 100% under Public Health Insurance for All to 21.7% under the Freedom Plan.

Government spending on health care for the non-elderly currently accounts for \$28.5 billion of the \$83.9 billion spent on health care in New York. Under each of the four proposals, government spending increases – by 202% under the Public Health Insurance for All proposal (total \$86.3 billion); 119% under New York Health Plus (total \$62.5 billion); 25.3% under the Public-Private Partnership model (total \$35.8 billion); and 9.6% under the Freedom Plan (total \$31.3 billion).

The net government cost per newly insured varies from a low of \$2,663 for the Public-Private Partnership proposal to a high of \$21,287 for Public Health Insurance for All. The cost per newly insured for New York Health Plus is \$12,508, and the Freedom Plan is \$6,605.

Post-reform expenditures by employers and individuals also vary widely. Under Public Health Insurance for All, employer and individual spending is eliminated. New York Health Plus reduces both individual and small employer spending. Individual spending remains constant under the Public-Private Partnership proposal while small employer spending drops slightly. The Freedom Plan increases individual spending, but somewhat reduces small employer spending.

Aggregate health care spending – the amount of new spending across the health care delivery system by all payers including government, employers and individuals – increases the most under New York Health Plus, followed by the Public-Private Partnership proposal. The Public Health Insurance for All proposal has the lowest aggregate increase in health care spending of all proposals that achieve full coverage, and the Freedom Plan results in the lowest increase in aggregate spending, but does not achieve coverage for all New Yorkers.

Last week the Governor issued a report, Transforming New York's Public Health Insurance Programs: Expanding Access, Improving Quality and Controlling Costs, which cites how New York's Medicaid program has been reformed through the reduction of inpatient rates, investment in primary and preventive care and ambulatory care services, and by providing incentives to practitioners who work in medically underserved areas and meet patient-centered medical home standards that advance integrated and coordinated care. The full text of the Urban Institute's study, as well as the Transmittal Report from the Departments of Health and Insurance may be accessed on the Partnership for Coverage website (www.partnership4coverage.ny.gov), as well as on the websites of the Department of Health (www.nyhealth.gov) or Department of Insurance (www.ins.state.ny.us).

To view Transforming New York's Public Health Insurance Programs: Expanding Access, Improving Quality and Controlling Costs, please visit http://www.nyhealth.gov/health_care/docs/2007-2009_health_care_transformation_report.pdf. For more information, contact the Insurance Department Press Office at (212) 480-5262 or the Health Department Press Office at (518) 474-7354, ext.1. Revised: July 2009

NATIONAL ISSUES

SOCIAL JUSTICE REPORT FROM GA – Peacemaking *et al*

The Commission on Social Witness brought its proposed peacemaking Statement of Conscience before the General Assembly delegates. After intense discussion at several mini-assemblies the delegates tabled the proposed Statement of Conscience. Reasons given for opposition to the CSW draft included (1) inadequate historical perspectives; (2) too little attention to radical peacemakers; (3) limited choice – pacifism or just war perspective; (4) use of the “dated” term “pacifism” instead of the more current use of non-violent resistance or creative non-violence; (5) lack of analysis of the moral underpinning of American policy. Members of the UU Peace Fellowship led the critique. CSW members and others from the peacemaking team were disappointed, as they had already laid concrete plans for implementation of the Statement of Conscience. The CSW will return with another version next June in Minneapolis.

FINAL TEXTS OF ACTIONS OF IMMEDIATE WITNESS NOW ONLINE

The six social witness resolutions introduced by petition and adopted by the 2009 UUA General Assembly in Salt Lake City last month are now online:

- 1: [Advocate Pending Legislation Toward Clean, Honest, and Fair Elections in the United States](#)
- 2: [U.S. Ratification of the Comprehensive Nuclear Test Ban Treaty](#)
- 3: [In Support of America's Red Rock Wilderness Act](#)
- 4: [Support Bolivian UUs Struggling for Justice and Human Rights](#)
- 5: [U.S.-Sponsored Torture: A Call for a Commission of Inquiry](#)
- 6: [Oppose Sexual Orientation and Gender Identity-Based Violence in Iraq](#)

STANDING ON THE SIDE OF LOVE

Rev. Chris Buice, Tennessee Valley Unitarian Universalist Church

On Sunday, July 27th, 2008, a man walked into the sanctuary of my church--Tennessee Valley Unitarian Universalist Church--and opened fire. Two dedicated Unitarian Universalists were killed: Greg McKendry, an usher, and Linda Kraeger, a member of Westside Unitarian Universalist Church. Six other people were injured.

Every member of our two congregations was affected. In the aftermath of that tragic morning, the surrounding community embraced us. We kept our hearts and our doors open, and love came rushing in from every direction. One year later, I remain deeply grateful for the countless hugs, cards, meals, and prayers that sustained us. I could not have known then that our commitment to love in the face of violence would inspire the Unitarian Universalist Association to launch the Standing on the Side of Love Campaign. I couldn't be more pleased, however, because experience has taught me that brokenness can only be healed with love.

As we approach the first anniversary of the shooting, I ask you to join this campaign by pledging to stand on the side of love. Unfortunately, our experience is not unique. People across the nation face exclusion, oppression, or violence because of their immigrant status, sexual or gender orientation, religion, race, political views, among other identities. Such dehumanization must be challenged. This campaign invites people of every faith and belief to stand together in the name of love. Our nation is at a critical moment, when our collective voice and action can heal families, towns, cities, states, and nations. One week after the shooting, I returned to the pulpit to rededicate our sanctuary. I said, 'A man came into this space with a desire to do an act of hatred, but he has unleashed unspeakable amounts of love.'

Join with me in that unleashing of love. I invite you to open your hearts and join thousands of others who are standing on the side of love.

***** For details on "STANDING ON THE SIDE OF LOVE" campaign see ATTACHMENT
"SAC NEWS AUGUST 4, 2009. *****

The UUA Washington Office for Advocacy (UUAWOA)

visit www.uua.org/socialjustice. See SAC News August 1 (ATTACHED).

UNITARIAN UNIVERSALIST SERVICE COMMITTEE CORNER

Minimum wage rises, but \$7.25 is still not a living wage!

On July 24, 2009, the federal minimum wage increased from \$6.55 per hour to \$7.25 per hour, the last of three scheduled increases. This extra income (up to \$28 per week) will help millions of workers cope with the rising price of food, housing, and other basic needs. But \$7.25 is nowhere near sufficient - it is just \$15,080 a year for a full-time job.



Join us to ensure that the minimum wage does not fall further behind the cost of living and that workers are paid what they need to reach a minimum standard of living. Spread the word in your community, including to fellow members of your congregations and schools, about why raising the minimum wage is the right thing to do, especially in these hard economic times.

Here's how you can help:

- **Sign** the [Faith Leader Letter to Congress](#) or the [General Public Sign-on](#) to show support for the **\$10 in 2010** campaign.
- **Speak out** by writing a letter to the editor or op-ed for your local newspaper about why raising the minimum wage is not only good for the economy but also the morally right thing to do to support millions of workers. Visit our website (address below) for [sample letters to the editor](#), [examples of op-eds](#), and [tips for writing opinion pieces](#). If your letter or op-ed is published, please let us know by sending an e-mail to [Dick Campbell](#), UUSC Media and Public Affairs Coordinator, so it can be used in our advocacy work.

Don't let critics of the minimum wage dominate the public debate! Join us in mobilizing faith-based voices to support raising the minimum wage.

The value of the minimum wage is lower now than in 1968, the year Rev. Martin Luther King Jr. was assassinated in Memphis while fighting for living wages for sanitation workers. The federal minimum wage of 41 years ago, adjusted for inflation, would be \$9.83 per hour today!

This month and for the months ahead, we hope you will join us as we work with our partner [Let Justice Roll](#) on the campaign that calls for raising the federal minimum wage to **\$10 in 2010**.

The links above are at: www.uusc.org/content/job_should_keep_you_out_of_poverty_not_in_it

Adapted by Jack Maniloff, UUSC St. Lawrence District Regional Coordinator
<jkmf@mail.rochester.edu> from an E-mail by Ariel Jacobson, UUSC Economic Justice Program Associate.

GUEST EDITORIAL: What's Wrong With the Obama Health Plan?

Peter Mott (Mott is a retired physician)

Why would many of us who worked hard to make Barack Obama president now work hard to oppose his health plan? The explanation is quite simple: There are three possible directions to take with our complex, confusing, expensive, and failed health care non-system in the US – but only one of them is affordable. If our leaders choose one of the other routes they will vastly increase our deficit and we will find ourselves back in the old quagmire of rationing, with the same questions raised: Who will we exclude from receiving medical care? Which elderly citizens should not have major surgery – and at what age? Which should not have unlimited nursing home stays?

The three main options before us are: (1) Continuing the current mix of hundreds of private insurance corporation plans and several public programs; (2) A single payer system; and (3) The Obama/House Democrats compromise – a public/private option.

The Obama plan proposes that everyone should choose among all existing insurers and a competing public plan. The latter is to be designed but likely will be similar to our current Medicare. The government would help low-income families either to buy private insurance policies or join the public plan. The 50 million uninsured Americans (plus an estimated 40 million under-insured) would have that choice. Everyone would be covered. The insurance companies would love having millions of new customers.

The cost of the Obama plan, however, would be huge. Total health care costs in the US now are nearly twice that of any other industrialized nation per person per year; and our costs are rising at a rate faster than any other country each year. Imagine the total cost if, added to all this, we help pay for those same 90 million under- and un-insured people. What if we add long-term care insurance for nursing home or home care – which most Americans do not have now? On 7/17/09 Congressional Budget Director Elmendorf stated that the proposed Obama/House Democrats plan “significantly expands...health care costs.”

The President's hope is that a competing “public option,” would attract enough customers to force down overall costs. However, if the premiums for the private and public options are equal – and the insurance corporations will push for this – a majority of citizens probably will choose the private route. Then overall costs will go through the roof.

The “single payer” proposal is easiest to understand by looking at the bill now in Congress called HR 676 or “Medicare for All.” Everyone would be covered. We would have free choice of doctor and hospital. All needed services would be covered at no charge, including regular care, preventive care, emergency services and chronic, long-term care. Health care would be planned and organized by regions. The single plan would be paid for by a progressive income tax and an excise tax on corporations. Such single payer public plans have been shown in careful studies to save money over our current health care costs. After a transition period there would be expected savings of

\$350 billion per year. Administrative costs of the current Medicare program are only 2-3% - compared to those of private insurance corporations that are from 15-30%, largely because of advertising costs, shareholders' profits, and high pay/benefits for executives.

Why does President Obama – who previously favored single payer – now push for a compromise? Because he wants to win Congressional votes – and the gigantic insurance corporations control many of those votes. Is this anti-democratic? Yes, indeed! But Congress won't care about that unless there is a groundswell from the grassroots demanding what is best for America.

Seventy per-cent of the public have expressed support for national health insurance. Now that 70% must speak out. The stakes are high: public good vs. corporate profit. Battling the insurance corporations, their lobbyists, and the propaganda that is already spreading - will be tough. But when was democracy ever easy?

Editorial Comment: Is the Perfect the Enemy of the Good?

I agree with almost everything that my friend Peter Mott writes. However, it is clear that universal health care by a single payer plan will not be approved at this congressional session. Therefore, while a universal single-payer plan I believe should be the ultimate goal of health care activists, I urge support of the Obama/Congressional plan embodied in H.R. 3200, which has important reforms including a public option. Clearly this plan is far from perfect but it is probably the best option before us, and failure to have that public option will move us further from the goal Peter and I share.

Why do I say this? Don't progressives give away too much in compromise? I agree with those who say the Obama strategy was faulty. He should have pushed for what he believes in his heart of hearts – the single payer – though he says that would have been nice if we started from scratch, but we didn't. If he had begun there the public option would be a good fall back position. Unfortunately that public option is in jeopardy.

The difference here is not one of goals, but strategy. Two points: (1) years ago I remember preaching against Richard Nixon's guaranteed income welfare reform (with Daniel Patrick Moynihan his advisor). I joined other liberals in thinking it was too stingy – my sermonic opposition was entitled "Guaranteed Annual Poverty." I also joined conservatives in opposition – they opposed any such welfare program. If we had passed that legislation, imperfect though it was, we would have had a welfare policy on which to build. Instead we got the welfare re(de)form of 1996. I have regretted ever since my stance – the perfect was the enemy of the good; (2) in Michael Harrington's classic book *Socialism* he opined on why there was no socialist movement in this nation. Then he staked out his position at the left wing of the Democratic Party; he would support incrementalist policies he felt would lead toward democratic socialism. He would not allow the perfect to be the enemy of the good. I agree.

We will be fortunate to succeed in including a public option in the current health care legislation. I think we should work hard to include it as an important step on the way toward universal coverage, single-pay health insurance. – Dick Gilbert

