Health-care option: A Mennonite plan for mutual aid

by Amy Frykholm in the September 22, 2009 issue

When Juanita Nuñez and her husband, Eligio, copastors of a small Mennonite congregation in Apopka, Florida, were involved in a serious car accident in 2006, Juanita Nuñez immediately worried about something other than her health. She worried because the couple did not have health insurance.

Mennonite pastors Constanzo and Marisela Aguirre also know the financial dread of having a serious injury or illness. When they decided to become copastors of a Mennonite congregation in Aurora, Illinois, they had to give up health insurance, knowing that the small congregation, made up mostly of recent immigrants, could not provide it. They decided to take the risk.

But the Nuñezes, the Aguirres and other Mennonite pastors might be able to find a solution to their health-insurance problems in an insurance plan for all clergy subsidized by the entire Mennonite Church USA. At a time when the national debate on health-care reform has become a variation of “What’s in it for me?” the Mennonites are considering a plan that calls on all Mennonites to sacrifice for the sake of the needs of the whole church.

MCUSA churches have until October 1 to decide if they will participate in the plan. Organizers say they need 80 percent participation by the denomination’s 939 churches for the plan to work. It is an ambitious goal and not an easy sell.

Compared to the national problem of 46 million Americans without health insurance, the Mennonite clergy’s problem might seem insignificant. The denomination has fewer than 100 pastors without health insurance. But the attempt to ensure that all Mennonite pastors have health insurance regardless of salary or the financial status of their congregation presents a microcosm of the larger health-care debate: Are the wealthy willing to pay more to ensure that everyone has health insurance? In this case, the question is: Will larger churches be willing to subsidize smaller ones so that all Mennonite pastors can have heath insurance?

The plan under consideration is called the Corinthian Plan, a reference to 2 Corinthians 8:14, in which Paul urges that the abundance of some should be used to provide for the needs of others. (“In turn their plenty will supply what you need. Then there will be equality.”) Under the plan, every pastor will receive essentially the same coverage—with a range of choices for deductibles—and larger and wealthier congregations will subsidize smaller congregations in order to make premiums affordable for all.

Keith Harder, architect of the Corinthian Plan and the person who has taken on the task of explaining it to congregations, has said it is “an expression of mutual aid as much as an insurance plan.”

Of the 939 MCUSA congregations, about 8 percent (or about 75) have pastors who have no insurance. In 60 to 70 percent of churches (roughly 610 congregations), pastors’ health-insurance needs are provided by the pastor’s spouse, through another job or through the direct purchase of a policy with no help from the church. The remaining 20 to 30 percent of churches (or about 235) provide pastors with insurance, often through Mennonite Mutual Aid (MMA), an agency associated with the Mennonite Church USA.

The Corinthian Plan asks congregations to pay $10 per year per attendee of their church. This pool of money would subsidize insurance for ministers in small congregations. MMA would underwrite the plan while purchasing claims processing from Blue Cross Blue Shield. Mennonite Mutual Aid would set rates and eligibility—a crucial component for a plan that must insure everyone regardless of medical condition. While the Corinthian Plan is a high-deductible plan, it would provide better benefits and a lower deductible than plans currently available through Mennonite regional conferences. The Corinthian Plan, by sharing costs throughout the denomination, would enable all pastors, regardless of their current health condition, to be insured.

In order to convince congregations to participate, Harder is talking to them not only about fairness and equity but also about their own future needs. Congregations with healthy pastors may not want to double their insurance costs now to support the plan, but they might sometimes find themselves in a different situation. Buying into the plan would protect them in the future while providing for struggling pastors now.

Four years ago, the Mennonite yearly assembly agreed in principle that health-care access is an issue of justice. Delegates approved a statement that said, “Because the scriptural test of a just nation is how it treats its weakest members, we will be clear and consistent advocates to policymakers on behalf of public health matters and access to healthcare for everyone.”

In July, the Mennonite assembly passed a resolution supporting legislation that would extend health-care coverage to all Americans, especially the poor and disadvantaged. Mennonites resolved to work for health-care access for all Americans and to urge Congress to pass comprehensive reform aimed at aiding the poor.

The resolution passed handily. But this was typical resolution stuff. At most, delegates would return home and rally their congregations to call their representatives and senators. Timothy Jost, who crafted the resolution, said his main goal was to keep the issue of health-care access in front of the assembly. As the national conversation on health care was heating up, he didn’t want the Mennonites’ witness to fade.

It is one thing to urge congressional reform and quite another to make changes within one’s own community. One objection to the Corinthian Plan is that it aims to insure only pastors. It does not focus, as the resolutions had, on reaching the “poor and disadvantaged” and the “weakest members of our community.” Why work so hard to insure pastors when there are plenty of others whose needs may be greater?

The answer, said Harder, is that one has to start somewhere. “Our capacity to speak to [the larger issue of reform] is compromised by the fact that we haven’t found a way to address the problem in our own fellowship and in our own leadership. We certainly recognize that there are others besides pastors who don’t have insurance, but we also recognize that we are not being good and responsible employers when we don’t provide that benefit to our own employees and those serving our churches.”

While the language of mutual aid is very familiar to Mennonites, the notion that having insurance is an issue of justice is not. Called upon to care for one another and to reach out to others, Mennonites typically respond generously. But called upon to buy insurance? That does not ring with the sound of a biblical imperative.

Jeff Mumaw, a pastor of Clinton Frame Mennonite Church near Goshen, Indiana, says that the idea for the Corinthian Plan coincided in an unfortunate way with the impact

of the recession. Just as the church was considering the plan, an emergency budget meeting was called, and every line item that was not fixed (like the light bill) was cut in half. The Corinthian Plan calls for the church to double the amount it spends on health insurance for its staff of six. Mumaw's congregation continues to discuss whether or not it will participate.

Doubling the money spent on health insurance for one's own staff might seem selfish and unnecessary. Some would call it poor stewardship of congregational resources. If insurance is necessary, then why not get it as cheaply as possible and spend more money on missions?

The broader issue, however, is that pastors who don't have insurance tend to serve low-income congregations in both rural and urban areas. Working together to provide health insurance for all congregations means providing those congregations with more stable leadership and thus benefiting the broader mission of the church. The Corinthian Plan is a combination of outreach, self-care and mutual aid.

"The Corinthian Plan isn't just about caring about ourselves," said Mumaw. "It is about caring for the wider church. How do we keep working at ways of ministering that are beyond ourselves while being good stewards of our resources? We all agree to that, but we are struggling with how to put that into practice."

Rod Stafford, pastor of the Portland Mennonite Church in Oregon, said that the conversation was much easier in his congregation in part because the issue has long had a personal dimension. His congregation shares a building with a much smaller, immigrant and Spanish-speaking congregation. The contrast between the health benefits Stafford receives and those of his Spanish-speaking counterpart is stark. "We felt it wasn't right," Stafford says. "But we also are well aware of seeming patronizing. We didn't want to just pay for their insurance. We wanted a solution that would work for everybody." Portland Mennonite Church worked at the regional level to provide insurance for the pastors of all congregations in their conference. When the Corinthian Plan came into being, opting in required little discussion.

Not all low-income congregations with uninsured pastors have readily adopted the plan. They too would face increased expenses in doing so. In addition, navigating the paperwork that the plan requires can be an enormous challenge. Even if congregations appreciate the idea, Harder said, "they don't even know where to start." They may be distrustful of making personal information public or prefer that

medical problems be handled relationally rather than through a bureaucracy. None of these barriers has been easy to overcome.

“The last thing I wanted to do,” Harder says, “is create a plan that was offered to the rest of the church only to find they weren’t interested. That has happened too many times in the past.”

Juanita Nuñez, moderator of the Hispanic Mennonite Church (a coalition within the Mennonite Church USA), says that the Corinthian Plan has been welcomed in her community because people have had experiences like hers of suffering serious injury while not having insurance.

The Corinthian Plan will not fail for lack of communication. When I called Marco Guete, a conference minister of the Southeast Mennonite Conference, about the plan, he at first mistook me for someone calling from Mennonite USA to explain it. “We’ve been getting so many calls,” he explained, laughing. He said congregations in his area are very receptive to the plan. “They are happy to see the denomination doing something to help small congregations. It’s especially important that this plan will allow people to participate even if they have previous medical conditions. This is a response to a real need.”

Harder has been working tirelessly to talk to Mennonites about the plan. He does not try to “sell” it as an “insurance product,” he said. He wants the conversation to take place on a higher level. Harder recruited 100 ambassadors to visit every Mennonite USA congregation in the country. The ambassadors were asked to reach out to congregations to which they already had some connection, so that they could speak with credibility.

Since most congregations assumed that the health-insurance question wasn’t relevant to them—they had no interest at the outset in buying insurance from the church—the first task of the ambassadors was to get people’s attention. Harder said that has happened, and he is “heartened by the efforts” of congregations to grapple with complex issues. He wants people to connect the Corinthian Plan directly to the results of the assemblies’ votes on health policy. He knows that congregations have to be driven by a vision. “This is not a denominational initiative. This is not an insurance product that someone is trying to develop and foist upon them. This came as a mandate from the delegates. That has helped to transcend the suspicion. This is as much about the kind of church we want to be as it is about insurance.”

Stafford agrees. “If you are talking about unity in the body of Christ, that has to mean something.” If his congregation has to pay more so that other clergy can enjoy the same peace and security he has, so be it. He is careful to present the health-insurance plan as a plan for mutual aid. “We have put it in those terms from the get-go, because down the road somebody is going to be looking at that budget line and say, ‘We can get insurance for a lot cheaper than that.’ But this isn’t just about the bottom line, and I think our congregation recognizes that.”

For Mumaw’s congregation, the plan is more controversial. “We are having to make a choice about whether we go with the church or we don’t,” he said. “To go against that is a heavy burden, but this is not an easy time for us to say yes. We would love to say: ‘Corinthian Plan, great idea, we will catch up with you in a year.’” Mumaw said he has appreciated the honest way that the conversation has been conducted. “From the beginning the conversation has been about the desire to live out our faith in very concrete and practical ways.”

As of late August, 450 congregations had indicated that they are likely to participate. By Harder’s count, 250 more are needed by the October 1 deadline for the plan to be financially viable.

If the Mennonites are able to make the Corinthian Plan work, they hope that their efforts will make them a formidable voice in the national debate. “The Corinthian Plan is, on a very small scale, a demonstration of our readiness to support the kind of changes that are needed on a much broader scale in our country,” Harder contended.

Whatever the outcome of the Corinthian proposal, every Mennonite USA congregation in the country will have grappled with the problem of health insurance in a concrete way. Each will have considered the tension between self-interest and care for neighbor. Each will have decided on what sacrifices it is willing to accept for the greater good. The tenor of the Mennonites’ conversation and the honesty with which they have faced the dilemma is a model for the nation. If nothing else, we need more Mennonites to show up at town hall meetings.