

Divestment Resolution generic template

that can be modified and adapted to various organizations.

Some reasons for a divestment campaign for the single payer movement:

1. It is an action. We all realize that education is the core of our national work at present, but having concrete action steps that can yield concrete results helps us to organize the people we talk to for future steps and helps them invest themselves in the movement.
2. Its opens up new avenues through which we can educate those who join the campaign for divestment and can get us entrance back into the public dialogue through the media.
3. It can help to heal rifts in the grassroots supporters of universal access to affordable comprehensive health care through their participation in an effort led by the single payer movement. Instead of rehashing last year's differences over public options etc, we can unite honest individuals and organizations to delegitimize the private health insurance industry. The inevitable logic of such a campaign leads to the reasons for single payer.

Resolutions for divestment should be based on previous principled statements or resolutions adopted by organizations promoting universal access to affordable comprehensive health care. These include but should not be limited to resolutions supporting single payer. They also can be found in mission statements and other resolutions supporting the above basic principles or declarations that health care should be treated as a human right or public good and not as a market commodity. Just like tobacco, for-profit health insurance is detrimental to human health but there is absolutely nothing relaxing or pleasurable about it.

WHEREAS (name of the organization) has clearly stated its position regarding health care (quote of supporting statement)

(multiple whereas clauses to detail the history and rationale of the organization's position may be needed)

AND WHEREAS one instrument for implementation of the organization's mission is its investment policy with the corresponding option to divest from those companies that actively oppose our goals,

AND WHEREAS violation of a basic (human right or principle), such as the right to health care (or principle of universal access etc. according to the organization's statement), is a critical criteria by which corporate behavior should be evaluated,

AND WHEREAS for-profit insurance companies are not health care providers and their primary mission is to profit for their investors, they act to decrease access to health care in order to generate profit,

AND WHEREAS for-profit health insurance companies consciously and deliberately, oppose the above principles and policy goals, in order to fulfill their for-profit mission,

AND WHEREAS the actions of for-profit health insurance companies have brought untold suffering and hardship in both the private and public spheres and have obstructed the development of healthier individuals in a healthier society,

AND WHEREAS health care reform legislation enacted by the U.S. Congress in 2010 strengthens the role of for-profit health insurance companies and further entrenches their power to determine the health care of Americans; thus, contradicting the essence of the position of (name of the organization) for health care reform,

AND WHEREAS the (name of the organization) has no obligation to support such institutions through investment, but to the contrary has a moral (ethical, principled) obligation to withdraw support from such institutions as they are detrimental to the goal of equal access to health care.

AND WHEREAS for-profit health insurance produces no product for the public good but instead increases the exposure of individuals and the society as a whole to financial ruin.

THEREFORE BE IT RESOLVED THAT (name of the organization) noting that the corporate practices of _____, _____, _____, _____, _____ as for-profit health insurance companies – run counter to its previous statements regarding health care hereby directs (the appropriate body or individual) to implement procedures to divest the organization of any financial holding in said companies as well as encourage individual members to divest of their individual holdings in said companies.

FOOTNOTES/BACKGROND ATTACHMENTS/SUPPORTING INFORMATION

* Full text of the organizations position on health care.

* For-profit health insurance companies opposition to health care as a human right:

Vis-à-vis patients

- By creating company policies and positions specifically to support shareholder profits and high salaries of company management by denying coverage or denying funding of the treatment of patients , and by providing special financial incentives to their employees to do so.

Vis-à-vis providers and patients

- By interfering in the doctor-patient relationship and preventing providers from treating patients on the basis of their informed clinical judgment through denial of treatment as well as the application of financial penalty and censure for “excessive-treatment.”
- By constant upward pressure on patient premiums, deductibles and co-pays while applying downward pressure on provider reimbursement. (See Secretary Sebellius’ February, 2010 report, “Insurance Companies Prosper, Families Suffer – Our Broken Health Insurance System”.)

Vis-à-vis legislation

- By spending hundreds of millions of patient and taxpayer generated dollars to lobby in Washington and in state

capitals, effectively buying unrepresentative power and influence to thwart efforts toward making affordable comprehensive access for all a reality. By donating directly and indirectly additional hundreds of millions of patient premium and taxpayer generated dollars to the election campaigns of candidates of both political parties in order to assure that legislators support maintenance of their power.

- By using financial influence to short-circuit democratic processes in overriding the well-documented majorities of citizens, physicians and nurses that prefer a "Medicare for all" solution to the health care crisis through the infusion of billions of dollars into the deliberative process at every turn. (if the organization is already on the record for single payer.)

Vis-à-vis insurance company employees, investors and investments

- By putting them in the morally and ethically untenable position of making the viability of their employment and investment dependent on subordinating the health care of millions to the profit-making of a few.

Vis-à-vis employers in general and their employees

- By making them less competitive in the global market place by the addition of exorbitant employee health care premiums (that also discourage entrepreneurial initiatives).
- By being forced to reduce coverage for employees and their families in order to remain competitive in the domestic market as well.
- By reducing the motivation to bring on new hires even when it would be advantageous to do so because of associated health care costs.
- In the form of workers inability to change jobs or move to jobs in other locations due to lack of portability of coverage.

***** Untold suffering:

- In the form of tens of thousands of deaths annually due to lack of accessibility to adequate health care.
- In the form of pressure to understaff hospitals due to the instability of hospital revenue from for-profit insurance payments and forced early discharges, increasing the threat to the health of patients from shortcuts in care leading to, medical mistakes, higher infection rates and unmet patient needs.
- In the form of lack of quality in overall health system performance. According to the World Health Organization the U.S. is ranked #37 in the world. In WHO's 2000 report, the U.S. ranked 30th in preventable deaths before age five – a terrible testimony to how poor the quality of our health system is.
- In the form of driving patients, both insured and uninsured, into bankruptcy and poverty due to health care costs.
- In the form of fear, demoralization and distraction in the hearts and minds of millions of Americans: fear of financial ruin if they become injured or ill; suffering from untreated preventable diseases; suffering from diseases diagnosed too late; needless premature death and disability with all its pernicious effects on not just individuals but families, communities and our entire country.

No other country has for profit health insurance companies like the U.S. The only way for these companies to make a profit for their shareholders is to find ways to not pay for the care of the sick. This is the basic flaw in for-profit health insurance. They create no product. They do not further medical research or innovation. There is no value added to justify their profits and the negative effects they inflict on the entire country.