

IMPROVING HEALTH ACCESS CAN BE A COLLABORATION OF THE CATHOLIC  
HEALTH MINISTRY AND THE CATHOLIC MEDIA

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Thank you very much for the opportunity to be with you today. I am most grateful to have the chance to speak with you.

One of the reasons I am so honored to have this opportunity is that as people in communications for various Catholic media you play a critical role in society and in our Church. You often are the people who explain the Church and its teachings not only to Catholics but to the general public. And, you often have the opportunity to showcase the Church at its best. At other times, you help keep the Church honest and that can often be painful, but it is also a real service to the Church.

I come before you as the President and Chief Executive Officer of the Catholic Health Association representing the institutions that daily live out the healing the ministry of the Church in the United States. The Catholic Church views the care of the sick as integral to fulfilling the Gospel ministry. Let me give you a few thoughts from our late Holy Father Pope John Paul II when he talked to members of Catholic Health Association during one of his visits to the United States.

Our Holy Father said: "I have come here today to encourage you in your splendid work and to confirm you in your vital apostolate." ... "The Church has always understood herself to be charged by Christ with the care of the poor, the weak, the defenseless, the suffering, and those who mourn. This means that, as you alleviate suffering and seek to heal, you bear witness to the

Christian view of suffering and to the meaning of life and death as taught by your Christian faith."<sup>1</sup>

The Catholic Church has strong reasons for being involved in the care of the sick, and from the earliest days care of the sick has been integral to our mission. In fact, if you look at the Gospels when John the Baptist's disciples came to Jesus to ask if he was the messiah, the one who was to come, or should they look for another, Jesus didn't answer them with theological treatise on the commandments; rather he told them to go back and tell John the blind see, the lame walk, and the poor have the Gospel preached to them. We don't need any other encouragement to be at the side of the sick than the life of Christ.

Through the centuries there have been groups in the Church that have gathered together to provide an organized response to the care of the sick. There is no country where this has been more evident or more effective than the United States. The health care system we have today is a tribute to the commitment of religious women and men who reached out where there was a need. Indeed, we have today in Catholic health care the largest private health care system in the world. There is an Australian historian who has written a book about the development of Catholic hospitals by religious women. She points out that at a time when women held very few management positions and Sisters led even more sheltered lives, religious women developed the largest and more successful health care network in the world. That is an extraordinary heritage.

However, with that great history and with all the advances we have made in medicine, we have much to be concerned about regarding the health care of our nation.

And furthermore, our nation will never have the will to deal with these concerns unless you play a key role in this. So I am not here with a hidden agenda: I want you as partners in resolving this huge problem. I have some ideas about where you can be most effective, but I would really be interested in your thoughts on this.

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<sup>1</sup> Pope John Paul II speaking to a special Catholic Health Association membership assembly in Phoenix, AZ, September 14, 1987.

You probably are well aware of the major statistics on the plight of nearly 46 million Americans without health insurance.<sup>2</sup> I am sure you know that contrary to the oft repeated stereotype, these people are not lazy, they are not unemployed, and it is not that they won't work. Rather, the truth is that 8 out of 10 uninsured families have at least one person employed in them; most of the time it is a full time worker in one or more jobs.<sup>3</sup> These are the people who wait on us constantly: they drive our taxis, they wait our tables, they clean our hotel rooms, and they harvest and process our food, to name only a few of the services for which we rely on them. These are American working people.

We have always as a nation cherished our workplace insurance coverage, and there was a time when that was worth cherishing. Remember the days when the janitor and the CEO of major companies had the same insurance policies and were able to access excellent care with ease? We are not preserving that system when we campaign for work place insurance today.

The Commonwealth Fund just finished a major report that shows workplace coverage has declined significantly. In 2005, 60 percent of all employers offered health benefits, down from 69 percent in 2000.<sup>4</sup> The same report mentioned another study that estimates 28 percent of workers—or more than one of four—will be uninsured by 2013.<sup>5</sup> In addition to this scary fact, those that still have workplace insurance are paying much more out of pocket in premiums and co-pays. There are many who believe that we are driving the working American family into poverty with the erosion of disposable income due to increased health expenses they have to bear.

Let me be clear, I am not speaking against work place insurance, but I'm trying to make clear the workplace insurance coverage that our parents enjoyed is not what we have in our workplaces today. This is especially true for our low-income workers.

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<sup>2</sup> U.S. Census Bureau, Current Population Reports, P60-229, *Income, Poverty, and Health Insurance Coverage in the United States: 2004*, August 2005.

<sup>3</sup> Employee Benefit Research Institute Estimates from the March Current Population Survey, 2005 Supplement.

<sup>4</sup> *Workers' Health Insurance: Trends, Issues, And Options To Expand Coverage*, prepared for The Commonwealth Fund/Alliance for Health Reform 2006 Bipartisan Congressional Health Policy Conference based on the Henry J. Kaiser Family Foundation Employer Health Benefits 2005 Annual Survey.

<sup>5</sup> *Workers' Health Insurance: Trends, Issues, And Options To Expand Coverage*, prepared for The Commonwealth Fund/Alliance for Health Reform 2006 Bipartisan Congressional Health Policy Conference based on "It's The Premiums, Stupid: Projections of The Uninsured Through 2013," *Health Affairs* Web Exclusive, April 5, 2005.

Being without insurance has huge consequences which unfortunately are often under appreciated—unless you work closely with those living in poverty or in an inner city emergency department. Just a few years ago the Institute of Medicine released the result of a large clinical study. It revealed that every year in this nation 18,000 people die unnecessarily because they don't have access to health care because of a lack of insurance.<sup>6</sup> That is 49 people every day in this country dying. This week we are seeing huge international news coverage because of 7 people in Indonesia who died from bird flu. We have 49 people dying unnecessarily every day in the U. S. silently.

Let me tell you about these people. They die not from incurable diseases or mistakes. They die because when they have a little blood in the urine they can't get checked by an urologist or an internist, they push fluids or do some homegrown treatment. These are the families who have to wait till they have tried over the counter remedies and their children become much sicker before they risk going to the emergency department. For many of them it is too late to intervene effectively and/or for some there is permanent damage that is done. Another Commonwealth Study has documented that uninsured women that had not had a mammogram within two years were 75 percent versus a 48 percent of insured of women. The same kind of deferential exists in men relative to PSA tests.<sup>7</sup> We all know that these are two tests are among our best defenses against cancer mortality.

A Robert Wood Johnson Foundation study done just recently reported that 41 percent of uninsured adults aged 18-64 report being unable to see a physician when they needed to in the past 12 months.<sup>8</sup> Some of them probably got over their problem, but no doubt many of these will finally go to a physician when they are desperate and there is much less we can do for them.

Catholic health care and others deal with the anguish of these families daily, and we know our many efforts to create a safety net for the uninsured are helpful but not enough. An even more important issue for me is why should the United States be the only industrialized nation that doesn't provide health care coverage for all its citizens, particularly when it is the richest nation?

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<sup>6</sup> *Insuring America's Health: Principles and Recommendations*, Institute of Medicine of the National Academies, January 2004.

<sup>7</sup> *Gaps in Health Insurance: An All-American Problem*, The Commonwealth Fund, April 2006.

<sup>8</sup> *The Coverage Gap: A State-by-State Report on Access to Care*, The Robert Wood Johnson Foundation, April 2006.

That presents great moral and civic questions, questions that our elected officials live in fear of responding to after the fate of the Clintons when they tried to deal with this. However, every study I have seen regarding the Clinton effort of the early 1990s demonstrates clearly that our failure to deal with this problem has left our country and our citizens much worse off than we were. All signs point to further erosion if we don't use the American will and ingenuity to deal with this issue. For industry in this country, the health care costs are becoming prohibitive, often resulting in actions ranging from increasing employee portions of the health insurance cost and decreasing salary increases, all the way to outsourcing entire operations. For labor, health care continually emerges as a contentious issue in negotiations. For working families, they find themselves spending more to maintain coverage or having to throw in the towel and give up coverage. For those with low-incomes, again they are hit more painfully by this. More and more of them are not covered, and the voluntary resources available to meet their needs continue to diminish.

For the Catholic Health Association, making sure all Americans are covered is our top priority. We have been active partners in multiple coalitions to advance this issue, including the Robert Wood Johnson's "Cover the Uninsured Week." In addition, we have funded our own year-round initiative titled Covering a Nation.

We partner with natural allies like the United States Conference of Catholic Bishops, Catholic Charities USA, and the American Hospital Association as well as many less likely partners who share our concern about this problem.

In addition to our advocacy efforts, Catholic health care facilities have been leaders in establishing clinics and other resources that reach out to those living in poverty. We realize that as Catholics we have a responsibility not only to speak up for those living in poverty and to try to strengthen the safety net until a solution is found, but we have to be part of the solution.

Everyone involved needs to be part of the solution and needs to be willing to take some risks.

I encourage you to pay close attention to the very encouraging initiative just established in Massachusetts. I do not know enough about all the particulars of the final plan to be an authority

on it. I can tell you that we have heard from the people in Massachusetts that the secret was getting everyone who is a stakeholder at the table and not letting anything deter them from their objective. It is critical that we encourage attempts to cover everyone and dialogue that leads to fruitful experimentation. It is also critical that we not wait until we have a perfect solution that every one is thrilled with before we attempt to implement something. That will only guarantee that those who are poor will never get any help.

As Catholics, we have embraced wholeheartedly often in the face of great criticism a very strong life agenda. We speak eloquently of the beauty and dignity of life from conception until natural death. Our church has been prophetic in this. However, I would say to everyone that we can not claim to be true to our life agenda simply by speaking about the dignity of every individual. We must put our resources and our influence behind securing care for the pregnant mother, care for her child, care for families, and care for the elderly and the dying. There is no credible life agenda that does not include this. Our many outreach programs speak eloquently to the deep commitment we have as a Church to the dignity of life and as citizens we must continue to push a legislative agenda that would commit this nation to respecting the dignity and life of each person by ensuring that they have reasonable resources for their health care.

As a member of the media, you have the ability to translate these statistics and graphs into real people. You have the ability to make sure their stories are told to help people understand the suffering behind these numbers. Your ability to challenge all of us in the Church to continue to stretch and try to do more not only in advocacy but in strengthening the safety net until we have universal coverage is I believe a real opportunity to transform your work from a job into a vocation.

We know that when Americans understand the situation and are mobilized we get the job done. We don't get mobilized by numbers but we do get mobilized by the stories of people. Making this situation real in many creative ways will do an enormous amount to advance this agenda at the national and state level.

However, I have to say that at present in some of the political climate it appears to me that your first role is to keep us from going even further backwards with the cuts that some people

propose. This is a huge burden on each of you. In many ways, if our hospitals and clinics don't reach out to those who are poor to give them quality care in a dignified setting there is often the question of who will. And in your case, if you don't tell their stories there is often the very real question of who will. Will they remain forever persons who are poor without a voice—the poor whose suffering is left unnoticed because we didn't care enough to report on their real life suffering and call our country to its responsibility?

I recognize how much you do and how often you struggle to tell the right stories and don't have complete control over what is published or how it is published, but I would plead with you to be the voice of the voiceless in this very critical time. I remain convinced that the people of this great nation have great hearts and compassion, and when they understand clearly the daily suffering and struggles in the lives of individual people, they respond with a generosity and ingenuity that is the envy of the world. You have the best opportunity to help them meet and understand those living in poverty and the vulnerable among us.

Thank you for all you do, and may God bless you in your work.