

HEALTH POLICY THROUGH ANTHROPOLOGY?

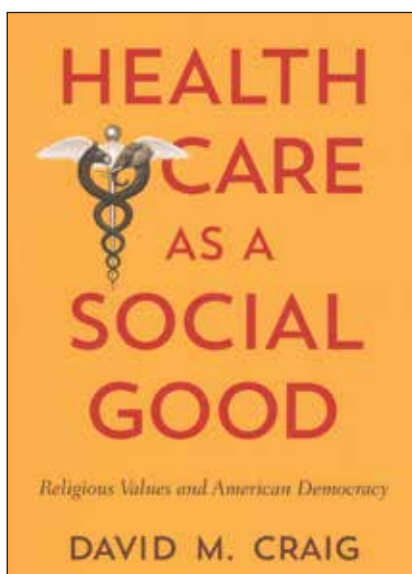
REVIEWED BY ELLIOTT BEDFORD, MA, PhD

In his noteworthy and timely book, David M. Craig, associate professor of religious studies chair, Department of Religious Studies, at Indiana University-Purdue University Indianapolis, offers a pointed analysis that attempts an uncommon approach to the discussion around health care in the United States: He listens.

Craig's research led him across the country, speaking with health care insiders — mission, advocacy, financial leaders and so on — about the current health care system and the changes wrought by the Affordable Care Act. From this pilgrimage, Craig developed ears to hear more than the rhetoric of warring political ideologies. He listens to the moral language spoken amid the din by persons across the country and the political spectrum. The results are a considered and considerate text that breaches the ideological divide between political conservatives and political liberals.

Generally speaking, as I understand it, political conservatives and political liberals share a common assumption that the human being is an autonomous individual, and the purpose of the state is to help this autonomous individual flourish as such.

Political conservatives tend to focus



**HEALTH CARE AS A SOCIAL GOOD:
RELIGIOUS VALUES AND AMERICAN
DEMOCRACY**

BY DAVID M. CRAIG

Georgetown University Press, 2014

240 pages, \$49.95

on support by subtraction, that is, for the state to reduce or remove barriers and get out of the way.

Political liberals focus on support by addition, attempting to ensure that individuals participate in society equally,

most often through expanding social programs.

In his work, Craig shows how such political perspectives translate into competing visions of justice, which commentators use to frame arguments for reform of the health care system. By scratching beneath the veneer of the political debate, Craig illustrates the limitations of these ideologies. The current health care system is neither a private good nor a public right, as these terms are understood politically. It is a social good: a benefit to all; something for which each individual shares some responsibility and to which all enjoy some rights.

From this basis, Craig demonstrates fundamental flaws in a social contract vision of health care that presupposes the autonomous individual is the party executing the contract. This philosophical construct of the contract, for instance, hampers full health benefits to the community. It problematically reduces community benefit to a *quid pro quo* exchange: One's tax-exempt status compensates for one's noncompensated care. Such a construct fundamentally misses the richer purpose ministries like Catholic health care aim to serve: understanding and doing what is truly beneficial for the health of the community. Consequently, the contract model also marginalizes religious or nonprofit providers, diluting them from the full force of their mission. It forces them to divert focus away from trying to innovatively develop structures that incarnate their values in ways that meet the core needs of the community. Instead, in order to survive and be sus-

FROM HEALTH CARE AS A SOCIAL GOOD

The Affordable Care Act lays the policy foundation for a novel effort at social stewardship, in which Americans work out the priorities and limits that they can live with in promoting health and wellness together.

U.S. Postal Service
STATEMENT OF OWNERSHIP, MANAGEMENT, AND CIRCULATION
(Required by 39 U.S.C. 3685)

1. Title of publication: *Health Progress*
2. Publication number: *0882-1577*
3. Date of filing: *November 1, 2015*
4. Issue Frequency: *Bi-monthly*
5. No. of issues published annually: *6*
6. Annual subscription price: *\$55 domestic, \$65 foreign*
7. Location of known office of publication: *4455 Woodson Rd., St. Louis, MO 63134-3797*
8. Location of headquarters of general business offices of the publisher:
4455 Woodson Rd., St. Louis, MO 63134-3797
9. Names and complete addresses of publisher, editor, and managing editor:
Catholic Health Association, Publisher; Mary Ann Steiner, Editor; Lilah Lohr, Managing Editor; 4455 Woodson Rd., St. Louis, MO 63134-3797
10. Owner: *The Catholic Health Association of the United States, 4455 Woodson Rd., St. Louis, MO 63134-3797*
11. Known Bondholders, Mortgagees, and Other Security Holders: *None*
12. *The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes has not changed during the preceding 12 months.*
13. Publication name: *Health Progress*
14. Issue date for circulation data below: *September-October 2015*

tainable, contractual and economic values come to dominate operational ethos. The effect is a concept of health economy bereft of the idea of solidarity. In contrast to all this, Craig illustrates that since humans are social by nature and flourish only through relationships, the concept of the common good better captures the moral framework needed to actualize health care systems that meet true human needs through solidarity.

By cutting through the thicket of political rhetoric that focuses on the binary of the individual and the state, Craig is able to rediscover the vast, fertile plain of human social existence. There we can see how interdependence, based on undeniable human needs and limitations, is the paradoxical seed bed for individual autonomy. While the book appeals to all who seek to address the complexities of reforming the health care system, Catholic readers will naturally resonate with this approach and analysis. Craig has shed light on the home for social institutions such as Catholic hospitals and health systems.

For this, Craig is to be commended. He demonstrates that, contrary to political ideologies, we humans are social individuals by nature. His work strikes a basic chord from Catholic moral theology: We already are both responsible and interdependent in providing for our own care and care for others. In short, Craig calls the reform debate to start from practical, lived reality and coherent moral vision rather than from political or economic principles. He peels back the rhetoric and shows that in truth, as human beings, we need one another — to live, to grow, to be healthy and to be happy.

ELLIOTT BEDFORD is system director of ethics integration at St. Vincent Indianapolis.

	Average No. Copies Each Issue During Preceding 12 Months	Actual No. Copies of Single Issue Published Nearest to Filing Date
15. Extent and nature of circulation:		
a. Total no. copies (<i>net press run</i>)	10,033	10,000
b. Paid and/or requested circulation		
(1) Paid/requested outside-county mail subscriptions stated on Form 3541	8,630	8,610
(2) Paid in-county subscriptions	0	0
(3) Sales through dealers and carriers, street vendors, counter sales, and other USPS paid distribution	0	0
(4) Other classes mailed through the USPS	0	0
c. Total paid and/or requested circulation [<i>sum of 15b (1), (2), (3), and (4)</i>]	8,630	8,610
d. Free distribution by mail (<i>Samples, complimentary, and other free</i>)		
(1) Outside-county as stated on Form 3541	984	985
(2) In-county as stated on Form 3541	0	0
(3) Other classes mailed through the USPS	0	0
(4) Free distribution outside the mail (<i>Carriers or other means</i>)	0	0
e. Total free distribution (<i>sum of 15d (1), (2), (3), (4)</i>)	984	985
f. Total distribution (<i>Sum of 15c and 15e</i>)	9,614	9,595
g. Copies not distributed	394	380
h. Total (<i>sum of 15f and g</i>)	10,008	9,975
i. Percent paid and/or requested circulation (<i>15c divided by 15f times 100</i>)	89.76%	89.73%
16. This statement of ownership will be printed in the <i>November-December 2014</i> issue of this publication.		

I certify that the statements made by me above are correct and complete.

Mary Ann Steiner, Editor

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

www.chausa.org

HEALTH PROGRESS®

Reprinted from *Health Progress*, November - December 2015
Copyright © 2015 by The Catholic Health Association of the United States
