



CHA Advocacy: Faith and Reason in Action

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So much of today's national discourse seems to revolve around politics; not politics in the idea of policies changed or laws created and enforced, but rather, in the sense of it being a sport — one where we cheer our “team,” whether Red or Blue, and all else has little value or meaning. It's a sport where we see the “winner” as a validation of our sense of being, rather than as an affirmation of our contribution to making a more fair or just world. In this politically charged environment, CHA remains rooted in its mission, listens to its membership and strives to find common ground by seeking the common good in its health care advocacy work.

A MISSION BEYOND OUR WALLS

We don't need some political expert to explain the realities of today's vastly divisive society, as the truth is we all see them. It's apparent to us in our social media feeds, where it feels like cute pictures of dogs and cats are the only thing we can agree on, while everything else seeks to create division in the name of a partisan interest. We see it in our school board meetings, where once well-meaning individuals who volunteered their time to make schools a better place for children to thrive have now devolved into shouting matches where distrust and conspiracies replace working together. And we see it in some of our churches, sanctuaries which once brought people of all social and economic backgrounds together to worship; they now sometimes can feel like another place where faith is subservient to one's political views.

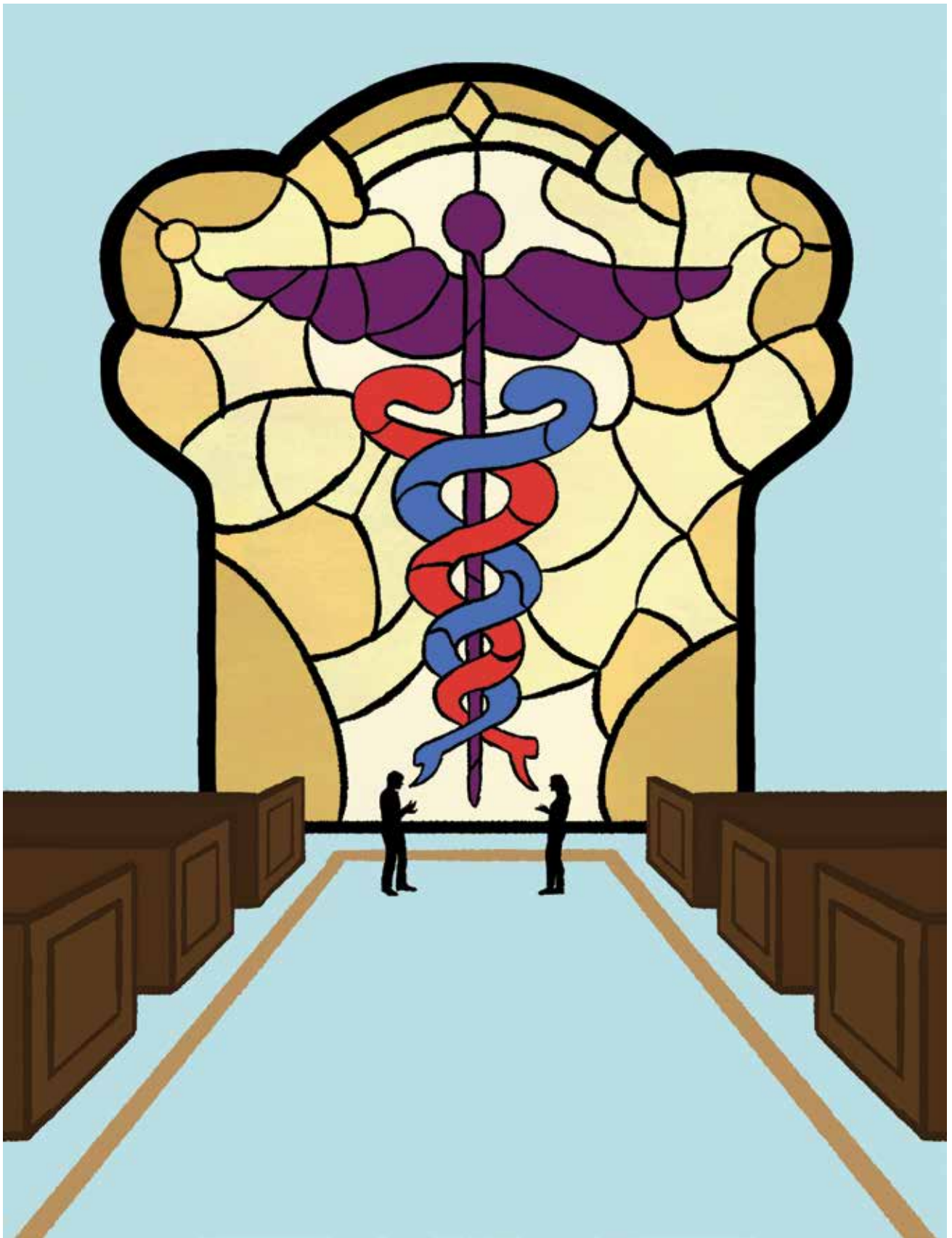
These realities highlight a particular challenge for our nation, and more specifically, a real quandary to Catholic health ministries' efforts to promote human dignity and access to affordable and quality health care for all. However, this challenge also provides an opportunity to build bipartisan

consensus in a time when partisan divides often drive daily media coverage. The reality remains: Senate rules and narrow party control of each chamber mean bipartisan support is needed in order to pass most legislation. Therefore, organizations capable of building bridges and understanding between political parties play a critical role in enacting change for our communities.

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CHA's advocacy efforts are a unique voice in the halls of Congress and in the various institutions of our nation's government. This voice is rooted in Jesus' mission of love and healing. It seeks not only to lift the experience and challenges facing Catholic health care providers across the country, but also to challenge policymakers and our society as a whole on how we can build a more just and equal society.

In his seminal work, *Summa Theologica*, St. Thomas Aquinas said that the first precept of the





law is that the “good is to be done and pursued, and evil is to be avoided.”¹ While this principle serves as a foundational value upon which laws and policies are built, it provides little on its own in helping us identify specific ones that serve the good of society in a highly complicated and ever-evolving health care policy landscape.

However, it is in this simple maxim where the seeds of CHA’s advocacy efforts take root and grow. The Catholic health care ministry has a unique vantage point — to look to communities we serve to identify injustices and those in need, to use our knowledge and experience on how to best address these challenges, and to remain vigilant that these efforts remain grounded in the need to respect human dignity and promote the good of society.

ADVOCACY WORK IN ACTION

This mission-informed and faith-based approach to advocacy often means that CHA’s efforts are inherently distinct compared to the advocacy and talking points one typically sees coming out of Washington. It requires us to continually convene and listen to those who work each day on the front lines of Catholic health care so that we can understand and give a voice to the needs of their communities.

CHA advocates not only to provide greater access to affordable health care, but also to promote a more just and equitable society in areas beyond health care. It is why CHA’s 2021-2022 advocacy agenda focuses on:²

- Ensuring access, coverage and affordability for everyone.
- Eliminating disparities in health care access, quality and services.
- Maintaining a strong safety net (to serve those in need throughout every stage of life).
- Strengthening aging and chronic care services.
- Protecting life and ensuring conscience protection.
- Improving the health and well-being of communities.

CHA’s advocacy is therefore grounded in the values that form our vision for U.S. health care: human dignity, concern for the poor and vulnerable, justice, the common good, stewardship and pluralism.³ These values recognize that access to health care is not only good policy, but a funda-

mental human right and necessary for the promotion of the common good. It is these values which also mean we have a responsibility and capability to advocate in ways that seek to build understanding with people of all political, racial and religious backgrounds.

It is precisely this effort to combine our mission with our experience that is at the heart of CHA’s efforts to confront racism and promote health equity. The “We Are Called” pledge is an example of how our mission to promote human dignity and our continued experience in seeing the ongoing health and racial disparities in our communities call us to become advocates for change and to end health disparities and systemic racism.⁴ This effort is a concrete example of how the ministry’s advocacy efforts must surpass the day-to-day challenges facing Catholic health care and confront key challenges in our communities that are an affront to the core values of Catholic social teaching and a continued driver of ill-health and injustice in our society.

Throughout the COVID-19 pandemic, CHA’s advocacy focused on not only meeting the urgent needs facing providers trying to expand their services to address COVID-19 patients, but it also advocated for policies to make vital investments to address the root causes of poor physical health and economic instability as a result of the pandemic.⁵ Through these efforts, Congress passed critical funding for health care programs with nearly \$185 billion in financial support through the Provider Relief Fund and billions more in increased Medicaid and Medicare payments.⁶ In addition, Congress expanded lower-cost health care coverage by making zero-premium or low-cost coverage available to millions of Americans. As a result, nearly 15 million uninsured people became eligible for increased savings on their health insurance premiums, with nearly 1.8 million becoming eligible for coverage at no cost.⁷

Furthermore, CHA also advocates in areas well beyond those traditionally linked to health care providers. Through our support for strengthening the social safety net, the incredible front-line work of Catholic health care providers, and as part of our broader efforts with the Catholic Cares Coalition,⁸ we provided a distinct voice for a more robust national and global response to the COVID-19 pandemic. Our representation on behalf of food assistance, housing, homelessness prevention and maternal and child support — to

name a few — allowed us to contribute toward Congress passing legislation for programs long in need of additional funds. Members of Congress expect advocates for housing or food assistance to ask for greater support for those programs; however, when that message is reinforced by health care providers or other nontraditional food or housing advocates who reinforce the importance of meeting basic needs for people's health, we provide a greater contribution to addressing the underlying needs in our society.

In order to listen and learn from the experience of those working in Catholic health care — while at the same time providing a unified voice — CHA furnishes its members across the country a platform to share their experiences. CHA's monthly advocacy calls and its meetings with system, hospital and long-term care leaders all provide important opportunities for receiving input on the needs of local communities and CHA's advocacy priorities. At the same time, CHA's newsletter, *Washington Update*, policy briefs and advocacy directories provide tools for members to not only stay informed on Capitol Hill and administration developments, but also on opportunities for contacting their Congressional delegation on policy issues. These resources are just some of what we offer to understand the needs of Catholic health membership and the communities we serve in our national policy-making conversations.

CONCLUSION

So, what makes Catholic health care advocacy different? Is it the number of hospitals, long-term care institutions, clinics and other health care organizations? Is it our long history of practice? While these are all critical parts of why we advocate and what we advocate for, the reasons go far beyond this. Fundamentally, it is the recognition that those in need who come to Catholic health care facilities are much more than their ailments. They are parents, family members, community members and people born with the dignity that comes as a child of God. Therefore, as we advocate on their behalf, we remember that Christ's healing

love requires us not only to heal their wounds but also to work tirelessly to mend the legal, social, economic and spiritual detriments of our society that continue to leave far too many sick and alone. It is this mission that makes CHA's advocacy not only different, but a voice capable of healing the sources of division in our society.

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NOTES

1. Thomas Aquinas, *Summa Theologica*, First Part of the Second Part, question 94, article 2.
2. "The Catholic Health Association Advocacy Agenda: 2021-2022 (117th Congress)" Catholic Health Association, https://www.chausa.org/docs/default-source/advocacy/2021-advocacy-agenda.pdf?sfvrsn=7ef3cef2_0.
3. "Our Vision for U.S. Health Care," Catholic Health Association, https://www.chausa.org/docs/default-source/advocacy/cha_2019_visionforushealthcare_print.pdf?sfvrsn=2.
4. "We Are Called," Catholic Health Association, <https://www.chausa.org/cha-we-are-called/>.
5. Sr. Mary Haddad to Charles E. Schumer, Nancy Pelosi, Mitch McConnell, and Kevin McCarthy, Catholic Health Association, Washington, D.C., January 27, 2022, <https://www.chausa.org/docs/default-source/advocacy/012722-cha-letter-on-supplemental-funding.pdf?sfvrsn=2>.
6. Nancy Ochieng et al., "Funding for Health Care Providers During the Pandemic: An Update," Kaiser Family Foundation, January 27, 2022, <https://www.kff.org/coronavirus-covid-19/issue-brief/funding-for-health-care-providers-during-the-pandemic-an-update/>.
7. "Fact Sheet: The American Rescue Plan; Reduces Health Care Costs, Expands Access to Insurance Coverage and Addresses Health Care Disparities," U.S. Department of Health & Human Services, March 12, 2021, <https://www.hhs.gov/about/news/2021/03/12/fact-sheet-american-rescue-plan-reduces-health-care-costs-expands-access-insurance-coverage.html>.
8. Catholic Cares Coalition, <https://catholiccares.org>.

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