

# A Catholic Case For Healthcare Reform

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**T**he nation's healthcare crisis can be summed up in one sentence: Our healthcare system serves too few and costs too much. Because of these two fundamental problems—lack of access and rising costs—healthcare reform has moved to the center of American political life.

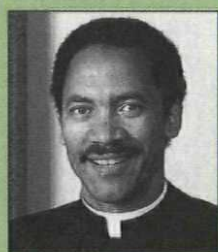
I am concerned that our politicians have been promising and our people have been expecting painless reform. Americans hope to pay less for more care and to ensure health access and security for all without greater sacrifices, increased taxes, or diminished choices for anyone.

The illusions of painless reform must now yield to the hard choices of how to expand access, how to restrain costs, and how to determine who pays. Each of these choices has major ethical dimensions. They reflect principles of human life and human dignity, questions of distributive justice and subsidiarity, and priorities in allocating benefits and burdens. The political task is enormous, the policy issues are daunting, the technical challenge is staggering, but the moral dimensions are inescapable. They go to the heart of what kind of society we are and will be; the value we place on human life; and how we treat the weak and vulnerable, sick, and suffering.

As the bishops said last year: "Are we prepared to make the changes, address the neglect, accept the sacrifices, and practice the discipline that can lead to better healthcare for all Americans?" ("A Framework for Comprehensive Healthcare Reform," June 18, 1993).

## THE CATHOLIC COMMUNITY IN HEALTHCARE

I believe no community has more at stake or more to contribute to the healthcare reform debate than the Catholic community. We are a diverse community of faith, not a single-minded political-interest group. Campaign contributions, high-priced lobbyists, attack commercials, and partisan gamesmanship are, thankfully, not a part of Catholic advocacy on healthcare. We bring a different set of assets that help shape the debate:



*Bp. Ricard is  
auxiliary bishop of  
Baltimore. This is  
a condensed version  
of a speech he  
presented at  
Georgetown  
University,  
Washington, DC,  
November 1993.*

strong convictions, broad experience, and a capacity for advocacy.

## STRONG CONVICTIONS

First, the Catholic community brings a set of fundamental values and principles to the healthcare reform debate. We have in the Scriptures and Catholic social teachings key values and principles to guide our healthcare advocacy. The following four principles are useful starting points for an ethical evaluation of reform. They help the Catholic community bring a moral perspective in an intensely political debate and offer an ethical framework in an arena dominated by major institutional interests.

**Commitment to Human Life and Dignity** The first value is a consistent commitment to human life and human dignity. We measure every policy or proposal by whether it protects or threatens human life, whether it enhances or undermines human dignity. Our Church teaches that every person has the right to life and those things which protect and sustain life, especially healthcare. This is the teaching of *Pacem in Terris* and the core of the U.S. bishops' recent resolution on healthcare.

In the Catholic healing tradition, healthcare is not a product or commodity—it is a basic right, an essential safeguard of human life and dignity. We believe persons' healthcare should not depend on where they work, how much their parents earn, or where they live. When millions of Americans are without healthcare coverage, when rising costs threaten the coverage of millions more, when infant mortality remains shockingly high, the right to healthcare is seriously undermined, and our healthcare system is in need of fundamental reform.

**Preferential Option for the Poor and Vulnerable** A second key value is our option for the poor and vulnerable. We are called to measure a society by how it treats the weak and powerless. For the Catholic community, the key criterion for healthcare reform is not how it treats the doctors or insurance companies, the well-off, and the powerful,



but how it serves the poor and unserved, the unborn and the undocumented.

**Stewardship** A third key value is the traditional principle of stewardship. We recognize that our national resources are limited, and we know the impact of rapidly rising healthcare costs. Our nation is morally required to address the waste, duplication, and unrestrained costs of the healthcare system and its impact on individuals, families, institutions, and the entire society. Stewardship demands effective efforts to restrain rising costs.

**Serving the Common Good** A fourth key value is the principle of the common good. In the midst of the partisan battles to come and the inevitable clash of powerful economic interests, we believe the basic test will be how reform serves the good of the whole nation, not the narrow interests of the powerful or partisan needs of politicians.

#### **BROAD EXPERIENCE**

A second major asset the Catholic community brings to the reform debate is broad healthcare experience. We bring not only strong convictions, but also a long history and everyday experience. Aside from government itself, no institution in American life is more involved in so many aspects of healthcare.

The Catholic community is a major provider of healthcare. Religious communities and dioceses operate 600 hospitals, 300 long-term facilities, and hundreds of clinics and other health ministries. We are the nation's largest not-for-profit provider of healthcare, serving tens of millions of patients each year. Catholic providers are on the front lines, and that is why the U.S. bishops have worked closely with the Catholic Health Association (CHA) in policy development and advocacy.

The Catholic community is also a major purchaser of healthcare. Catholic institutions provide healthcare coverage for hundreds of thousands of employees and their families. We know in real terms the consequences of escalating costs.

In addition, the Catholic community picks up the pieces of a failing healthcare system. The children without care, the families without insurance, the sick without options are in our emergency rooms, shelters and soup kitchens, parishes and schools.

#### **ADVOCACY**

A third major asset the Catholic community brings to the reform debate is a capacity for advocacy. We are not new to this debate. For decades, we have advocated sweeping reform. While some recent converts to reform—groups of doctors, insurance companies, and others—were calling

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national health insurance "socialized medicine," we were testifying in favor of it before Congress.

We have a constituency. We are present in every state and congressional district. We bring expertise and credibility rooted in our experience and values. We meet needs in urban, rural, and suburban communities. Our community of faith crosses racial, ethnic, ideological, economic, and political lines. Because of our size, presence, and principles, the Catholic community can make a significant impact on the healthcare reform debate.

#### **AN AGENDA FOR REFORM**

I believe we must offer a distinctive and constructive Catholic contribution to what may be the major social policy debate of our time. We are seeking to offer principled and positive advocacy for healthcare reform that reaches out to the unserved, protects the unborn, and contains costs.

For months, even years, the U.S. Catholic Conference has been working with others to apply these principles. We have met with President Bill Clinton, the First Lady, Ira Magaziner, and key members of Congress. We are on the Hill, working with coalitions and seeking to advocate the following four priorities, identified by the bishops in June 1993.

**Universal Access/Priority for Poor** Americans must put the healthcare needs of the poor and unserved first. The Catholic bishops do not support a two-tiered health system, since separate healthcare coverage for the poor usually results in poor healthcare. Linking the healthcare of poor and working class families to the healthcare of those with greater resources is probably the best assurance of comprehensive benefits and high-quality care. Universal access must be the centerpiece of reform.

Healthcare reform must be clearly measured by how it improves care for those now without coverage. It also should be judged by whether it improves or worsens care for undocumented immigrants. Coverage of undocumented workers is important not only for moral reasons but also for public health and cost-containment reasons.

**Respect for Life** Healthcare reform must protect life, not threaten it. The bishops conference believes that it would be a moral tragedy, serious policy misjudgment, and major political mistake to burden healthcare with abortion coverage. On this key issue we have public opinion with us: An April 7, 1993, *New York Times* poll says Americans oppose abortion coverage by a three to one margin (Robin Toner, "Clinton's Health Care Plan: A Push to Sell Peace of Mind," sect. A, p. 1). Recent congressional votes are signs that



both the House and Senate are unwilling to reverse federal precedent on abortion funding.

It is clear that Congress will decide whether healthcare reform will serve as a vehicle for the expansion of the pro-abortion agenda. Some members of Congress are examining ways to eliminate abortion from the basic benefit package and leave it as a separate rider to be purchased by those who want such coverage, rather than a mandated benefit paid for by all Americans. In the current political context, we are unable to eliminate the violence of abortion, but pro-life citizens should not be forced to pay for it, and abortion on demand cannot be seen as an integral part of healthcare.

The sooner this burden is lifted, the better for the cause of reform. It is both politically unwise and morally wrong to insist that needed healthcare reform be burdened with abortion, which divides the nation so profoundly, and to compel millions of people to fund what we believe is destruction of life, not healing and healthcare.

**Pursuing the Common Good and Preserving Pluralism** The U.S. Catholic bishops fear the cause of reform can be undermined by special interest conflict and the resistance of powerful forces who have a major stake in maintaining the status quo. We believe the debate can be advanced by a continuing focus on the common good and a healthy respect for genuine pluralism.

We are deeply concerned that Catholic and other institutions with strong moral foundations may face increasing economic and regulatory pressures to compromise their moral principles and to participate in practices inconsistent with their commitment to human life. There must be strong conscience clauses and other protections so that Catholic and other institutions can serve the undocumented, protect unborn life, and follow religious teaching in these areas.

**Restraining Costs** In this area, our policy proscriptions are less clear, but our urgency is still great. Any acceptable plan must include effective mechanisms to restrain rising healthcare costs. Without cost containment, we cannot hope to make healthcare affordable and direct scarce national resources to other pressing problems that, in turn, worsen health problems (e.g., inadequate housing, poverty, joblessness, and poor education). Containing costs is a crucial task if we are to avoid the growing pressure for rationing that raises fundamental ethical and equity questions.

As the bishops summarized last June, "The best measure of any proposed healthcare initiative is the extent to which it combines universal access to comprehensive quality healthcare with cost control, while ensuring quality care for the poor and preserving human life and dignity."

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## A CONSTITUENCY OF CONSCIENCE

In pursuing these priorities, I believe the U.S. bishops unite the Catholic community. Our agenda is pro-healthcare and pro-life. Our criteria are focused on the unserved, uninsured, and unborn. We bring together our principles and our experience in a positive and consistent case for healthcare reform that enhances the life and dignity of all.

It is not the Catholic community's role to be either partisan allies or adversaries of the Clinton administration. We welcome the administration's leadership and commitment to reform. We applaud the proposed steps toward universal access and its emphasis on prevention and security. However, we deplore the unwise and unjust efforts to link healthcare and abortion. We are now assessing how well the proposed legislation and its financing proposals measure up to the criteria the bishops have outlined.

Likewise, we are neither supporters nor opponents of the alternative plans offered by others. We welcome their initiative and look forward to the coming debate. We are concerned that several of the major alternatives are not clear in their full commitment to universal access and share the problems of the Clinton plan in their treatment of the unborn and undocumented.

We will work with the administration and the Congress to help pass a plan that will reach out to the unserved and underserved, will contain costs, respect pluralism, and protect the unborn. We will apply our criteria consistently, and we will work actively to pass real healthcare reform that respects human life and enhances human dignity.

Leaders of the Catholic health ministry, through CHA, have offered a comprehensive and detailed plan that reflects key ethical values and their experience. It is encouraging to see some in the White House and Congress refer to CHA's plan and note similarities to parts of current proposals.

Frankly, I wish the plans before the nation more fully reflected the priorities and policies of CHA's proposal—particularly in its vision of healthcare as a service, not a commodity; its commitment to genuine delivery reform; its defense of all human life; and its strong financing measures and impressive cost containment.

The healthcare reform debate will test our nation and challenge our Church. The Catholic community must bring together its values and experience, its principles and priorities to become a constituency of conscience in this intensely political and frequently technical debate. It is not always easy to stand up for the unborn and undocumented, for uncovered children and uninsured families, but it is our duty. □