

# A Framework for Comprehensive Healthcare Reform

**O**ur nation's healthcare system serves too few and costs too much. A major national debate on how to assure access for all, restrain costs, and increase quality is moving to the center of American public life. This resolution is addressed to the Catholic community and the leaders of our nation. We seek to outline the values, criteria, and priorities that are guiding our conference's participation in this vital dialogue. We hope to offer a constructive and distinctive contribution reflecting the Catholic community's strong convictions and broad experience in healthcare.

The debate and decisions will not be easy. They will touch every family and business, every community and parish. Healthcare reform represents an effort to redirect a seventh of our national economy and to reshape our society's response to a basic human need. It is not only an economic challenge, it is a moral imperative.

The Catholic community has much at stake and much to contribute to this vital national dialogue. For decades, we have advocated sweeping reform. In communities across our land, we serve the sick and pick up the pieces of a failing system. We are pastors, teachers, and leaders of a community deeply committed to comprehensive healthcare reform. Our urgency for reform reflects both our traditional principles and everyday experience.

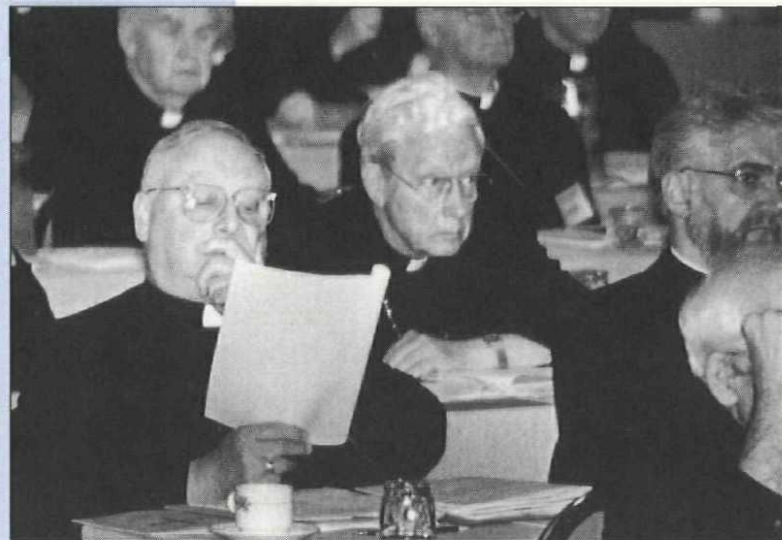
## A TRADITION OF TEACHING

Our approach to healthcare is shaped by a simple, but fundamental, principle: "Every person has a right to adequate healthcare. This right flows from the sanctity of human life and the dignity that belongs to all human persons, who are made in the image of God." Healthcare is more than a commodity; it is a basic *human right*, an essential safeguard of human life and dignity. We believe our people's healthcare should not depend on where they work, how much their parents earn, or where they live. Our constant teaching that each human life must be protected and human dignity promoted leads us to insist that all people

*The Catholic Bishops of the United States adopted this resolution June 18, 1993, at their spring meeting in New Orleans. The resolution advocates a health-care reform package that protects human life, promotes human dignity, and pursues the common good.*

have a right to healthcare. This right is explicitly affirmed in *Pacem in Terris* and is the foundation of our advocacy for healthcare reform. 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.

Our call for healthcare reform is rooted in the biblical call to heal the sick and to serve "the least of these," the priorities of social justice, and the principle of the common good. The existing patterns of healthcare in the United States do not meet the minimal standard of social justice and the common good. The substantial inequity of our healthcare system can no longer be ignored or explained away. The principal defect is that more than 35 million persons do not have guaranteed access to healthcare. Others have some access, but their coverage is too limited or too costly to offer health security for their families. High healthcare costs contribute to a declining standard of living for many American families.



Catholic News Service



The current healthcare system is so inequitable, and the disparities between rich and poor and those with access and those without are so great, that it is clearly unjust.

The burdens of this system are not shared equally. One out of three Hispanics and one of five African Americans are uninsured. The healthcare in our inner cities and some rural communities leads to third world rates of infant mortality. The virtue of *solidarity* and our teaching on the *option for the poor* and vulnerable require us to measure our healthcare system in terms of how it affects the weak and disadvantaged. In seeking the fundamental changes that are necessary, we focus especially on the impact of national health policies on the poor and the vulnerable.

The traditional value of *stewardship* also contributes to our call for reform. It is predicted that healthcare costs will more than double between 1980 and 2000. Our nation pays far more for healthcare than other industrialized countries, and that strains the private economy and leaves too few resources for housing, education, and other economic and social needs. Stewardship demands that we address the duplication, waste, and other factors that make our system so expensive.

For three quarters of a century, the Catholic Bishops of the United States have called for national action to assure decent healthcare for all Americans. We seek to bring a *moral perspective* in an intensely political debate; we offer an ethical framework in an arena dominated by powerful economic interests.

#### A COMMUNITY OF CARING

The Catholic community in states, cities, and towns all across our country, brings not only strong convictions, but also broad experience as providers and purchasers of healthcare. The Church has been involved in the delivery of healthcare services since the early days of this nation. Catholic healthcare facilities are now the largest network of nonprofit hospitals and nursing homes in the United States, serving more than 20 million people in a single year.

As pastors, we see the strains and stresses related to inadequate healthcare, the human consequences of a failing system. In approximately 600 Catholic hospitals and 1,500 long-term and specialized care settings, in our parishes and schools, through Catholic charities shelters and services, and through the Campaign for Human Development-funded groups, we see the consequences of failed and confused policy: families without insurance, sick without options, children

*"We believe this resolution offers a distinctively Catholic contribution to the major social policy debate of our time," said Bp. John Ricard, chairperson of the Domestic Policy Committee, in presenting the resolution.*

without care, the plight of real people behind the statistics. We seek to offer a *human perspective* in an overly technical discussion.

#### OUR EXPERIENCE AS EMPLOYERS

Catholic dioceses, parishes, schools, agencies, and hospitals are major purchasers of insurance and healthcare. The rapidly escalating costs of coverage are affecting almost every diocese, agency, parish, and school. The increasing resources we spend on healthcare are dollars that do not fund much-needed ministry, services, and personnel. We know well the fiscal consequences of the rising healthcare costs that are hurting our economy and diverting precious resources.

#### A CAPACITY FOR ADVOCACY

Our community also brings to this debate expertise and credibility rooted in our experience and values; a history and record of active support for healthcare reform that goes back decades; active ministry in inner-city, suburban, and rural communities; an institutional presence in every state and congressional district. We are a very diverse community of believers and citizens who could make a big difference in the healthcare debate.

The Catholic Health Association (CHA), which serves Catholic-sponsored healthcare facilities, has developed a comprehensive framework for a reformed healthcare system. This plan reflects the experience and expertise of Catholic leaders who are deeply involved in meeting the healthcare needs of the nation. We welcome CHA's impressive initiative in developing this plan, which includes important values and policy directions to help guide the debate and decisions in the months ahead.

Healthcare reform is an issue that unites the Catholic community. We need to continue to work together to help make the case for comprehensive reform, share our values and experience, and urge our representatives to adopt healthcare reform that will protect the life and dignity of all. We offer a potential constituency of conscience in the midst of a debate too often dominated by special interests and partisan needs. The debate over national healthcare reform will test both our Church and our country.

#### CRITERIA FOR REFORM

Applying our experience and principles to the choices before the nation, our bishops' conference strongly supports comprehensive reform that will ensure a decent level of healthcare for all without regard to their ability to pay. This will require concerted action by federal and other lev-



els of government and by the diverse providers and consumers of healthcare. We believe government, an instrument of our common purpose called to pursue the common good, has an essential role to play in assuring that the rights of all people to adequate healthcare are respected.

We believe reform of the healthcare system that is truly fundamental and enduring must be rooted in values that reflect the essential dignity of each person, ensure that basic human rights are protected, and recognize the unique needs and claims of the poor. We commend to the leaders of our nation the following criteria for reform:

- *Respect for life.* Whether it preserves and enhances the sanctity and dignity of human life from conception to natural death.
- *Priority concern for the poor.* Whether it gives special priority to meeting the most pressing healthcare needs of the poor and underserved, ensuring that they receive quality healthcare services.
- *Universal access.* Whether it provides ready universal access to comprehensive healthcare for every person living in the United States.
- *Comprehensive benefits.* Whether it provides comprehensive benefits sufficient to maintain and promote good health; to provide preventive care; to treat disease, injury, and disability appropriately; and to care for persons who are chronically ill or dying.
- *Pluralism.* Whether it allows and encourages the involvement of the public and private sectors, including the voluntary, religious, and nonprofit sectors, in the delivery of care and services; and whether it ensures respect for religious and ethical values in the delivery of healthcare for consumers and for individual and institutional providers.
- *Quality.* Whether it promotes the development of processes and standards that will help to achieve quality and equity in healthcare services, in the training of providers, and in the informed participation of consumers in decision making on healthcare.
- *Cost containment and controls.* Whether it creates effective cost-containment measures that reduce waste, inefficiency, and unnecessary care; measures that control rising costs of competition, commercialism, and administration; and measures that provide incentives to individuals and providers for effective and economical use of limited resources.
- *Equitable financing.* Whether it assures society's obligation to finance universal access to comprehensive healthcare in an equitable fashion, based on ability to pay; and whether proposed cost-shar-

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ing arrangements are designed to avoid creating barriers to effective care for the poor and vulnerable.

### KEY POLICY PRIORITIES

We hope Catholics and others will use these criteria to assess proposals for reform. In applying these criteria, we have chosen to focus our advocacy on several essential priorities.

**Priority Concern for the Poor/Universal Access** We look at healthcare reform from the bottom up, how it touches the unserved and underserved. Genuine healthcare reform must especially focus on the basic healthcare needs of the poor (i.e., those who are unable, through private resources, employer support, or public aid, to provide payment for healthcare services, or those unable to gain access to healthcare because of limited resources, inadequate education, or discrimination).

When there is a question of allocating scarce resources, the vulnerable and the poor have a compelling claim to first consideration. Special attention must be given to ensuring that those who have suffered from inaccessible and inadequate healthcare (e.g., in central cities, isolated rural areas, and migrant camps) are first brought back into an effective system of quality care. Therefore we will strongly support measures to ensure true universal access and rapid steps to improve the healthcare of the poor and unserved. Universal access must not be significantly postponed, since coverage delayed may well be coverage denied. We do not support a two-tiered healthcare 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 quality care.

**Respect for Human Life and Human Dignity** Real healthcare reform must protect and enhance human life and human dignity. Every member of the human family has the right to life and to the means that are suitable for the full development of life. This is why we insist that every human being has the right to quality healthcare services, regardless of age, income, illness, or condition of life. Government statistics on infant mortality are evidence that lack of access and inadequate care are literally matters of life and death. The needs of the frail elderly person, the unborn child, the person living with AIDS, and the undocumented immigrant must be addressed by healthcare reform.

*Neither* the violence of abortion and euthanasia *nor* the growing advocacy for assisted suicide is consistent with respect for human life. When destructive practices such as abortion or euthanasia



seek acceptance as aspects of "healthcare" alongside genuine elements of the healing art, the very meaning of healthcare is distorted and threatened. A consistent concern for human dignity is strongly demonstrated by providing access to quality care from the prenatal period throughout infancy and childhood, into adult life, and at the end of life, when care is possible even if cure is not. Therefore we are convinced it would be a moral tragedy, a serious policy misjudgment, and a major political mistake to burden healthcare reform with abortion coverage that most Americans oppose and the federal government has not funded for the past 17 years. Consequently, we continue to oppose unequivocally the inclusion of abortion as a healthcare benefit, as do three out of four Americans (April 6, 1993, *New York Times* poll).

As longtime advocates of healthcare reform, we appeal to the leaders of the nation to avoid a divisive and polarizing dispute that could jeopardize passage of national healthcare reform. We strongly believe it would be morally wrong and counterproductive to compel individuals, institutions, or states to pay for or participate in procedures that fundamentally violate basic moral principles and the consciences of millions of Americans. The common good is not advanced when advocates of so-called "choice" compel taxpayers to fund what we and many others are convinced is the destruction of human life.

**Pursuing the Common Good and Preserving Pluralism** We fear the cause of real reform can be undermined by special-interest conflict and the resistance of powerful forces who have a major stake in maintaining the status quo. Reform also can be thwarted by unnecessary partisan political combat. We believe the debate can be advanced by a continuing focus on the common good and a healthy respect for genuine pluralism. A reformed system must encourage the creative and renewed involvement of both the public and private sectors, including voluntary, religious, and non-profit providers of care. It must also respect the religious and ethical values of both individuals and institutions involved in the healthcare system. 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. The Catholic community is strongly committed to continuing to meet the healthcare needs of the nation in a framework of genuine reform, which respects the essential role and values of religiously affiliated providers of healthcare.

**Restraining Costs** We have the best healthcare technology in the world, but tens of millions have lit-

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tle or no access to it, and the costs of the system are straining our nation, our economy, our families, and our Church to the breaking point. We insist that any acceptable plan must include effective mechanisms to restrain rising healthcare costs. By bringing healthcare cost inflation down, we could cut the federal deficit, improve economic competitiveness, and help stem the decline in living standards for many working families. 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).

#### CONCLUSION

The Catholic Bishops' Conference will continue to work with our people and others for reform of the U.S. healthcare system, especially on these key priorities. In our view, 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.

We welcome the signs that our nation and our leaders are beginning to face up to the challenge of reform. We will assess the Clinton administration's plan and the alternatives to it on the basis of our criteria and experience. We will be active and involved participants in this vital national debate.

New public policy is essential to address the healthcare crisis, but it is not sufficient. Each of us must examine how we contribute to this crisis—how our own attitudes and behavior demonstrate a lack of respect for our own health and the dignity of all. 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? In our own lives and in this vital healthcare debate we are all called to protect human life, promote human dignity, and pursue the common good. In particular, we call on Catholics involved in the healthcare system to play leadership roles in shaping healthcare reform that respects human life and enhances human dignity.

Now is the time for real healthcare reform. It is a matter of fundamental justice. For so many, it is literally a matter of life and death, of lives cut short and dignity denied. We urge our national leaders to look beyond special-interest claims and partisan differences to unite our nation in a new commitment to meeting the healthcare needs of our people, especially the poor and vulnerable. This is a major political task, a significant policy challenge, and a moral imperative. □