CULTURAL ADDICTIONS TRUMP THE COMMON GOOD

The debate about health care reform has not exactly been one of America's shining moments. What the country has displayed for the entire world to see is that, when all is said and done, we are essentially a people marked by individualism, self-interest, greed and an obsession with choice. Though they surely are not true of everyone and not always true of anyone, these traits seem to have won the day with regard to this issue. This was abundantly evident during the August recess and continues to be evident as politicians, various interest groups, pundits, bloggers and so many others try to undermine meaningful reform.

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Among the many disappointing dimensions of this debate is that Americans, whether as individuals or as particular groups, have not been able to transcend, to some degree at least, their own interests for the good of the whole. What the debate has illustrated so clearly is that, as Daniel Callahan points out in a recent article in *Commonweal*, "the common good as a moral value has little purchase in American culture and politics" ("America's Blind Spot: Health Care & the Common Good," *Commonweal* [October 9, 2009]: 13-16). There is, he observes, "the absence ... of a solid common-good tradition" in the country. Furthermore, there is "an unwillingness to make sacrifices." "The thought," he continues, "that we might have to ration health care in the name of the common good — even to ensure that others get a fair share — is objectionable to most Americans ...". "The striking feature of conservative health care thinking," he says, "is its radical individualism. The idea of a common good is entirely absent."

Callahan goes on to point out that the "relentless campaign against government-managed health care, aimed at stirring up fear and loathing, has been remarkably successful. It is a campaign that tacitly rejects the idea that health care should have anything to do with the common good." He concludes his article with the following observations:

> Suffering, disease, and death are our common lot. They ought to be dealt with as our common problem. It is a shame that the kind of empathy and mutual respect that Adam Smith understood to be a requirement of morality have not, in our culture, been extended to health care — extended to one another in the recognition that we all have bodies that go awry and fail. Instead we are offered a consumer model, a national Walmart of medical choice where we are all sharp-eyed purchasers getting the best possible deal for ourselves. A construal of the common good as the freedom of consumers to get what they want, indifferent to the fate of others, is a cheap substitute for the real thing.

It is somewhat understandable that the common good has little purchase in American society. What is less understandable, and even more disappointing, is that it doesn't seem to play much better in the Catholic community. Have Catholics really been much different from their fellow Americans in their response to health care reform? Yet the notion of the common good is central to Catholic social teaching and a Catholic worldview. Were the American bishops and parish clergy helping Catholics to understand that health care reform is a matter of the common good and that the common good is not something that Catholics should feel free to dismiss?

A CHA colleague was invited to speak on health care reform and CHA's vision for reform

at a social justice conference sponsored by a state Catholic conference. The audience was hostile. One individual said: "If you call health care a right, then before you know it, you'll be calling food, clothing, shelter, education and employment rights." Another objected to calling health care a right, because "if it's a right, it means that we'll have to provide it to people!" And this was a Catholic social justice conference!

Sadly, either people in this audience had little understanding of Catholic social teaching or it didn't make much difference to them. Although this is only one audience, possibly *somewhat* atypical, one has to wonder how many other Catholics would resonate with its views.

Almost 25 years ago, the Center of Concern in Washington, D.C., published a book titled *Our Best Kept Secret: The Rich Heritage of Catholic Social Teaching*. How much progress has been made since then in making known this rich tradition? How much catechesis has there been by bishops and clergy about the common good and other core elements of Catholic social teaching like human dignity, human rights, stewardship and distributive justice? Health care reform would have been the perfect opportunity for our religious leaders to draw upon the Catholic social tradition. By and large, it seems to have been a missed opportunity. One did not hear from the Catholic community a strong call for health care reform based on the common good or solidarity. It could well be that with regard to this critical social issue, the dominant values of American society eclipsed the values of Catholic social teaching.

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One also has to wonder how deep the commitment is to the common good and to health care reform within Catholic health care. The verbal commitment is surely there. The common good is one of the "core commitments" of Catholic health care and one of five values specified in the introduction to Part One of the *Ethical and Religious Directives for Catholic Health Care Services*. It also appears quite frequently in some form or other in Catholic health care systems' core values. But to what extent is a commitment to the common good more than words on a page or a noble aspiration? To what extent does it become part of the worldview of those working in Catholic health care so that it actually shapes what they see, what they value and what they choose and do?

Over the past year, I have had occasion to give or attend a number of presentations about health care reform to a variety of audiences within Catholic health care. On several occasions, what I heard in comments and questions was the rhetoric of American individualism and self-interest. As John Glaser, vice president, theology and ethics, at St. Joseph Health System, Orange, Calif., observed in an article in *Health Progress* several years ago: "Health care today is rooted in deep and abiding attitudes and assumptions of U.S. culture. Some of these attitudes and assumptions can fairly be described as cultural addictions — patterns of dysfunction that Americans cannot relinquish despite irrational and punishing consequences. These addictive patterns have, in turn, resulted in kingdoms and constituencies that benefit from the status quo. The ranks of those resisting reform are long and deep — and we who work in Catholic health care ourselves can be recognized in that crowd" (John Glaser and Brian Glaser, "Systemic Reform Is Vital to Our Ministry," 83, no. 3 [May-June 2002]).

The health care debate, beyond the debate itself, raises something very fundamental for American Catholics and for those in Catholic health care — what are the "stories," the interpretations of reality, that we actually *live* by? The beliefs and values at the heart of Catholicism and Catholic health care

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serve to shape a particular worldview that should make a difference in how these individuals see, interpret, value, choose and act. But Catholics and those working in Catholic health care embody a variety of stories shaped by parents, teachers, communities of faith, civil communities, political parties and society as a whole.

In reality, it is often these other stories that dominate and become the driving force in people's decisions and actions.

If what we have seen in recent months is an accurate indication, those in the Church responsible for the catechesis of the faithful — bishops and clergy in particular — and those responsible for "mission integration" and leadership formation should be concerned. The health reform debate should leave us all a bit more unsettled as to how broad and how deep Catholic identity and the identity of Catholic health care *really* are.

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