

SCRIPTURE, CATHOLIC SOCIAL TEACHING AND MEDICAID

During my 16 years as a mission leader, I have had the opportunity to learn and discuss much about the rich tradition of Catholic social teaching. For the most part, I have found health care leaders to be receptive, whether or not they have a faith-based background. The principles of human dignity, the common good, solidarity, option for the poor and vulnerable, subsidiarity, stewardship and participation resonate with most people, and many feel a sense of pride working within a ministry that strives to live out and promote those principles.



But not everyone welcomes Catholic social teaching when its theology moves to practical application, and some find the concept of common good particularly troubling. They can accept the principle of working toward helping humanity flourish, but when they learn that for more than 150 years the Catholic Church has taught that

“working toward the common good” means working to ensure all humanity has what is needed to flourish — specified as food, clothing, housing, health care, education, meaningful employment and safety — some leaders express concern that it sounds like socialism or communism.

That reaction calls for our ministry’s attention, because embracing health care as a basic human right is fundamental to any of the ongoing national discussions about U.S. health care reform and Medicaid. Both Scripture and Catholic social teaching show us health care is much more than a privilege offered as part of a political platform.

The chart, right, developed by Fr. Charlie Bouchard, OP, STD, CHA’s senior director of theology and sponsorship, helps show the differences between socialism and the common good.

TEACHINGS IN SCRIPTURE

In the story of the Good Samaritan, found in Chapter 10 of the Gospel of St. Luke, Jesus tells of a man on a journey who was attacked by robbers, beaten and left on the side of the road to die. First, a priest passes by, but rather than assist the

victim, he crosses to the other side of the road to avoid ritual impurity. A Levite passes by and likewise avoids helping the man. Finally, a Samaritan traveler, a member of a religious sect looked down upon by the Jews, comes upon the scene. He shows compassion for the victim, tends to his wounds, places the man upon his beast and takes him to an inn where the Samaritan pays for the man’s lodging and care.

The parable is one of the foundational Gospel stories that illustrate what it means to help others flourish: The Good Samaritan provides health care, food, clothing, shelter and safety to the beaten stranger he finds on the side of the road. The point of the story is that the person we least expect to help the victim, the Samaritan, was neighbor to the man who had fallen into the hands of robbers. Jesus tells the listener to “go and do likewise.”¹

The interrelated values necessary to recognize a person as our neighbor are human dignity, solidarity and common good. These principles are rooted in the story of creation found in Genesis, in which God creates humans in God’s own sacred

SOCIALISM vs. COMMON GOOD

Socialism	Common Good
State ownership	Private ownership and profit
Individuals sacrificed for whole	Individual as part of whole
Minimal participation	Broad participation (subsidiarity)
Centralized government; authority at top	Distributed authority; diffuse responsibility
Political action curtailed	Encourage political involvement

and social image: “God created man in his image; in the divine image he created him; male and female he created them.”²

We possess human dignity not because of our status, possessions, education or any other achievement. Our dignity is inherent because we are made in the image of God. It is not earned, it is a pure gift.

Genesis later teaches that we cannot realize our full potential when we are isolated individuals, but only when we are in community — just as God, in whose likeness we are created, is a communion of persons. To that end, the story of Babel, a scattered community whose members are no longer able to communicate with each other,³ comes before the story of Abraham, the father of a great nation, with inhabitants as numerous as the sands of the seashore. As a community of persons made after God’s own image, we are called to be creative, self-giving, responsible stewards who always are in relationship with God, others and the world.

We in Catholic health care strive to see everyone as our neighbor and take responsibility for his and her well-being. This means not only providing health care, but also working to provide the social determinants of health that mirror the elements necessary for human flourishing. St. John Paul II was famous for calling our relationship with our neighbor “solidarity.”

“Solidarity is a firm and persevering determination to commit oneself to the common good; that is to say to the good of all and of each individual, because we really are responsible for all,” he wrote.⁴

CATHOLIC SOCIAL TEACHING

Jesus invites us to share in the mission of being fully human within ourselves and helping the whole human family reach its full potential. This is the essence of human flourishing.

St. Irenaeus wrote in the second century, “The glory of God is humanity fully alive.” When we live as God intends us to live, becoming the person God created us to be (physically, mentally, emotionally, psychologically, socially and spiritually) and helping others to be the creation God wills them to be, we truly become the image of

God in the world.

Catholic tradition continued to unpack the meaning of human flourishing within the rich segment of theology known as Catholic social teaching. We are made to be in relationship with God, others and creation. We find our individual fulfillment only when humanity is reaching its intended fullness.

St. Paul VI wrote in a 1967 document called *Populorum Progressio* (On the Development of Peoples): “There can be no progress towards the complete development of man without the simultaneous development of all humanity in the spirit of solidarity.”⁵

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Human flourishing is not done in isolation. The goal of human flourishing is for *all* to flourish. The *Catechism of the Catholic Church*, shepherded by Pope Benedict XVI when, as Cardinal Joseph Ratzinger, he was prefect for the Congregation for the Doctrine of the Faith, named the conditions necessary for human development: “Life and physical health are precious gifts entrusted to us by God. We must take reasonable care of them, taking into account the needs of others and the common good. Concern for the health of its citizens requires that society help in the attainment of living conditions that allow them to grow and reach maturity: food and clothing, housing, health care, basic education, employment and social assistance.”⁶

Reflecting on the notion that human development is achieved only through community, Pope Francis said, “In this sense, the very concept of *person*, born and matured in Christianity, fosters the pursuit of a fully human development. Because person always signifies *relationship*, not individualism; it affirms *inclusion* not exclusion; unique and inviolable *dignity*, not exploitation; *freedom* and not constraint.”⁷

These examples show how human dignity,

common good and solidarity are interrelated in the theology of human flourishing. Similarly, in Catholic health care, caring for and curing individuals is never as simple as just treating the body. Whole-person care includes attending to the body, mind and spirit of the patient/resident, his or her family and loved ones, the community where they live and the network of resources we call the social determinants of health. The social determinants of health mirror the conditions necessary for human flourishing enumerated by the popes. If we are committed to whole-person care and the social determinants of health, we are practicing human flourishing.

HUMAN FLOURISHING AND MEDICAID

The care of our neighbor comes from our faith rooted in Scripture and Catholic tradition, not from politics. It is based neither in socialism nor communism, nor is it Democratic or Republican. It is the Judeo-Christian approach to human flourishing.

Yet, as soon as we turn to the practical realities of how a society implements and pays for the conditions necessary for people to flourish, we have disagreement. Such certainly is the case when the subject of Medicaid comes up. Providing Medicaid to people who cannot afford to pay for health insurance remains a controversial topic in our country.

Among its provisions, the 2010 Affordable Care Act allowed states, beginning in 2014, to expand Medicaid enrollment by increasing eligibility based on household income from at or below 100 percent of the federal poverty level to 138 percent of the federal poverty level.

According to the Henry J. Kaiser Family Foundation, a literature review of the ACA Medicaid expansion's effects "on coverage; access to care, utilization, affordability, and health outcomes; and various economic measures" in states that expanded Medicaid coverage "suggests that the expansion presents an opportunity for gains in coverage, improvements in access and financial security, and economic benefits for states and providers."⁸

Persistent Republican efforts to repeal and replace the ACA or severely undercut its provisions

have not yet succeeded, and it remains to be seen if any stalled proposals — some directly cutting Medicaid — will be revived. Meanwhile, the 2018 midterm elections saw voters pass Medicaid expansion initiatives in Idaho, Nebraska and Utah.

Several states have added a work requirement for "able-bodied" Medicaid recipients as a condition for eligibility. At first glance this seems to be a reasonable expectation, but upon a closer look, it is clear that the vast majority of Medicaid recipients who aren't working are not able to work — they are children or have disabilities or live in nursing homes.⁹

Since the mid-1960s the Catholic bishops of the United States have added their voices to the call for promoting human flourishing. The Catholic Campaign for Human Development is the national anti-poverty and social justice program of the United States Conference of Catholic Bishops. The bishops began the campaign in 1969 as the "National Catholic Crusade Against Poverty," in part as a response to *Populorum Progressio* and in part to President Lyndon B. Johnson's War on Poverty.

The Catholic bishops of the United States strongly supported creation of the Medicare and Medicaid programs in 1965, and they have criticized attempts to eliminate or reduce either program's coverage and benefits. In 2009, the United States Catholic Conference of Bishops addressed the government's responsibility to provide for basic health care coverage: "All people need and

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should have access to comprehensive, quality health care that they can afford, and it should not depend on their stage in life, where or whether they or their parents work, how much they earn, where they live, or where they were born."¹⁰

More recently, the U.S. bishops stated, “Any modification of the Medicaid system as part of health care reform should prioritize improvement and access to quality care over cost savings.”¹¹

CONCLUSION

Although he was not speaking about any specific country or health care program, Pope Francis stated, “Health, indeed, is not a consumer good, but a universal right which means that access to health care services cannot be a privilege.”¹²

The Catholic Church, and therefore its health care ministry, believe that health care is a basic human right. Although the ACA is not a perfect law, and the Medicaid system is not without its problems, the programs provide access to health care for more people and the potential for serving even greater numbers of Americans if the ACA remains intact and if Medicaid expansion continues. CHA will continue to work to improve these laws and their implementation. In addition, we will continue to offer education and formation on Catholic social teaching, human flourishing and its expression within our healing ministry.

As leaders in Catholic health care, we should review and renew our commitment to the ministry’s foundational values, which are rooted in human flourishing. When we hear arguments that the common good is socialism or communism, we must be prepared not only to explain how they differ, but to remind people that human dignity, common good and solidarity are based in Scripture and the Catholic tradition — not in politics or economics.

We also should be ready to describe how programs like Medicaid help individuals, families and communities to flourish. For facts, figures and ideas, you can review the section of CHA’s website devoted to the June 2018 “Medicaid Makes it Possible” campaign to raise public awareness of how important Medicaid is.¹³

For example, here are some critical facts about Medicaid to use as we engage with our various internal and external audiences:

- 1 in 5 Americans benefits from Medicaid
- 62 percent of nursing home residents use Medicaid
- 39 percent of all children have Medicaid
- 45 percent of non-elderly disabled Ameri-

cans have Medicaid

- 49 percent of all births in the United States are covered by Medicaid

But don’t stop there — it is important and effective to put faces on those statistics. You can tell the stories of individuals who have benefited from Medicaid; there are many examples on the “Medicaid Makes It Possible” website. But if you talk to your social workers and case managers, you are sure to find countless local examples demonstrating how Medicaid is making it possible for individuals in the community to thrive. Those are important stories to gather and share with your

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— POPE FRANCIS

ministry’s key stakeholders, and if you discover patients or residents who are willing to share their stories with a wider audience, please visit the CHA website to see how to add them to the “Medicaid Makes it Possible” campaign.¹⁴

As our country debates health care reform, Medicaid programs and the future of the ACA, I encourage the Catholic health care ministry not to bring political views to the discussion. Our faith, Scripture and Catholic social teaching offer principles that are far more fundamental and enduring. Now is an important time for senior leaders and boards to review the Catholic social tradition and help their institutions embody those principles on a daily basis.

BRIAN SMITH, MS, MA, MDiv, is senior director, mission innovation and integration, the Catholic Health Association, St. Louis.

NOTES

1. Luke 10:25-37.
2. Genesis 1:27.
3. Genesis 12 and 11.
4. John Paul II, *Sollicitudo Rei Socialis*, par. 38. http://w2.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf_jp-ii_enc_30121987_sollicitudo-rei-socialis.html.

5. Paul VI, *Populorum Progressio*, par. 43. www.papalencyclicals.net/paul06/p6develo.htm.

6. *The Catechism of the Catholic Church*, no. 2288. www.vatican.va/archive/ccc_css/archive/catechism/p3s2c2a5.htm#II.

7. Francis, "To the Participants in the Conference Organized by the Dicastery for Promoting Integral Human Development, Marking the 50th Anniversary of the Encyclical *Populorum Progressio*," April 4, 2017. http://w2.vatican.va/content/francesco/en/speeches/2017/april/documents/papa-francesco_20170404_convegno-populorum-progressio.html.

8. Larisa Antonisse et al., "The Effects of Medicaid Expansion under the ACA: Updated Findings from a Literature Review," Henry J. Kaiser Family Foundation Issue Brief, March 28, 2018. www.kff.org/medicaid/issue-brief/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review-march-2018.

9. Rachel Garfield et al., "Implications of Work Requirements in Medicaid: What Does the Data Say?" Henry J. Kaiser Family Foundation Issue Brief, June 2018. <http://files.kff.org/attachment/Issue-Brief-Implications-of-Work-Requirements-in-Medicaid-What-Does-the-Data-Say>.

10. William F. Murphy, "Healthcare Letter to Congress," Committee on Domestic Justice and Human Development, July 17, 2009. www.usccb.org/issues-and-action/human-life-and-dignity/health-care/upload/health-care-murphy-letter-congress-2009-07-17.pdf.

11. Timothy Dolan et al., "Joint Letter to Congress Regarding Health Care Policy," March 8, 2017. www.usccb.org/issues-and-action/human-life-and-dignity/health-care/joint-letter-to-congress-on-health-care-reform-2017-03-07.cfm.

12. Francis, "Address to Doctors with Africa - CUAMM, (College for Aspiring and Missionary Doctors)," May 7, 2016.

13. Catholic Health Association, "Medicaid Makes It Possible," www.chausa.org/medicaid.

14. Catholic Health Association, "Share Your Story," "Medicaid Makes It Possible," www.chausa.org/medicaid/share-your-story.

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