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INTERVIEW WITH CARDINAL DONALD WUERL

CARDINAL IS CLEAR ON ROLE FOR BISHOPS

On April 5, 2011, Ron Hamel, senior director, ethics, for CHA, and Pamela Schaeffer, editor of Health Progress, *spoke with Cardinal Donald Wuerl at the Archdiocese of Washington Pastoral Center in Hyattsville, Md. In that interview, which appears below, the cardinal particularly stressed three points:*

- *His ongoing support for Catholic health care and its unique place in U.S. culture*
- *The need for closer ties between U.S. Catholic bishops and Catholic health care administrators, primarily through ongoing conversations related to Catholic health care's mission*
- *His strong commitment to joining with other bishops and the Catholic Health Association in legislative efforts to ensure that Catholic health care remains free from government or market pressures that would compromise its Catholic identity and principles*

HP: Please talk about the importance of Catholic health care as a ministry of the church in the United States in some of its key dimensions: as a healing ministry obviously, but also as an employer in the context of Catholic social teaching and as a highly visible aspect of Catholic identity in the United States. What are the primary responsibilities of Catholic health care in each of those roles?

CARDINAL WUERL: The areas you mention are interrelated because they all grow out of the effort of the Catholic Church to carry out the ministry of

Christ. The church's healing ministry is a continuation of Christ's care for the sick and vulnerable; and at the same time, it points to our ultimate "healing" through his salvific mission in which all suffering and death will be no more. Health care ministry responds to our obligation to care for one another, to heal the afflicted and at the same time contribute to the common good.

In his first encyclical letter, *Deus Caritas Est*, our Holy Father, Pope Benedict XVI, writes that love of God is manifested in our love of others. Love of neighbor has to take real, visible, practical form. I think of Catholic health care as one of the great institutional manifestations of charity at every level in our culture. The people involved in Catholic health services understand that care of the sick is something much more than just healing the body. We bring an understanding that health care involves the whole person. It is not just a matter of utilizing the best technology available. When we talk about "bedside manner," we are recognizing that there is a physical, mental and spiritual healing that is all part of well-being. This understanding of the person as both physical and spiritual is a part of the history of Catholic health care over centuries, and certainly in our country, where we have more than 150 years of well-developed institutional Catholic health care.

There is, however, even more that Catholic health care offers. When confronted with our human limitations and weaknesses in the midst of sickness and suffering, Catholic health care provides the perspective within which we can see our humanness in relation to God. Catholic health care once again broadens our understanding of these difficult dimensions of human life by providing an encounter with Jesus, the cross and the meaning of suffering. Suffering and sickness are, therefore, not wasted things. They can be transformed into something wonderfully positive. They can even be salvific if they are embraced with love. When people go into a Catholic hospital, they should find there a context that gives meaning, even value, to their sickness. This is an aspect of Catholic health care that has not received the recognition in our society that it should. Catholic health care introduces the patient to a worldview that includes body and spirit, mind and heart, and above all, our relationship with a loving and caring God.

HP: Do you think Catholic health care is sufficiently appreciated within the church and within our culture?

CARDINAL DONALD WUERL
Archbishop of Washington

Cardinal Donald Wuerl is the Archbishop of Washington and was elevated to the College of Cardinals in 2010 by Pope Benedict XVI.

He is known nationally for his catechetical and teaching ministry and for his efforts on behalf of Catholic education. Cardinal Wuerl serves on numerous national and international bodies and is chairman of the board of trustees of the Basilica of the National Shrine of the Immaculate Conception, chancellor of the Catholic University of America, chairman of the board of the Pope John Paul II Cultural Foundation and also of the Papal Foundation. He is chairman of the United States Conference of Catholic Bishops' Committee on Doctrine and a member of the USCCB Committee on Evangelization and Catechesis. The cardinal is the author of numerous articles and books, including the best-selling catechisms, *The Teaching of Christ* and *The Catholic Way*. His book, *The Mass*, was published in January 2011, and his most recent work, The Gift of Blessed John Paul II, was published in April 2011.

In April 2008, Cardinal Wuerl hosted Pope Benedict XVI in Washington during the Holy Father's historic journey to the United States. The cardinal also is active in community activities, joining with civic and business leaders to promote education, service to the poor, pastoral assistance to refugees and immigrants as well as interfaith understanding.

Cardinal Wuerl was born in Pittsburgh and received graduate degrees from the Catholic University of America and the Gregorian University while attending the North American College. He received a doctorate in theology from the University of Saint Thomas in Rome. Ordained to the priesthood on December 17, 1966, he was ordained a bishop by Pope John Paul II on January 6, 1986 in Saint Peter's Basilica, Rome. He served as auxiliary bishop in Seattle until 1987, then as bishop of Pittsburgh for 18 years until his appointment to Washington. The cardinal's titular church in Rome is Saint Peter in Chains (San Pietro in Vincoli).

CARDINAL WUERL: I would like to answer that question first from the perspective of the church and then from that of our culture. On the level of the structure of the church, our Conference of Bishops [USCCB], for example, has consistently demonstrated a strong appreciation for Catholic health care. A number of years ago, we had an ad hoc committee on health care issues and the church. For a while I had the privilege of chairing

that committee that was also part of the National Coalition on Catholic Health Care Ministry. The coalition provided a forum for ongoing conversation involving representatives of the Catholic Health Association, the religious communities sponsoring health care ministry, the conferences of religious communities of women and men, Catholic Charities and our own Conference of Bishops. The Conference of Bishops wanted to be present as a sign of support, recognizing that the sponsoring religious communities were making great efforts to sustain Catholic health care in the most effective manner possible. I always found those meetings helpful, and they provided avenues of ongoing dialogue. Today we have the USCCB task force for health care and an episcopal liaison to CHA. In addition, the president of CHA, Sr. Carol Keehan, serves on the USCCB domestic justice committee, and USCCB is represented when the CHA board meets. There has never been a time in recent years when there have not been these signs of institutional appreciation and support.

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But like so many really good things in life, Catholic health care can be taken for granted, or misunderstandings or conflicts can arise as a result of the broad impact and complexity of health care in our nation. I am not certain that within our culture the great gift of Catholic health care is as appreciated as it should be. If it is being taken for granted by Catholics, it may be so in the best of senses: People recognize Catholic health care is always there. We have come to count on it. I think, however, we need now to begin to make its presence much more visible and, therefore, appreciated. Do you ever read or hear or see in the information industry — on television, in the newspapers — much about the care for

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Cardinal Wuerl during an interview with *Health Progress*, April 2011.

the poorest people provided by Catholic health care? Providence Hospital here in the District of Columbia, for instance, provides a huge amount of indigent care — health care for those who cannot pay for it. I believe that generosity is true of Catholic hospitals across the country. Yet we hear very little of such good news. You will hear bad news and conflict, but we don't always learn of all the good things that are going on. We as Catholics need to tell our story. We simply can't rely on others to tell that story for us.

HP: Recognizing that U.S. bishops were opposed to the final form of health reform legislation, can you cite some benefits of the legislation now that it has passed?

CARDINAL WUERL: My understanding is that the bishops, speaking particularly through the conference, have long and strongly supported health care reform. I think one of the reasons the USCCB was heard in the halls of Congress was precisely because it was generally understood that the bishops were in favor of genuine and life-giving health care reform that would provide greater access to health care for the citizens of our country. This is something that the bishops had been proposing for a long time. Where the bishops rightfully balked at some of the proposals was the inclusion of provisions for federal funding and facilitation for elective abortion. My understanding is that the bishops made it clear that health care reform legislation was needed because of the large number of people who do not have access to health care. The bishops urged health care reform, but insisted on reform that would protect all life and respect the moral law. There is one thing you can be sure of: You can rely on the consistency of the bishops. The moral principles are very clear. We have the responsibility of articulating them and working with those in health care ministry to apply, implement and make them work.

HP: Catholic health care is already threatened because we are caught up in marketplace mechanisms, and as we move into the era of health reform, we anticipate that more Catholic institutions will be merging with other-than-Catholic institutions. How do we maintain the heart and soul of Catholic identity as we move into the future?

CARDINAL WUERL: In answering that challenging question, I would like to refer back to my comments on the bishops' committee for health care ministry. One of the things these common efforts brought to the table was the presence of bishops so that there was a sense of the whole health care community working together in the communion of the whole church and her mission.

Collaboration and communication between Catholic health care providers and the bishops are necessary as we move forward. What grew out of those discussions as a part of the National Coalition on Catholic Health Care Ministry was a high level of understanding and collaboration. One particular fruit was a short document entitled, "The Pastoral Role of the Diocesan Bishop in Catholic Health Care Ministry." This sign of cooperation came to be because the bishops and the health care institutions wanted to articulate how we can best relate our specific roles to one another at the service of the mission of the church. All involved in preparing that document worked to articulate what actually is the bishop's role in Catholic health care, so that there would be a visible sign of unity for the whole faith community.

My worry today is precisely that as the mergers become more and more complex, and with the increasing formation of public juridic persons as a response to provide enduring hospital sponsorship, there is a danger of a distancing of Catholic health care institutions from the bishop. If the bishop is not effectively included in a meaningful structure, in a living, visible, relationship with these new expressions of health care, a significant element of Catholic identity could be lost.

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As with Catholic colleges and universities, so too with hospitals. The last thing a bishop would want to do is get involved with the internal affairs of the institution. But there is a place where the bishop representing the church as a whole relates to the university or a hospital which is a part of

the church. For a college or university, that point of intersection begins with the entity's mission statement. There also has to be an ongoing communication at colleges and universities with the bishop precisely around the mission of the educational institution and its Catholic identity. This process grows out of the apostolic constitution *Ex corde Ecclesiae* and its application in the United States, and the current review of that application. For Catholic health care institutions, the *Ethical and Religious Directives for Catholic Health Care Services* (now in its 5th edition) provides the forum for this convergence.

In an earlier time when most hospitals were governed locally, the ongoing relationship often directly involved the religious community sponsoring the health care facility. It was easier then for the head of each community and the bishop to talk about whatever the issue might have been. Now we seem to be moving well beyond that model. But in order to ensure Catholic identity, the bishop cannot be left out of the picture as we move into new models of governance.

HP: Is anyone thinking about how Catholic health care leaders and bishops can strengthen relationships as we move into the future?

CARDINAL WUERL: For 25 years as a bishop, I met and continue to meet with the leadership of our Catholic hospitals. This is an ongoing conversation involving leadership of the institutions, the sponsoring communities and the bishop. Now such conversations become more difficult because the situation is far more complex. A system may serve in a number of dioceses. I think it is up to the health care system leadership to work out

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a way in which it can relate to the local bishop, or bishops. My point is unity in the church is not abstract or accidental. The church is not abstract,

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any more than health care is abstract. For certain types of medical interventions, you have to go to the hospital. So, too, in just as concrete a way, the health care entity has to relate to the bishop because he is head of the local church. It is the bishop who is responsible for the unity of the local church and, as "The Pastoral Role of the Diocesan Bishop in Catholic Health Care Ministry" points out, for the manifestation of ministry within the local church. The bishop is the one who publicly confirms the validity of ecclesial mission. For that reason, the relationship between the bishop and Catholic health care institutions in his diocese should be concrete, ongoing and respectful.

HP: Bishops in some dioceses get together regularly with Catholic health care leaders.

CARDINAL WUERL: I hope that type of gathering can be replicated across the country. I remember years ago, we had a summit meeting in Pennsylvania, a two-day-long gathering of all the hospital administrators, the major superiors of the sponsoring religious communities and all of the bishops. I thought it was a fruitful time. It took a very short time to realize that we were all trying to do the same thing — participate in the church's healing ministry. It took the rest of the two days to determine how we might find ways best to work together.

This might be a time for Catholic Health Association, which represents so many of the Catholic health care institutions, to work with the bishops and the hospitals and see if there aren't new ways to achieve ongoing conversations around Catholic health care mission and identity.

HP: We know that as some of these mergers go forward, there will be pressures from other-than-Catholic institutions about some of the provisions

Paul Harring

Cardinal Wuerl receiving the red hat from Pope Benedict XVI, Nov. 20, 2011.

in the ERDs. And it's possible that the existence of some Catholic institutions will be threatened if they aren't able to form acceptable partnerships. This must be something the bishops have thought about.

CARDINAL WUERL: The ERDs in Part 6 treat issues involving forming new partnerships with health care organizations and providers. This section points out that, in order for there to be authentic mission and identity, there has to be a touchstone of unity. This is the role of the bishop. Perhaps a bigger question is why are we in health care in the first place? The reason we are involved in health care is because we all believe we are following the witness of Christ and the mandate of the Gospel. Thus, there are some things we simply cannot do and remain true to who we are. We can serve everybody. Anybody can come to our Catholic institutions. We do not exclude anybody because of their race, religion, sex, cultural background. But there are some things we will not do. The reason we won't do them is because they are wrong. To do them would compromise our identity. When we enter into partnerships, we have to be fully who we are. We cannot be expected to give up our principles and our identity, which brought us to health care in the first place.

HP: It seems like more and more procedures that are deemed unethical within Catholicism are becoming mainstream "treatment" modalities in secular health care. What do you think might be the impact of this upon Catholic health care?

CARDINAL WUERL: We should be allowed to carry out, conscientiously and with freedom of conscience, our ministry. We cannot have government encroaching on that freedom. So there are sometimes going to be some hard choices.

But we also hope that there will be practical ways in which we can make things work so that Catholic health care providers do not have to compromise our identity or abandon important ministries. Catholic health care can function as the conscience for medical services. It brings a

moral vision based on a long-standing ethic rooted in respect for human life and dignity, and the natural moral order and the natural moral law. This is a gift Catholic health care ministry brings to our society and, particularly, to medical care. Just as the church should be a conscience for society, Catholic health care has to be a conscience for all of health care. We cannot compromise on fundamentals. Not everything that can be done ought to be done. It is precisely in the face of the growing political correctness pressure to include morally objectionable actions under the definition of "treatment" that Catholic health care ministry can provide a prophetic witness. It draws a line distinguishing right from wrong.

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There are various dramatizations of the conflict between St. Thomas More and King Henry VIII. One of my favorites has a scene in which More is being led away to the Tower, and Cromwell, the new chancellor, passes by. More says to him, "You have made a terrible mistake." Cromwell replies, "I made a mistake? I am chancellor." More continues, "You told the king what he can do. He knows that. Your job was to tell him what he *ought* to do."

That function is part of the role of Catholic health care in our medical culture today. Not simply to recognize all the things modern medicine can do, but to say what it *ought* to do. That is not easy. Thomas More found that out. Catholic health care brings a great and recognized moral tradition to its service. Such witness is so badly needed today in our aggressively secular society. This is an area where bishops and Catholic hospitals could work together to better tell our story.

That brings us back to what we were talking about earlier, the need for this sense of communion with the bishop. More than ever, we need to be united as we move forward. The real challenge, I believe, is going to be the exercise of our religious liberty, of our freedom of conscience in the whole area of delivery of medical services. If we become fragmented, divided, we simply will not survive. I think the church has to be able to stand in solidarity, to say there are some things we will not do because they are wrong and that we have a right as a part of this society, this culture, this people, this nation, to participate in the full health care effort. Historically such a position was always accepted. We carried out our ministry precisely as *Catholic* health care ministry. That position is being challenged today. I think we have to tell our story better. Catholic health care brings a great service to the community, and it should not be diminished or marginalized.

HP: Can you say a little more about Catholic health care as a major employer of people in this country, especially as it relates to Catholic social teaching?

CARDINAL WUERL: Catholic social teaching has proved to be needed and something of which we can be proud. When you look at the history of the United States, and you see the condition of workers, laborers, and that includes child labor, in the late 1800s and early 1900s, you realize just how little appreciation of social justice there was. The voice of the church has been continuous in its social teaching from Pope Leo XIII's 1891 encyclical *Rerum Novarum* up to today, a voice of conscience in our culture saying poor treatment of workers, or their families, is simply wrong. The voice of the church has articulated clearly for over 120 years a body of social justice teaching, just as today that same voice announces a coherent view of medical ethics. The legislation about rights of workers that developed in the 1920s, '30s and '40s reflects Catholic social teaching. So when we carry out our work as an institution, we are not only applying our Catholic medical ethic, but our social justice teaching. How that plays out in particular cases depends on the situation and specific facts. But those social justice principles should guide us. Our ethical, moral and social justice teachings come out of the same basic framework that begins with the dignity of the human person who is called to life eternal. We share a vision rooted in the natural moral law and the Gospel of Jesus.

So, we have our work cut out for us, but at least we have the guiding principles. The bishops have the responsibility to set forth the principles, and it's the people in the field who work to apply them

in the light of all the circumstances they face. I understand that a common effort of leaders of Catholic health care, the labor movement and the USCCB has produced some valuable guidance in this area.

HP: Along these lines, what would you consider to be the major ethical challenge facing Catholic health care as we move forward?

CARDINAL WUERL: A substantial one is going to be the erosion of our freedom of conscience and our freedom of religious conviction as we continue to engage in health care services. This type of challenge will be felt in the political pressures to accept as legitimate health care procedures such as sterilization, abortion, sex assignment surgery. The idea at work currently in our society is to take specific social issues, label them "health care" and then make them obligatory under government regulations on health care institutions.

The government should not be defining what constitutes health care and defining what specific medical procedures must be used. Nor should government be involved in funding activities such as sterilization or abortion. Pressures, as you point out, to force Catholic health care providers to engage in such activity are going to be a challenge. It will take concerted and united effort to sort it out and make clear what are legitimate health care issues. In all of this, Catholic institutions need to be free to say there are some actions that it cannot do and will not do. We are already facing like challenges in the area of our social service delivery. We're going to face them in education. Historically, the response in our country has been that religious entities, faith-based organizations, should be free to carry out their work according to their conscience — their conviction. We must not give in on that long-standing principle of our democratic and pluralistic society. Our mantra ought to be, "We help everyone, there are just some things we won't do." It is our faith that compels us to care for "the least of these," and it is that same faith that requires us to say no to those things which threaten human life and dignity.

HP: What about government money, research funds? Aren't those other ways in which Catholic health care might be penalized for not conforming to governmental requirements?

CARDINAL WUERL: That's why the bishops and the Catholic Health Association need to work together closely and effectively at the legislative level to see that some things do not become mandates. Tax dollars that are supposed to be used for health care should go to health care. Government should see to it that health care institutions are able to function according to their mission and identity. Government should not impose politically defined medicine on our health care institutions. Certainly it should not force faith-based health care services to violate their moral principles, their understanding of good medical practice as well as their conscience.

HP: Is there anything else you'd like to add?

CARDINAL WUERL: In concluding, I simply want to highlight again my great appreciation for the wonderful work that Catholic health care ministry does across this country, particularly the service it provides quietly for the poor, the indigent, for those who simply have nowhere else to go. In this is also the person-to-person connection of communion between the health care worker and those receiving treatment that is so much a characteristic of Catholic communities. It helps to maintain the dignity and humanity of the person being treated because it is informed and inspired by Christian values. I also want to underline how much I appreciate the recognition of the spiritual dimension of life that we experience in our Catholic hospitals. We can all be proud of Catholic health care and all of those who, in such a dedicated and committed manner, provide this service across the country, reaching out to touch and heal just as Christ did.

The bishops have the responsibility to set forth the principles, and it's the people in the field who work to apply them in the light of all the circumstances they face.

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