A REFLECTION

Moving from Desire To Action

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Nothing is as intuitively simple to grasp and as complex to implement as the concept of the common good. According to the U.S. Catholic bishops, the common good comprises "the social conditions that allow people as individuals and groups to reach their full human potential and to realize their human dignity."[1] It would be hard to make an argument that the common good is not something to be universally valued and sought.

But the devil is in the details. What "people" are included? Myself and my family? All U.S. citizens? Workers and management? Immigrants and refugees? People in other countries, whether or not they're allied with the United States? What is the measure of "full human potential"? What are the obstacles to achieving one's potential and realizing one's human dignity? Or put in a positive way: what are the social conditions that promote and ensure the common good, that are based on a bedrock of respect for human dignity? A short list would include adequate housing, a healthy diet, education, a safe environment, adequate health care, employment with a living wage and the opportunity to participate in social and political life.

Looking at this list, we can see that public policies and laws that promote the common good for all citizens and residents in the United States are still goals to be reached. It is also obvious that these social conditions are mutually supportive. For example, a healthy diet promotes good overall health and a good education facilitates access to a good job. Focusing on health care, we often name these conditions the social determinants of health.

SHAPING POLICY TO BENEFIT COMMON GOOD

What makes it so hard to craft laws and public policies which promote the common good, especially good health care? First of all, the size and diversity of the population make generalizations about needs and preferences difficult. In the United States a federal law will impact persons in densely populated cities as well as remote rural areas. Statewide legislation is similarly challenging. Elderly retirees, young families, immigrants, the wealthy and those on welfare will all identify different needs. Federally qualified health clinics are typically located in cities. Persons in the countryside needing care beyond what a small rural hospital can offer may have to be airlifted to a distant city.

Secondly, the influence of the social determinants of good health are beyond the control of health care providers. Health systems typically invest in or partner with housing initiatives for low-income persons or contribute to local food pantries, but ultimately, they cannot ensure that patients avail themselves of these resources. Similarly, hospital leaders and staff can support local schools by volunteering in the classroom and at fundraisers, but the provision of an adequate education for all students is beyond their reach.

Thirdly, the sheer number of differing health care stakeholders is daunting. Providers include the government, for-profit, nonprofit, religious and secular institutions and systems. Pharma-

ceutical companies, equipment manufacturers and professional groups are all vital to care, but each has its own agenda, one that favors a specific group, its shareholders or members. Similarly, funding flows from multiple sources. Laws and policies that favor one of these actors inevitably disadvantage another.

Fourthly, loyalty to one's political party sometimes overrides consideration of the common good. While uniting behind a promising piece of legislation put forward by one's party leaders can be beneficial, it is refreshing once in a while to see a party member question its purported wisdom and take another stand. An example is the expansion of Medicaid coverage in some states. Despite the obvious advantage to the underserved, it is associated with the Affordable Care Act, that is, Obamacare and hence off-limits to some Republicans. Ohio's Republican Gov. John Kasich was one executive who countered the party line and expanded coverage in Ohio.

IMPORTANCE OF INDIVIDUAL RESPONSIBILITY

In light of these obstacles, is the common good too elusive a goal to pursue, even in the specific area of health care? In enumerating some of the social conditions which promote the common good of individuals and groups, we don't want to overlook individual responsibility. The realization of one's human dignity begins with oneself; it is not conferred by another. I am created by God and destined for eternal life with God. These years on earth are an opportunity to grow in this awareness and to recognize the same reality and destiny in every other human being.

But sometimes we fail. We choose behaviors that diminish our own health or the potential of good health for others. With respect to others, especially those in poverty, we can fail to support public policies which would provide adequate housing, nutrition and health care because we perceive that there would be some cost to ourselves. The circle of those affected by our inaction can widen to include national and international needs.

MOTIVATED BY LOVE OF GOD AND NEIGHBOR

Despite this rather somber scenario, there is hope for the enactment of laws and public policies that promote the common good. The way forward is motivated by the love of God and the personal commitment to love of neighbor from which flows specific actions, in other words, the two great commandments. To surrender oneself to God; to feel the joy and gratitude for being the son or daughter of God; to recall all the ways one has been gifted, despite one's failings; to know that God's love is real and deep and everlasting; all of this gives us hope.

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Flowing from this sense of being loved, despite our personal failings, is a love for one's neighbor, which encompasses those nearby and those far away, those known and those unknown. It is a love which transcends judgments about "the other," including implicit racism or religious prejudice. It encompasses the panhandler on the street, the immigrant at the border, the terrorist in the Middle East. It includes both the political leader whose views are most antithetical to mine and it includes the wealthiest of our citizens. In other words, to embrace the "common good," I have to desire good for every person and for creation itself.

TAKING ACTION

How can we transform this desire for the common good from a vague feeling to a way of life? Our efforts can be both individual and institutional. Love of my neighbor begins with those near at hand. One strategy is to participate in the efforts of some local group, such as the St. Vincent de Paul Society or Catholic Charities. It may involve visiting the sick, tutoring or staffing a food pantry. These encounters help us give names and faces to those less advantaged. They can also lead to an understanding of the causes of the neighbor's need.

This personal understanding can be aug-

mented by investigation into the causes of chronic illness, inadequate insurance, an unhealthy diet and much more. It can be said that the easiest clue to one's health status and life expectancy is his or her zip code. What contributes to zones of poverty and unmet need within the city? This study can be facilitated by looking at the resources of organizations such as the NETWORK Lobby for Catholic Social Justice, Catholic Charities USA and the Catholic Health Association.

A deepening understanding leads to a commitment to advocate for change, another area where trusted organizations can be helpful. Their research staffs are often positioned to make recommendations to promote the common good. A commitment to advocacy can be overwhelming for an individual unless one focuses on a specific area such as access to affordable health insurance or pharmaceutical pricing. Also, issues will differ at the local, state and federal levels. The secret for someone who wants to make a difference is to focus on a vital few issues and make sure your legislator hears from you. Enough pressure from constituents can lead to beneficial policy changes.

Another individual commitment to the common good has to do with taxation, including the willingness to fund services to persons even when I will not personally benefit. A familiar example is voting for a school tax levy, even if one's children are no longer in school. With respect to health care, it is generally known that European countries provide universal health coverage, for which citizens agree to be taxed. However, in some countries additional private insurance is common, which often entitles the owner to quicker and better service. A recent article in "Commonweal" magazine discusses this practice and points out that the Nordic countries have largely eliminated the market for private insurance because care funded by the government insurance is of such high quality. Naturally this commitment to quality is reflected in the taxes citizens have agreed to pay.[2]

Institutions, as employers, can make a significant contribution to the common good. Ensuring that each employee has a family-friendly salary or wage, with appropriate benefits, directly impacts the welfare of a community. Similarly, in order to credibly advocate for policies such as paid sick leave, paid family-care leave or child care, institutions themselves need to lead the way.

Another institutional contribution to the common good stems from the use of investment dollars. The Interfaith Center on Corporate Responsibility coordinates the efforts of over 300 global institutional investors to press companies on environmental, social and governance issues. Numerous issues such as clean water, greenhouse gas reduction, drug pricing, opioid accountability and others directly impact the health status of the human community.

Institutional support for the common good is also reflected in the so-called community benefit dollars that nonprofit institutions are obliged to invest. Federal law mandates what qualifies as community benefit (for example, unfunded care for Medicaid patients and voluntary community projects) and what is the minimum required of any institution claiming a tax-exemption. Additional support for the common good also is directed through charitable foundations associated with hospitals and health systems. While the aggregate investment of various tax-exempt health care entities in a specific community may be quite large, it does not always make a significant impact on the social determinants of good health, on the common good. Health care leader Chris Allen makes this point in a recent *Health Progress* article. An individual "hospital's community health projects often aren't large enough in scope and scale to make a meaningful change in improving a population's health."[3] What is needed is greater coordination and planning among the contributors and public policies that promote such coordination.

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International players such as Catholic Relief Services and the Catholic Medical Mission Board

initiate projects and distribute resources beyond the United States, with the goal of enhancing the common good in other countries. The same observation about the value of coordination among these players could probably be made, but the field is so vast that no effort is wasted.

THE SPIRITUAL GOOD

In this reflection on the obstacles and resources to achieving the common good, we have not explicitly referenced our neighbor's spiritual good. To love one's neighbor and to desire that they experience God's love is a challenge that takes us even deeper into the quest for the common good. What would a public policy look like that supported spiritual well-being? It would begin with a resolution by executives and legislators to avoid disparaging remarks about any individual or group of people, no matter their history or recent behavior. Similarly, media spokespersons need to avoid generalizations about all persons in a specific geographic, racial, ethnic or religious group. Together we need to create a culture which honors all persons, respecting their innate human dignity.

In his apostolic exhortation, *The Joy of the Gospel*, Pope Francis remarks that "the worst discrimination which the poor suffer is the lack of spiritual care."[4] When someone is injured or ill they are most vulnerable to feelings of helplessness and hopelessness. Our efforts to relieve their suffering must include the affirmation of their inherent goodness, whatever the circumstances. Our desire is not their religious conversion, but feelings of being included in the prayer of Jesus, "So that all may be one, as you, Father, are in me and I in you." (John 17:21)

Concluding this reflection on our commitment to the common good and its inherent challenges, we recognize that it begins and ends with a love for God and God's people that transcends every boundary. Circumstances will make some efforts more inclusive or effective than others. An elected official has a primary obligation to the well-being of the persons who elected him or her. But in an increasingly integrated world with porous boundaries, we are called to a love for all of God's people. Let us join hearts and hands in that common effort!

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WEBLINKS

NETWORK Lobby for Catholic Social Justice: https://networklobby.org/
Catholic Charities USA: https://www.catholiccharitiesusa.org/

NOTES

1. "Sharing Catholic Social Teaching, Challenges and Directions," Revised Edition, United States Conference of Catholic Bishops, 2009, 38.
2. Max Foley-Keene, "Equality Isn't Cheap," *Commonweal*, November 2019, 23-25.
3. Chris Allen, "Wise Use of Community Benefit Dollars Requires Greater Partnership," *Health Progress* 100, no. 5 (September-October 2019): 66-69.
4. Francis, *Evangelii Gaudium* (*The Joy of the Gospel*), para. 200.

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