

# CHA Supports System Grassroots Advocacy Efforts

BY REV. MICHAEL D. PLACE, STD

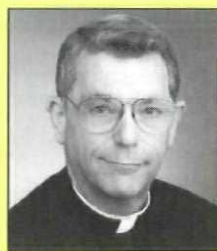
**I**n our advocacy efforts, we in the Catholic health ministry are asking how we can come together to achieve something "more" than we could accomplish as free-standing institutions or particular systems. It would be truly inspiring if this pioneer gathering of representatives of the Alliance of Catholic Health Systems were to result in every senator and representative being visited by grassroots advocates for Catholic healthcare and a just social order.

Whether or not something like that would be possible, it is important that we never lose heart, especially in light of a growing public skepticism—even cynicism—toward the legislative and political process. Your advocacy activities during this conference, both on Capitol Hill and at the Health Care Financing Administration, splendidly exemplify your collective belief in the democratic process and our responsibility to be advocates in that process.

## VALUE TENETS FOR ADVOCACY

As advocates, we can refer to certain value tenets. These form the foundation for the Catholic health ministry's efforts to influence public policy. We believe that the motive for providing health services is deeply religious. Helping those who are ill or dying expresses the love of God and neighbor and participates in the healing ministry of Jesus Christ.

You know these tenets well. You strive to live by them daily. We in the



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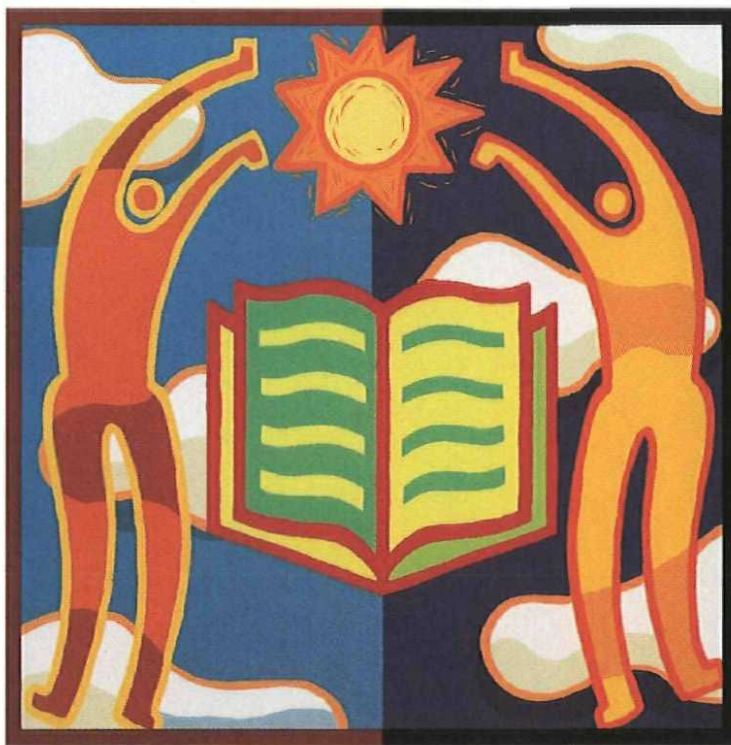
Catholic healthcare ministry believe that:

- Healthcare is a service and can never be simply a business. Because these services serve the needs of persons and communities, healthcare is a social good, a community service. It cannot be reduced to a mere commodity and exchanged for profit.

- Every person is sacred and the subject of human dignity. Creation by God endows each person with a transcendent value that cannot be reduced to a price. Unlike the relative value of commodities, each human person has a spiritual worth that is absolute and intrinsic. Because of this dignity, human life at every stage of development and in every condition has the same incalculably great intrinsic value.

- While each person has an absolute and intrinsic human dignity by virtue of divine creation, this dignity can be realized only in association with others. Our social nature entails an obligation to serve the common good. Healthcare is essential to this common good. We all benefit when our community is healthy, and we suffer when others lack healthcare.

- The ministry of Jesus demonstrates a commitment to see justice from the perspective of the poor and powerless. This preferential option for the poor urges us in the Catholic health ministry to craft an advocacy strategy that defends the interests of poor people by creating a system that ties their fate to that of the average citizen.



• Nature is created by God and given as a gift to everyone. This tenet conveys an obligation to use resources wisely and on behalf of all. It means that waste and excess are not simply economic flaws or failures in efficiency. They are offenses against responsible behavior and are acts of ingratitude for the gifts created by resources.

### WASHINGTON ENVIRONMENT

From your perspective in the trenches of healthcare delivery, these tenets may seem utterly foreign to the dynamics which currently drive healthcare in the United States. Recalling a scriptural image may help you as you encounter partisanship and contradictory admonitions.

The image I find appropriate is that of the Lord's sending forth his disciples after telling them to leave their belongings at home. Their power was the word of God they spoke.

### A RECOMMITMENT

Centuries ago, a brilliant politician observed: "There is nothing more difficult to manage, more dubious to accomplish, nor more doubtful of success . . . than to initiate a new order of things." Machiavelli was not referring to healthcare in the United States at the beginning of the 21st century, but his judgment about change is certainly applicable.

You are here to effect change, to fash-

ion a healthcare system that is motivated by value tenets. That will be difficult. Nevertheless, among all the crucial issues with which you are concerned, I would urge that another issue be put back on our national agenda. Not long ago the Catholic health ministry was at the forefront of a national debate to guarantee that every person in this country had health insurance. CHA and its member institutions invested significant human and financial resources to bring about a reformed system that would ensure universal coverage. The fact that the effort failed in no way has diminished our commitment to pursue the goal. We are encouraged by recent efforts to reopen the question (e.g., Health Ways and Means subcommittee Chairman Bill Thomas has been exploring ways to achieve universal access).

It is, I would suggest, the duty of the Catholic health ministry to try to transform the environment into one that is conducive to a meaningful and productive discussion about the need for universality of health insurance.

To support such efforts—to maximize the opportunity to inject into national public policy the values we believe should animate the delivery of services—CHA will commit resources to future federal legislative conferences for advocacy by Catholic health systems as well as to continue enhancing its own advocacy efforts. □

This column is based on Fr. Place's remarks in Washington, DC, at the Catholic Health Systems Legislative Conference in September. At the conference, cosponsored by the Alliance of Catholic Health Care Systems (Catholic Healthcare West, San Francisco; St. Joseph Health System, Orange, CA; and Holy Cross Health System, South Bend, IN, represented by St. Agnes Medical Center, Fresno, CA) and CHA, 80 trustees, operations executives, physicians, mission leaders, and community relations personnel visited congressional representatives on Capitol Hill. Preceding the visits, they heard presentations from representatives of the Clinton administration, Catholic Charities USA, Congress, the American Hospital Association, and the Children's Defense Fund, as well as from CHA's Washington staff and other organizations.



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