Principles of Catholic Social Teaching and Health Care Reform: A Joint Pastoral Statement of

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Dear Faithful of the Archdiocese of Kansas City in Kansas and of the Diocese of Kansas City-St. Joseph,

To his credit, President Barack Obama has made it a major priority for his administration to address the current flaws in our nation's health care policies. In fairness, members of both political parties for some time have recognized significant problems in the current methods of providing health care. As Catholics, we are proud of the Church's healthcare contribution to the world. Indeed, the hospital was originally an innovation of the Catholic faithful responding to our Lord's call to care for the sick, "For I was…ill and you cared for me." (Matthew 25, v. 35-36). This tradition continues today in America, where currently one in four hospitals is run by a Catholic agency. We have listened to current debate with great attention and write now to contribute our part to ensure that this reform be an authentic reform taking full consideration of the dignity of the human person.

Some symptoms of the inadequacy of our present health care polices are:

1. There are many people – typically cited as 47 million – without medical insurance.

2. The cost of health insurance continues to rise, with medical spending in the U.S. at $2.2 trillion in 2007, constituting 17% of the Gross Domestic Product, and predicted to double within 10 years. (Source: Office of Public Affairs, 2008: www.cms.hhs.gov/NationalHealthExpendData/downloads/proj2008.pdf.

3. The Medicare Trust Fund is predicted to be insolvent by 2019.

4. Mandated health insurance benefits for full-time workers have created an incentive for companies to hire part-time rather than full-time employees.

5. Similarly, the much higher cost to employers for family health coverage, as compared to individual coverage, places job candidates with many dependents at a disadvantage in a competitive market.

6. Individuals with pre-existing conditions who most need medical care are often denied the means to acquire it.

There are also perceived strengths of our current system:

1. Most Americans like the medical care services available to them. Our country, in some ways, is the envy of people from countries with socialized systems of medical care.

2. It is important to remember that 85% of citizens in the U.S. do have insurance. Forty percent of the uninsured are between 19-34 years old. (Source: Current Population

Survey 2008 Annual Social and Economic Supplement) A 2007 study by the Kaiser Commission on Medicaid and Uninsured found that 11 million of those without insurance were eligible for Medicaid or SCHIP but were not enrolled. Those eligible but not enrolled include 74 percent of children who are uninsured. (Source: Characteristics of the Uninsured: Who Is Eligible for Public Coverage and Who Needs Help Affording Coverage?)

3. The competitive nature of our private sector system is an incentive to positive innovation and the development of advanced technology. Medical doctors and research scientists are esteemed. Doctors and other scientists immigrate to our country because of the better compensation given to those who provide quality medical care or produce successful research.

4. Medicare and Medicaid, while they have their limitations, provide an important safety net for many of the elderly, the poor and the disabled.

What Must We Do?

The justified reaction to the significant defects in our current health care policies is to say, “Something must be done.” Many believe: “We have to change health care in America.” Despite the many flaws with our current policies, change itself does not guarantee improvement. Many of the proposals which have been promoted would diminish the protection of human life and dignity and shift our health care costs and delivery to a centralized government bureaucracy. Centralization carries the risk of a loss of personal responsibility, reduction in personalized care for the sick and an expanded bureaucracy that in the end leads to higher costs.

A Renewal Built on Principles

We claim no expertise in economics or the complexities of modern medical science. However, effective health care policies must be built on a foundation of proper moral principles. The needed change in health care must therefore flow from certain principles that protect the fundamental life and dignity of the human person and the societal principles of justice, which are best safeguarded when such vital needs are provided for in a context of human love and reason, and when the delivery of care is determined at the lowest reasonable level. The rich tradition of Catholic social and moral teaching should guide our evaluation of the many and varied proposals for health care reform. It is our intention in this pastoral reflection to identify and explain the most important principles for evaluating health care reform proposals. No Catholic in good conscience can disregard these fundamental moral principles, although there can and likely will be vigorous debate about their proper application.

I. The Principle of Subsidiarity: Preamble to the Work of Reform

This notion that health care ought to be determined at the lowest level rather than at the higher strata of society, has been promoted by the Church as “subsidiarity.” Subsidiarity is that principle by which we respect the inherent dignity and freedom of the individual by never doing

for others what they can do for themselves and thus enabling individuals to have the most possible discretion in the affairs of their lives. (See: Compendium of the Social Doctrine of the Church, ## 185ff.; Catechism of the Catholic Church, # 1883) The writings of recent Popes have warned that the neglect of subsidiarity can lead to an excessive centralization of human services, which in turn leads to excessive costs, and loss of personal responsibility and quality of care. Pope John Paul II wrote:

> "By intervening directly and depriving society of its responsibility, the Social Assistance State leads to a loss of human energies and an inordinate increase of public agencies, which are dominated more by bureaucratic ways of thinking than by concern for serving their clients, and which are accompanied by an enormous increase in spending." (Pope John Paul II, Centesimus Annus #48)

And Pope Benedict writes:

> "The State which would provide everything, absorbing everything into itself, would ultimately become a mere bureaucracy incapable of guaranteeing the very thing which the suffering person—every person—needs: namely, loving personal concern. We do not need a State which regulates and controls everything, but a State which, in accordance with the principle of subsidiarity, generously acknowledges and supports initiatives arising from the different social forces and combines spontaneity with closeness to those in need. … In the end, the claim that just social structures would make works of charity superfluous masks a materialist conception of man: the mistaken notion that man can live 'by bread alone' (Mt 4:4; cf. Dt 8:3)—a conviction that demeans man and ultimately disregards all that is specifically human." (Pope Benedict XVI, Deus Caritas Est #28)

While subsidiarity is vital to the structure of justice, we can see from what the Popes say that it rests on a more fundamental principal, the unchanging dignity of the person. The belief in the innate value of human life and the transcendent dignity of the human person must be the primordial driving force of reform efforts.

II. Principle of the Life and Dignity of the Human Person: Driving Force for Care, and Constitutive Ground of Human Justice

A. Exclusion of Abortion and Protection of Conscience Rights

Recent cautionary notes have been sounded by Cardinal Justin Rigali, Chair of the U.S. Bishops Secretariat for Pro-Life Activities, and Bishop William Murphy of the U.S. Bishops Committee on Domestic Justice and Social Development, against the inclusion of abortion in a revised health care plan. At the same time, they have warned against the endangerment or loss of conscience rights protection for individual health care workers or private health care institutions. A huge resource of professionals and institutions dedicated to care of the sick could find themselves excluded, by legislation, after health care reform, if they failed to provide services which are destructive of human life, and which are radically counter to their

conscience and institutional mission. The loss of Catholic hospitals and health care providers, which currently do more to provide pro bono services to the poor and the marginalized than their for-profit counterparts, would be a tremendous blow to the already strained health care system in our country.

It is imperative that any health care reform package must keep intact our current public polices protecting taxpayers from being coerced to fund abortions. It is inadequate to propose legislation that is silent on this morally crucial matter. Given the penchant of our courts over the past 35 years to claim unarticulated rights in our Constitution, the explicit exclusion of so-called "abortion services" from coverage is essential. Similarly, health care reform legislation must clearly articulate the rights of conscience for individuals and institutions.

B. Exclude Mandated End of Life Counseling for Elderly and Disabled

Some proposals for government reform have referenced end of life counseling for the elderly or disabled. An August 3, 2009 Statement of the National Association of Pro-Life Nurses on Health Care Legislation, in addition to calling for the exclusion of mandates for abortion, the protection of abortion funding prohibitions, and the assurance of conscience rights, insists that the mandating of end of life consultation for anyone regardless of age or condition would place undue pressure on the individual or guardian to opt for measures to end life, and would send the message that they are no longer of value to society.

The nurses' statement concludes, "We believe those lives and all lives are valuable and to be respected and cared for to the best of our abilities. Care must be provided for any human being in need of care regardless of disability or level of function or dependence on others in accordance with the 1999 Supreme Court Decision in Olmstead v. L.C." www.nursesforlife.org/napnstatement.pdf. Recently, Bishop Walker Nickless of the Catholic Diocese of Sioux City, Iowa, commented on the dangers inherent in the establishment of a health care monopoly, drawing a comparison to the experience of HMO plans in our country, where individuals entrusted with keeping the cost of health care at a minimum may refuse to authorize helpful or necessary treatment for their clients. (See Bishop Walker Nickless, Column in The Catholic Globe, August 13, 2009)

C. The "Right to Acquisition of Health Care" in the Teaching of the Church

The "Right to Health Care" as taught by the Church is a companion to the fundamental right to life, and rights to other necessities, among them food, clothing, and shelter. It may be best understood as a "Right to Acquire the Means of Procuring for One's Self and One's Family these goods, and concomitantly, a duty to exercise virtue (diligence, thrift, charity) in every aspect of their acquisition and discharge. This language of rights, coupled with duties toward those who 'through no fault of their own' are unable to work, is present throughout papal teaching, and only reinforces the idea that, in its proper perspective, the goal is to live and to work and 'to be looked after' only in the event of real necessity." (Source: Catholic Medical Association, 2004 document, Health Care in America. – bold and italics our own)

The right of every individual to access health care does not necessarily suppose an obligation on the part of the government to provide it. Yet in our American culture, Catholic teaching about the "right" to healthcare is sometimes confused with the structures of "entitlement." The teaching of the Universal Church has never been to suggest a government socialization of medical services. Rather, the Church has asserted the rights of every individual to have access to those things most necessary for sustaining and caring for human life, while at the same time insisting on the personal responsibility of each individual to care properly for his or her own health.

Indeed part of the crisis in today's system stems from various misappropriations within health care insurance systems of exorbitant elective treatments, or the tendencies to regard health care services paid for by insurance as "free," and to take advantage of services that happen to be available under the insurance plan. Such practices may arguably cripple the ability of small companies to provide necessary opportunities to their employees and significantly increase the cost of health care for everyone.

D. The Right to Make Health Care Decisions for Self and Family

Following both the notions of subsidiarity mentioned above and the sense of the life and dignity of every human person, it is vital to preserve, on the part of individuals and their families, the right to make well-informed decisions concerning their care. This is why some system of vouchers – at least on a theoretical level – is worthy of consideration. Allowing persons who through no fault of their own are unable to work, to have some means to acquire health care brings with it a greater sense of responsibility and ownership which, in a more centralized system, may be more vulnerable to abusive tendencies.

When the individual has a personal, monetary stake or a financial obligation to pay even a portion of the cost of medical care, prudence comes to bear – with greater consistency – on such decisions, and unnecessary costs are minimized. Valuing the right of individuals to have a direct say in their care favors a reform which, reflecting subsidiarity, places responsibility at the lowest level.

E. Obligation of Prudent Preventative Care

All individuals, including those who receive assistance for health care, might be given incentives for good preventative practices: proper diet, moderate exercise, and moderation of tobacco and alcohol use. As Bishop Nickless reminds us in his statement, "The gift of life comes only from God, and to spurn that gift by seriously mistreating our own health is morally wrong." (Ibid.)

Some categories of positive preventative health care, however, may not easily be procured apart from medical intervention. Pre-natal and neo-natal care are particularly crucial and should be given priority in any reform. Because of the unique vulnerability of the unborn and newly born child, such services ought to be provided regardless of ability to pay.

In addition to the primordial Principle of the Life and Dignity of the Human Person delivered in a way which respects subsidiarity, we might look briefly at two other principles which promote justice in the consideration of health care.

III. Principle of the Obligation to the Common Good: Why We Must Act

The Catechism of the Catholic Church speaks of the obligation to promote the common good as "the sum total of social conditions which allow people, either as groups or individuals, to reach their fulfillment more fully and easily." (CCC #1906) It is very clear that, respectful of this principle, we must find some way to provide a safety net for people in need without diminishing personal responsibility or creating an inordinately bureaucratic structure which will be vulnerable to financial abuse, be crippling to our national economy, and remove the sense of humanity from the work of healing and helping the sick.

The Church clearly advocates authentic reform which addresses this obligation, while respecting the fundamental dignity of persons and not undermining the stability of future generations. Both of us in our family histories have had experiences that make us keenly aware of the necessity for society to provide a safety net to families who suffer catastrophic losses. Yet, these safety nets are not intended to create permanent dependency for individuals or families upon the State, but rather to provide them with the opportunity to regain control of their own lives and their own destiny. Closely tied to the Principle of the Obligation of the Common Good is the Principle of Solidarity.

IV. The Principle of Solidarity: The Way We Measure Our Love

The principle of human solidarity is a particular application – on the level of society – of Christ's command to love your neighbor as yourself. It might also be seen, in other terms, as the application of the Golden Rule, "Do unto others as you would have them do to you." Solidarity is our sense of "connectedness" to each other person, and moves us to want for them what we would want for ourselves and our most dear loved ones. In regard to health care this might require us to examine any proposal in terms of what it provides – and how – to the most vulnerable in our society. Dr. Donald P. Condit in his helpful treatment of the principle of Solidarity in "Prescription for Health Care Reform" reminds us of the proverb attributed to Mahatma Gandhi: "A nation's greatness is measured by how it treats its weakest members."

For example, legislation that excludes legal immigrants from receiving health care benefits violates the principle of solidarity, is unjust and is not prudent. In evaluating health care reform proposals perhaps we ought to ask ourselves whether the poor would have access to the kind and quality of health care that you and I would deem necessary for our families. Is there a way by which the poor, too, can assume more responsibility for their own health care decisions in such manner as reflects their innate human dignity and is protective of their physical and spiritual well being?

Conclusion: We Can Not Be Passive

These last two principles: Solidarity and the Promotion of the Common Good cause us to say that we cannot be passive concerning health care policy in our country. There is important work to be done, but “change” for change’s sake; change which expands the reach of government beyond its competence would do more harm than good. Change which loses sight of man’s transcendent dignity or the irreplaceable value of human life; change which could diminish the role of those in need as agents of their own care is not truly human progress at all.

A hasty or unprincipled change could cause us, in fact, to lose some of the significant benefits that Americans now enjoy, while creating a future tax burden which is both unjust and unsustainable.

We urge the President, Congress, and other elected and appointed leaders to develop prescriptions for reforming health care which are built on objective truths: that all people in every stage of human life count for something; that if we violate our core beliefs we are not aiding people in need, but instead devaluing their human integrity and that of us all.

We call upon our Catholic faithful, and all people of good will, to hold our elected officials accountable in these important deliberations and let them know clearly our support for those who, with prudence and wisdom, will protect the right to life, maintain freedom of conscience, and nurture the sense of solidarity that drives us to work hard, to pray, and to act charitably for the good of all.

We place this effort under the maternal protection of our Blessed Mother, Mary, who was entrusted, with Joseph in the home at Nazareth, with the care of the child Jesus. We ask Our Lord Jesus Christ to extend His light and His Mercy to our nation’s efforts, so that every person will come to know His healing consolation as Divine Physician.

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Most Reverend Robert W. Finn - Bishop of Kansas City-St. Joseph

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Memorial of the Queenship of Mary