Catholic Social Teaching and Just Health Care Policy

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It is important to bring Catholic social teaching to bear on the decisions we make as responsible citizens, particularly in regard to the policies we support. With regard to health policy, it is my belief that, in this country, we will not have a just health care policy or meaningful health reform until the people in this country demand it. I do not believe it is a factor of who gets elected president anywhere near as much as an intensity of will on the part of the citizens of this country to demand a just health care policy. That intensity of will is essential to resist the blitz of misinformation designed to convince the American people that we cannot have a just health care policy and health care reform that covers everyone. For us as Catholics, we come to decisions about what is a just health care policy based largely on the Church’s social teaching.

We should do a brief review of what has formed the Church’s social teachings over the centuries. We can start with the Bible, both the Old and the New Testaments. There are many references in both that clearly speak to our need not to just take care of ourselves but to reach out to others, particularly the less fortunate. We can start with Genesis, “Am I my brother’s keeper?”, all the way through to Matthew, “I tell you solemnly, in so far as you did this to one of the least brothers of mine, you did it to me.”

The fathers of the church have many writings from St. Augustine to St. Thomas Aquinas discussing these issues. In fact, St. Augustine expressed his very strong feelings on this issue in one of his writings. He says, “The state which is not governed by justice is governed by a bunch of thieves.”

The magisterium of the church has also contributed and, in recent decades, we have consistent leadership by the Popes in their encyclicals
and other letters. The beloved Pope John XXIII wrote frequently on this issue. In his 1963 encyclical, *Pacem in Terris*, he wrote, “But first we must speak of man’s rights. Man has a right to live. He has a right to bodily integrity and to the means necessary for proper development of life, particularly food, clothing, shelter, medical care, rest and, finally, the necessary social services. In consequence, he has the right to be looked after in the event of ill health; disability stemming from his work; widowhood; old age...” And, again in this 1961 encyclical, *Mater et Magistra*, he says, “To this end, a sane view of the common good must be present and operative in men vested with public authority. They must take account of all those social conditions which favor the full development of the human personality.” Clearly, Pope John XXIII was speaking about the need for government leaders to be responsible for the common good.

Our previous Holy Father, Pope John Paul II, echoed this same teaching frequently. He wrote in his 1987 *Sollicitudo Rei Socialis*, “We are here therefore faced with a serious problem of unequal distribution of the means of subsistence originally meant for everybody, and thus also an unequal distribution of the benefits deriving from them. And this happens not through the fault of needy people, and even less through a sort of inevitability dependent on natural conditions or circumstances as a whole.” Pope John Paul II was clearly debunking the idea that it is the fault of needy people that they don’t have the means for subsistence, and/or that it is inevitable. He further affirmed that the unequal distribution of the means of subsistence must be addressed. He went on in that letter to say “Moreover, one must denounce the existence of economic, financial and social mechanisms which, although they are manipulated by people, often function almost automatically, thus accentuating the situation of wealth for some and poverty for the rest.” Many of us, looking at economic data in our country and in the world in the past 15 years, are convinced that is, unfortunately, the direction we have moved in. Our Holy Father was very clear that we cannot stand by and let this happen. He proclaimed in 1963 in his encyclical letter *Veritatis Splendor*, “No damage must be done to the harmony between faith and life: the unity of the church is damaged not only by Christians who reject or distort the truth of faith but also by those who disregard the moral obligations to which they are called by the gospel.” As educated Catholics and those who have the means to live reasonably well, we have real responsibility to be part of the solution to this problem.

Most recently, our Holy Father, Pope Benedict XVI, spoke out very clearly in a talk he was giving in Vienna. “We are acting as advocates for a profoundly human need, speaking out on behalf of those unborn
children who have no voice. I do not close my eyes to the difficulties and the conflicts which many women are experiencing, and I realize that the credibility of what we say also depends on what the church herself is doing to help women in trouble.” Pope Benedict XVI is making it very clear that in the issue of abortion, as in other church teachings, much of our credibility hinges on our actions.

We are also fortunate that bishops in the United States have been very clear. Their statements have reaffirmed Catholic social teachings in document after document. The basic premise being “Every person has a fundamental right to life and a right to those things required for human decency.” They also make it very clear that as citizens we have a responsibility because of the nature of the person. “The person is not only sacred but also social. How we organize our society, economics, and politics in law and policy directly affects human dignity and the capacity of individuals to grow in community.”

Given the clarity of this teaching, there can be no reasonable claim to confusion to what Catholic social teaching is or markedly different interpretations of what was meant by the teaching.

However, when we contrast this teaching with the current health care situation in the United States, we can see how much work we have to do. There are 47 million uninsured people in the United States who have no access to basic health care. Nine million of these are children. Millions more are underinsured and defer or delay getting treatment or testing because of co-pays and deductibles they cannot afford. We have a history of progressive loss of insurance by the employee, and we have a significant erosion of middle class income due to increasing premiums, co-pays and deductibles of employees.

In the United States today, it is no secret that health care is an increasing percent of our gross domestic product. Couple this with the fact that data from any number of sources shows that we are not getting a good buy for our health care dollar and that the incentives in our systems are misaligned. Then, when we as Americans step back and look at the consequences of being uninsured or underinsured, we realize that it leads to horrible consequences. There are 18,000 preventable deaths annually in this country, according to the Institute of Medicine. We know of many other instances where there is delayed treatment and that, while it has not caused death in some cases, it has caused significant harm both physically and emotionally. The uninsured are getting what treatment they get in the most expensive and least appropriate venues—the emergency rooms of our hospitals. Employers and
employees are bearing more of the cost of this inadequate but expensive care of the uninsured. Last, but certainly not least, the emotional toll on a family that comes from being uninsured yourself, but mostly from not being able to provide health insurance and thus health care coverage for your children, is incalculable.

This situation is in marked contrast to the Catholic social teaching just reviewed—that health care is a right based on the dignity of the person, that compassion should guide our decisions, and that we ought to be good stewards of the resources of our country. The United States is the only industrialized country that doesn’t provide health insurance to all. The United States is the richest nation in the world, and we steadfastly refuse in the face of unbelievable suffering and demonstrative data to change this policy. The United States Conference of Catholic Bishops recently re-issued its *Faithful Citizenship* document and reiterated this teaching once again that health care is a basic right. This document is the one the United States Conference of Catholic Bishops puts out every four years ahead of the election season to help Catholics use the church’s teaching in making their decisions about voting. They leave no doubt that it is a moral imperative to respond to the needs of our neighbors for basic needs such as food, shelter, health care, education, and meaningful work, and that it is universally binding on our consciences and that we as Catholics must seek the best way to respond to these needs.

The biblical and magisterial teachings of our church continually re-emphasize this compassion. We can hardly claim to be a compassionate nation when we willingly and knowingly continually allow nine million children in this country to have no access to basic health care; when we leave the unborn with no maternity care to protect them in utero and claim to be pro-life; and when we turn a deaf ear to so many who cannot get basic preventative care or medical evaluation of symptoms. This is a constant reality in every emergency room: to see someone come in a crisis situation which could have been easily resolved had the first symptoms been evaluated and treated. Sometimes, it just means more expensive and longer treatment and other times, particularly with diseases like cancer, it can mean an inability to treat.

Another important concept that is clear in Catholic teaching is the concept of stewardship. There is no question, no matter who studies this situation, that we are not spending our health care dollar in this country well. If you look at studies such as the Commonwealth Fund studies on outcomes and things like efficiency, equity and long, healthy and productive lives, the United States, compared with other
industrialized nations, scores the lowest. Yet, if you look at expenses per capita, the United States spends well over twice what almost every other industrialized nation spends per capita. These studies have been replicated by other equally competent researchers.

What then should the Catholic response be? It should be grounded in the dignity of the person and based on biblical values and social teachings of the church. We should have a strong sense of responsibility to be part of the solution as the bishops’ document points out: Catholics must seek the best ways to respond to these needs.

One of the most important things necessary to change this is to understand the issues well, and a critical piece is not letting misinformation distort the search for a solution. The damage misinformation and deliberate misinformation have caused cannot be exaggerated.

One of the most frustrating pieces of misinformation is that the uninsured are lazy, that they don’t have insurance because they don’t work. If we look at who the uninsured are today, we find that almost 50 percent of them live in a household where there is at least one adult working and another 40 percent have two or more adults working in that household. These are the people who wait on us in fast food restaurants, in many of the discount stores that we go to, in our taxis, in our hotels and motels. These are largely people who wait on us and who work many long and difficult hours. They are not the lazy among us.

Another often touted piece of misinformation is that the uninsured are “those illegal immigrants.” When we look at the reality of who the uninsured are in relationship to citizen status, the picture is quite different. Eighty percent of the uninsured are United States citizens just like we are. Most of them are natural born citizens.

The next misinformation often touted is that Medicaid is such an expensive form of health insurance that we can’t tolerate continuing to do it. Actual data on the cost of Medicaid, compared to the cost of buying commercial insurance either for us as adults or for children, reveals a very different picture. Medicaid is much cheaper than the commercial insurance most of us enjoy either for ourselves or for our children.

One of the most egregious misinformation campaigns occurred in the 2007 efforts to reauthorize the State Children’s Health Insurance Program (SCHIP). This is the program that, 10 years ago, was authorized on a bipartisan basis to help the children of the working poor get
insurance. Both democrats and republicans in the House and Senate agreed that this was a bill that had spent the money the way it was intended to be spent, it had done what it had been intended to do and was an unqualified success. Early in 2007, senators on both sides of the aisle agreed that this bill would be easily reauthorized and expanded to do even more good. It was an absolute scandal that it was not able to be reauthorized much less enhanced. The misinformation that surrounded this was appalling. Saying that SCHIP was a bad bill, saying that it was fostering socialized medicine, that it was giving health care for the middle class and illegal immigrants, and, finally, that it was an anti-life bill was a disgrace to the values of our nation. How many times did we hear the White House say that SCHIP would allow a family of four earning $83,000 a year to get health care coverage? Over and over again, it was pointed out to them that this was not true, and that the only way that a waiver could be obtained to do this would be if the White House agreed to grant that waiver. The White House was the only authorizing authority with the power to do that, and yet, they continually told the American public that it was already going on. The opposition by the National Pro-life Association to the SCHIP bill and their campaign against it was particularly painful. The ability to offer insurance for quality maternity care and pediatric care has always been one of the greatest weapons we have had as Catholics to prevent abortion.

This campaign of misinformation about this critical bill having the support of the United States Conference of Catholic Bishops’ Domestic Policy Committee; Catholic Charities USA; the Catholic Health Association of the United States; the Society of St. Vincent de Paul; and the Ladies of Charity was effective enough to provide cover for the president to continue vetoing the bill and for many senators to vote against an override of the presidential veto. Some of the other misinformation about the bill was that it covered abortion. This was absolutely false, and many people professing this view knew that federal dollars could not be used for abortion. A small number of states have added state dollars to the SCHIP funds and they pay for abortions, but they are state dollars, not federal dollars. The fact that the SCHIP bill is only continued by a continuing resolution with no additional funds means that, given inflation each month, these dollars purchase less care and we already have 9 million uninsured children in this country.

Another major piece of misinformation that is being effectively touted today is that the economic situation in this country is caused by our excessive discretionary spending and excessive entitlements and that they have led to our incredible deficit. The economic history in this
country is one of history-making surplus in the early 1990's; now we have a history-making deficit. However, if one goes to the Congressional Budget Office data and looks at their evaluation of what caused the deficit, we find a very different picture. It is not that we are spending so lavishly on entitlements and domestic discretionary spending. In fact, according to the Congressional Budget Office, entitlements are 9 percent of the cause of our deficit and domestic discretionary spending caused 6 percent of our deficit. The largest percent of our deficit (49 percent) has been caused by the tax cuts. In fact, according to their data, domestic discretionary funding continues to be a smaller and smaller part of our gross domestic product.

The value of the tax cut to individuals in our economy has been touted so often. The Urban-Brookings Tax Policy Center notes that the tax benefits of the tax-cuts flow disproportionately to high income households. In fact, their volume to lower- and middle-income earners is almost negligible. We have to question whether this is the kind of value system we want to govern our nation.

As the baby boomers have entered into the Medicare age, we have been given another piece of misinformation to give us another reason why we cannot do any more for the uninsured. We are often told that Medicare will be unsustainable with the baby boomers, and therefore we cannot afford to spend any more money on the uninsured or programs for the poor. This pits older people against the rest of the population, particularly children. We are told that we absolutely must protect our Medicare dollar. Remember, the biggest voting block in this country is Medicare voters. There is no question that Medicare is going to be well protected. There are also a number of studies that point out that, if we use evidence-based medicine and if we realign incentives as well as reign in some of the over-payments to Medicare-managed insurance companies and pharmaceutical companies, we could very well afford a high quality Medicare program for a long time to come.

More misinformation that is widely spread is that we simply cannot afford to cover everyone, and that is just the reality we as Americans have to face. In fact, the true reality is that we are actually spending much more paying for the consequences of uninsurance than we would ever spend if all had access to basic health services. Simply look at any economic data and compare countries that have good health care for all and what they spend per capita versus what we spend. Finally, another excuse/piece of misinformation that is often talked about is that if everyone could use health services it would overtax our provider's system. This is probably the most ridiculous piece of misinformation.
Anyone who has ever run a hospital, an emergency room, or a physician's practice can quickly attest that it is much easier, when someone has insurance and they need to see a urologist, gastroenterologist, cardiologist or any other specialist, to get them an appointment than it is to find one of these sub-specialists to come out at 3:00 am to the emergency room for the third uninsured patient the physician has seen that week who is now bleeding or having a cardiac event. It is also much easier to get hospital personnel, and it is much less expensive for the treatment and the labor costs when we care for patients in an organized and structured fashion rather than in an episodic and emergency fashion. We could walk through condition after condition to re-prove that point.

Let us come back to our basic belief, we are our brother's keeper and our sister's keeper. There is no valid excuse for the richest country in the world not giving basic health care to everyone.

The people of the United States are as compassionate and smart as people of other nations; if they have the will and intelligence to cover everyone, so can we. Covering everyone is not only going to benefit the poor and the uninsured, it is going to benefit all of us clinically and economically.

What plans are being proposed? Let me say very quickly that evaluating a plan proposed in the midst of a presidential primary by candidates is not very fruitful. We only get the barest outlines because any more specificity would only be used against them. We will hopefully have, after the next election, a very serious and in-depth look at health care reform options during which people can have civilized conversations about methods and approaches without fear of losing an election. In the meantime, the important thing is for us to educate ourselves and the public, to gather good data, to look at what other people are doing and to be prepared for that discussion. What is needed if there is to be any chance of meaningful reform? From a political perspective, we need 60 senators who want reform and can agree reasonably on what that is. In addition, we will only get to that when we have an American public that is energized, educated and demanding of health care reform worthy of this nation. The Catholic Health Association's official position on health reform is one that envisions the United States' health care system designed to create and sustain a strong, healthy, national community. We believe that health care is fundamental to a healthy, flourishing society, not a product or commodity. The Catholic Health Association has determined not to add one more proposed plan to the myriad of plans that are already being developed. We believe that
looking at what is best in each plan and bringing that together will give us the best product for the American people. We therefore made the decision, after significant input from all levels of our ministry, to develop a set of principles we could use to judge each plan. These principles are based on core values, human dignity, concern for the poor and vulnerable, justice, the common good, stewardship, and pluralism. The Catholic health ministry looks forward to a health care system that truly promotes the nation's well-being and respects the dignity of every person. We set forward health care principles that say that health care in the United States should be available and accessible to everyone, with special attention to the poor and vulnerable; that it should be health- and prevention-oriented with the goal of enhancing the health status of our communities; that it should be transparent and consensus-driven in the allocation of resources and organized for cost effective care and administration; that it should be patient-centered and designed to address health needs at all stages of life from conception to natural death; that it should be safe and effective and designed to deliver the greatest possible quality; and, finally, that it should be sufficiently and fairly financed. We will use these principles to evaluate every recommendation for health care reform. We believe they are consistent with the church's teaching and with the culture of our nation.

As the church, it is imperative that we be part of the solution. We cannot stand idly by as our brothers and sisters suffer. It is essential to the credibility of our pro-life position. We must ask the question, what is the justice of extending the tax breaks that disproportionately favor the wealthy and continue to deny basic health care to the poor? We have, in this coming election and in future legislative sessions, a great opportunity to exercise faithful citizenship, to witness to the Church's social teaching, most especially its preferential option for the poor. We have a great opportunity to witness to what is best in the American culture, and, lastly, it will be better for all of us, rich, middle class and poor, if we do that.