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Who Speaks for the Bishops on Health Care?

by NCR Editorial Staff



(CNS photo)

What is the first principle Catholics should consider when thinking about the current health care reform debate? Three Midwestern bishops recently offered two conflicting responses to this question.

In a joint pastoral statement issued Sept. 1, Kansas City, Kansas Archbishop Joseph F. Naumann and Kansas City-St. Joseph Bishop Robert W. Finn point first to the concept of "subsidiarity" which they define as the "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 NCR's coverage of the pastoral statement here.)

Meanwhile, Rapid City Bishop Blaise Cupich in a statement released last week says "reform efforts must begin with the principle that decent health care is not a privilege, but a right and a requirement to protect the life and dignity of every person." He continues, "All people need and should have access to comprehensive, quality health care, the costs of which must be controlled so that all can afford it. All should be able to receive health care irrespective of their stage of life, where or whether they or their parents work, how much they earn, where they live, or where they were born."

Finn and Naumann believe that centralized government healthcare is a greater threat to human dignity than the current US health system, which leaves nearly 50 million of our neighbors without health insurance. (Several other bishops, as *The New York Times* reported Aug. 27, seem to share this view). "Our country, in some ways, is the envy of people from countries with socialized systems of medical care," write Naumann and Finn.

To what countries are the two bishops referring? As T.R. Reid noted in the *Washington Post* recently ("5 Myths About Health Care Around the World") there isn't a whole lot of "socialized medicine" in the world -- at least outside the US.

Wrote Reid: "Some countries, such as Britain, New Zealand and Cuba, do provide health care in government hospitals, with the government paying the bills. Others -- for instance, Canada and Taiwan -- rely on private-sector providers, paid for by government-run insurance. But many wealthy countries -- including Germany, the Netherlands, Japan and Switzerland -- provide universal coverage using private doctors, private hospitals and private insurance plans.

"In some ways, health care is less "socialized" overseas than in the United States. Almost all Americans sign up for government insurance (Medicare) at age 65. In Germany, Switzerland and the Netherlands, seniors stick with private insurance plans for life. Meanwhile, the U.S. Department of Veterans Affairs is one of the planet's purest examples of government-run health care."

It seems there is something larger at play here.

Says Cupich: "Our healing apostolate is rooted in a belief in the dignity of each human person, realizing, as did Jesus, that one's ability to live a fully human life is greatly affected by health. In a word, we consider health care a basic human right [emphasis added]. For this reason, the Catholic bishops have consistently advocated for comprehensive health care reform that leads to health care for all, including the weakest and most vulnerable."

Do Naumann and Finn believe, as the American bishops and the universal church have taught for many decades, that health care is a right?

Rather than embrace the language of "rights," the two bishops narrow the scope, turning a quite practical teaching "everyone should receive quality health care regardless of their station in life or ability to pay" into a theoretical discussion.

"The right of every individual to access health care does not necessarily suppose an obligation on the part of the government to provide it," they write. "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."

Now, in the current debate, only those interested in scuttling universal access to health care talk about "government socialization of medical services." All of the proposals under consideration envision a robust private sector insurance system which can be transformed "through oversight, regulation and expanded public competition" into a provider of universal coverage.

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Meanwhile, Naumann and Finn imply that the concept of subsidiarity not only prefers a local solution to

societal problems, but requires it. Nothing, of course, could be further from the truth. The principle, rather, requires that societal programs that address legitimate needs be conducted at the level where they will be effective. So, for example, only a national Social Security system can provide income support to the elderly (For more on this, [click here](#)). Likewise, national defense requires national efforts, lest we all be walking about with M-16s or joining local militias.

It seems Naumann and Finn are not at all comfortable with Catholic teaching on the "right" to health care. Instead, in their statement, they make five references to "safety nets" – a bare bones system under which the poor and uninsured would not be allowed to fall below. That is very different from a "right" to quality health coverage.

In a strange non-sequitur, the two bishops note that "some system of vouchers" – at least on a theoretical level – is worthy of consideration. Would these be vouchers the uninsured could use to purchase insurance? Or like Food Stamps or housing vouchers, a program where the government would subsidize individual procedures – everything from antibiotics for a kid's ear infection to chemotherapy. The bishops don't say.

There is, it seems, one group of people who have an absolute right to health coverage and for whom the principle of subsidiarity is trumped by universal care. "Pre-natal and neo-natal care are particularly crucial and should be given priority in any reform," Bishops Naumann and Finn write. "Because of the unique vulnerability of the unborn and newly born child, such services ought to be provided regardless of ability to pay." (At what point we wonder – a six-month-old-baby, a one-year-old toddler – should "such services" be subject to an ability to pay?)

In a July 17 letter to members of Congress, Bishop William Murphy, chair of the bishops committee concerned with health care, offered a different point of view: "Reform efforts must begin with the principle that decent health care is not a privilege, but a right and a requirement to protect the life and dignity of every person. All people need and should have access to comprehensive, quality health care that they can afford, and it should not depend on their stage of life, where or whether they or their parents work, how much they earn, where they live, or where they were born. The Bishops' Conference believes health care reform should be truly universal and it should be genuinely affordable [emphasis in original]."

So, who speaks for the U.S. church at this critical hour in the health care debate? Cupich and Murphy, who forcefully present the traditional teaching of the universal church, or Naumann and Finn, who offer their idiosyncratic observations as pastoral advice?

The answer to this question may yet prove decisive as Congress returns from its recess and considers whether there is public support for revamping our broken health care system.

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