Midwest prelates raise alarms on health care

by John L. Allen Jr.

Bishop Robert W. Finn (CNS/Ke√tin Kelly)

When President Barack Obama first launched a national debate about health care reform, two streams of concern quickly emerged: pro-life ferment over its implications for abortion, euthanasia and embryonic stem cell research; and secular conservative anxiety about costs, taxes and government bureaucracy.

While in principle those may be separate ideas, in reality they're often held by the same people. Perhaps, therefore, the only surprise over how a handful of American bishops have recently sounded alarms about the perils of ?socialized medicine? is that it's taken this long to happen.

Although those bishops appear to represent a distinct minority, their effort to exalt limited government to the level of a moral crusade could have implications not only for the church?s role in health care reform, but the broader development of Catholic social thought in America.

During late August and early September, a half-dozen Midwestern bishops issued statements on health
care that, in addition to voicing familiar concerns about abortion and freedom of conscience, also invoked the Catholic principle of subsidiarity to express moral objections to expanded government control. They were Bishop Walter Nickless of Sioux City, Iowa; Archbishop Joseph Naumann of Kansas City, Kan., and Bishop Robert Finn of Kansas City-St. Joseph, Mo., in a joint pastoral statement; Archbishop Charles Chaput of Denver; Bishop Thomas Doran of Rockford, Ill.; and Bishop Samuel Aquila of Fargo, N.D.

Experts say their critiques go beyond pronouncements offered by the U.S. Conference of Catholic Bishops, or for that matter in Vatican documents, which typically have called for preserving pluralism in health care but otherwise seem neutral, or even favorably inclined, to new government initiatives.

Reaction has been mixed, often varying with how an observer feels about Obama’s initiative. Some have charged the Midwestern prelates with baptizing Republican talking points, sounding more like Glenn Beck than Thomas Becket. Others, however, say they’re plugging a gap in the church’s message.

**An uneasy tension**

The principle of subsidiarity holds that higher levels of authority should not usurp functions that can be performed better, more efficiently and with greater personal care at lower levels. Over the years, it’s often been invoked to defend the free market, as well as autonomy for individuals, families, civic associations and religious groups.

Analysts have long noted that subsidiarity sometimes sits in uneasy tension with other Catholic social principles, such as solidarity and the option for the poor. In general, fans of public intervention tend to accent those values, while exponents of limited government are drawn to subsidiarity.

In some ways subsidiarity is an obvious note for the bishops to strike, given that the 624 Catholic hospitals in America represent the country’s largest nonprofit network. Yet to date, the word *subsidiarity* has been conspicuous mostly by its absence in official statements of the U.S. bishops on health care.

The most comprehensive such statement came in 1993, amid ferment over the Clinton administration’s health care initiative. Although perceptions of massive government bureaucracy doomed that plan, the bishops’ document never referred to *subsidiarity*, and seemed favorably disposed to a public option.

The term *subsidiarity* also does not show up in a July 17, 2009, letter to members of Congress from Bishop William Murphy of Rockville Centre, N.Y., chair of the bishops’ Committee on Domestic Justice and Human Development, commonly cited as representing the bishops’ official position. Neither is it used in a recent letter from Murphy and Cardinal Justin Rigali of Philadelphia, chair of the Committee for Pro-Life Activities, who assert that health care reform that protects the life and dignity of all, especially the poor and the vulnerable, is a moral imperative and urgent national priority.

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Both the 1993 statement and Murphy’s July letter defend pluralism, meaning a mix of public and private options. Some advisors to the bishops argue that pluralism is the functional equivalent of subsidiarity, and that the former term has been used simply because it’s more familiar to non-Catholics. As one veteran Catholic activist jokingly put it, The problem with subsidiarity is that it’s not in spell-check programs.

On the other hand, those references to pluralism have never sounded the alarm about socialized systems
of medical care? expressed in the more recent statements from the Midwestern bishops.

Murphy?s letter offers four key principles for reform:

- Respect for human life and dignity;
- Universal access;
- Protecting freedom of conscience;
- Restraining costs and applying them equitably.

There?s certainly nothing in the recent statements of the Midwestern prelates to challenge those principles; on the contrary, all six bishops explicitly defend them. In effect, they?ve simply added subsidiarity as a fifth value to Murphy?s list.

In terms of policy implications, however, this twist fuels deep skepticism about an expanded government role.

?Our country, in some ways, is the envy of people from countries with socialized systems of medical care,? Naumann and Finn wrote, warning that a ?centralized government bureaucracy? risks ?a loss of personal responsibility,? a ?reduction in personalized care for the sick? and ?higher costs.?

Nickless likewise asserted that ?the Catholic church does not teach that government should directly provide health care,? and that ?any legislation that undermines the viability of the private sector is suspect.? Doran echoed that sentiment, writing, ?Our federal bureaucracy is a vast wasteland strewn with the carcasses of absurd federal programs which proved infinitely worse than the problems they were established to correct.?

Chaput wrote, ?A proper government role in solving the health care crisis does not necessarily demand a national public plan, run or supervised by government authorities.?

Several bishops argued that Catholic teaching about a ?right? to health care does not presume a duty by the public sector to provide it.

?In our American culture, Catholic teaching about the ?right? to health care is sometimes confused with structures of ?entitlement,? ? Naumann and Finn wrote. ?The teaching of the universal church has never
been to suggest a government socialization of medical services.?

Naumann and Finn warned that hasty expansion of government programs could create a future tax burden which is both unjust and unsustainable, as well as fostering permanent dependency for individuals or families upon the state.?

Aquila likewise rejected the idea that the national government is the sole instrument of the common good, arguing that the federal government has a role to play, but definitely not the only role, or even the primary role. Instead, Aquila called for supporting local and private entities.?

Nickless further argued that in an era of declining fertility rates and shrinking pools of younger workers -- which he called part of a culture of death -- taxation to redistribute health care costs would be increasingly unjust.

Reaction to those arguments, perhaps predictably, has broken down along partisan lines. In a Sept. 3 opinion piece published on the Web site of the National Catholic Reporter, law professor Nicholas Cafardi, a prominent Catholic backer of Obama, accused the Midwestern bishops of doing the work of the Republican Party and of acting as political shills.

Commentator Deal Hudson, on the other hand, a former Catholic advisor to the Bush administration, praised the statements as a contribution toward keeping medical care private -- in the hands of doctors, patients and private insurance companies.?

Among experts on Catholic social teaching, the bishops also drew mixed reviews. Susan Stabile, a law professor at the University of St. Thomas in Minneapolis who has written extensively on the application of Catholic social teaching to employee benefit programs, said that in principle there’s absolutely nothing wrong with appealing to subsidiarity. It’s a useful reminder, she told NCR, that from a Catholic perspective, the federal government should not be your first-line response to every social problem.?

 Nonetheless, she expressed skepticism about its application to the health care debate. Subsidiarity means you don’t take away from people the ability to do things they can do on their own, she said. But that’s not what’s happening. We have a broken system, and we can’t simply wait around for the states or private entities to get their act together.?

Most observers say that for now, a strong majority of bishops accept the basic position sketched by Murphy and Rigali: support for health care reform, including the possibility of new public initiatives, if it expands access and holds the line on life issues.

Given the protests from the Plains states, however, it seems clear that abortion is no longer the only point upon which Catholic opposition to what critics deride as Obama care is likely to pivot.

Looking further down the line, the great health care debate of 2009 could end up being remembered in Catholic circles as a coming-out party for efforts by more conservative bishops to reclaim the church’s social teaching, giving subsidiarity a new pride of place alongside solidarity. Depending on how those efforts develop, they could affect virtually any social topic that comes before the bishops, from tax policy to education and welfare.

If so, that’s a project with implications that will resonate long after the echoes from the last town hall
meeting on health care have faded away.

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