

## Elephants in the room of the Catholic health care debate

John L. Allen Jr. | Jun. 18, 2010



Bishop Robert N. Lynch of St. Petersburg, Fla., presides over the opening liturgy June 13 at the 2010 convention of the Catholic Health Association in Denver. (CNS/courtesy CHA)

### **Allen's Friday column: All Things Catholic**

Psychology 101 tells us that traumatized people are often brittle, overreacting to stress and struggling to keep things in perspective. That's an insight worth bearing in mind as the U.S. bishops and the leaders of Catholic health care in America work to overcome the rift that opened up during the recent national debate over health care reform.

Generally speaking, I'm as skeptical as anybody else when journalists attempt to put whole groups of people on the couch. Nonetheless, somebody needs to say out loud that two mammoth recent traumas are lurking, like elephants in the living room, in the background of the Catholic health care debate: The sexual abuse crisis, and the Vatican-sponsored investigation of American nuns.

This week the U.S. bishops and the Catholic Health Association both held plenary assemblies for the first time since they came down on opposite sides of the reform debate, and the good news is that while neither party is backing down, both seem sincerely committed to surmounting the division.

(My news story can be found here: [Minding the gap between the bishops and Catholic health care](#) [1])

Sr. Carol Keehan, a Daughter of Charity and President of the Catholic Health Association, told me that "to a person," the leaders of Catholic health care in America want to get back to a "a very strong and collaborative relationship" with the bishops. Cardinal Francis George of Chicago, president of the U.S. Conference of Catholic Bishops, likewise said during a phone interview from the bishops' spring assembly in St. Petersburg, Fla., that the bishops are committed to trying to "reshape the relationship through dialogue," adding that, "We're dealing with people of good will, so dialogue should be possible."

Those expressions of mutual respect are a tribute not only to the bishops and the CHA, but to the basic sanity of American Catholicism, especially in comparison to the savagery in the secular political arena. It's even more

striking because such core values are at stake. Not only do the two sides still disagree about whether the "Patient Protection and Affordable Care Act" opens the door to new federal funding of abortion, but they also tend to see the big picture differently. For the CHA, it's about the urgency of providing care to the poor; for the bishops, it's the ecclesiological question of who speaks for the church on the intersection of morality and law.

These are complicated matters, and by themselves will require patience and careful reflection to resolve. For those efforts to bear fruit, however, both parties also need to acknowledge the psychological baggage the other is carrying – not to mention how their own experience may unconsciously nudge them towards a sharper and more defensive posture than they actually intend.

### **The sexual abuse crisis**

For the bishops, the defining trauma of the last decade has been the sexual abuse crisis. It would take a particularly out-of-touch prelate not to grasp the massive hit their reputation and moral authority has taken – and if any bishop were ever tempted to forget, newspaper editorial pages, cable TV talk shows, and the blogosphere stand ready to offer barbed reminders.

The fresh eruption of the crisis in recent months, this time engulfing the Vatican and the pope himself, has revived a sense of siege. While most bishops in America are painfully aware of the church's failures, many also feel that the unrelenting criticism of the church and its leaders has been unfair. There's a spreading sense that the secular media, elite centers of opinion, tort lawyers, and in-house critics within the Catholic fold have exploited the crisis to sour the public image of the bishops, ignoring the massive efforts they've undertaken to foster a safe environment for children, to reach out to victims, and to weed predators out of the priesthood.

For the moment, it doesn't matter how justified those perceptions may be. They're a reality, and collectively they've generated a sort of gut-level, pre-conscious reaction among a growing swath of bishops. The tendency is to begin thinking about any issue in the life of the church by asking: "Are you with us or against us?"

In that context, if the bishops feel like somebody's part of the lynch mob, it's going to be tough to sustain dialogue, however manageable a given issue may seem. Conversely, if the bishops feel like somebody has stuck with them in a time when lots of others jumped ship, they're likely to be inclined to keep lines of communication open, however knotty the problem at hand may appear.

### **The apostolic visitation of women religious**

Meanwhile, the current Apostolic Visitation of women's religious orders in America, coupled with a parallel doctrinal review of the Leadership Conference of Woman Religious, inevitably influences the atmosphere for many leaders in Catholic health care.

Both historically and today, a sizeable share of those leaders are themselves religious women. Other players in Catholic hospitals and health systems, whether they're laity or clergy, usually feel a profound debt of gratitude to the sisters, and are therefore highly sensitive to any perceived slights.

It's no secret that many American nuns have experienced the visitation as a painful vote of "no confidence" from church authorities. I was recently in Washington, where one prominent sister told me of the reaction of a 92-year-old member of her community. Informed that her order had been selected for an on-site visit, this elderly nun apparently said, with tears in her eyes, "I've given my whole life to the church, and now they're coming to tell me I did something wrong?"

Bishop Robert Lynch of St. Petersburg, Fla., who sits on the CHA Board of Trustees, told me this week that the bishops have to appreciate that climate.

“This is a difficult time for American women religious,” Lynch said in a June 13 interview. “Religious women are on the receiving end of what they perceive, at least, as a lot of negative reactions by church authority. That’s a situation we have to recognize as this discussion continues.”

As with the bishops, critics may say those reactions are over-heated, or that women religious have no one to blame but themselves. Be that as it may, the atmosphere of suspicion is nonetheless real.

Fortunately, the key players in the tête à tête between the bishops and the CHA seem relatively unencumbered by this baggage. George has not been among those prelates complaining of “petty gossip” or comparing criticism on the sex abuse crisis to anti-Semitism, while for her part, Keehan told me, “I don’t have as many sensitivities about the visitation as maybe I should, or as others have.”

That said, it would nonetheless be futile to ignore the psychological subtext of the situation. With that in mind, one helpful thing bishops interested in healing the rift with the CHA could do is to express their broad appreciation and solidarity with women religious, notwithstanding the concerns that led to the visitation. Likewise, leaders in Catholic health care can find ways to signal that they’re not joining the “bash the bishops” brigades, despite the undeniable gravity of the sexual abuse crisis.

Responsible figures on both sides of the relationship have already been taking these steps. It would make the present climate infinitely less toxic, and not just on the health care debate, to see them scaled up.

Once the elephants in the room have been shown the door, in other words, the genetic Catholic instinct for both/and solutions to seemingly either/or problems may have a fighting chance to prevail.

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