
A Framework for

Comprehensive Health Care Reform

Protecting Human Life

Promoting Human Dignity

Pursuing the Common Good

A Resolution of the
Catholic Bishops of the United States
June 18, 1993

United States Conference of Catholic Bishops

A Framework for Comprehensive Health Care Reform: Protecting Human Life, Promoting Human Dignity, Pursuing the Common Good was developed and approved by the Domestic Social Policy Committee. It was approved by the Administrative Board in March 1993 and by the Catholic bishops of the United States at their General Meeting in June 1993. *A Framework for Comprehensive Health Care Reform: Protecting Human Life, Promoting Human Dignity, Pursuing the Common Good* is authorized for publication as a statement of the United States Catholic Conference by the undersigned.

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In 2001 the National Conference of Catholic Bishops and United States Catholic Conference became the United States Conference of Catholic Bishops.

ISBN 1-55586-678-6

First Printing, November 1993
Fifth Printing, March 2003

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Introduction

Our nation's health care system serves too few and costs too much. A major national debate on how to assure access for all, restrain costs, and increase quality is moving to the center of American public life. This resolution is addressed to the Catholic community and the leaders of our nation. We seek to outline the values, criteria, and priorities that are guiding our conference's participation in this vital dialogue. We hope to offer a constructive and distinctive contribution reflecting the Catholic community's strong convictions and broad experience in health care.

The debate and decisions will not be easy. They will touch every family and business, every community and

parish. Health care reform represents an effort to redirect one-seventh of our national economy and to reshape our society's response to a basic human need. It is not only an economic challenge, it is a moral imperative.

The Catholic community has much at stake and much to contribute to this vital national dialogue. For decades, we have advocated sweeping reform. In communities across our land, we serve the sick and pick up the pieces of a failing system. We are pastors, teachers, and leaders of a community deeply committed to comprehensive health reform. Our urgency for reform reflects both on our traditional principles and everyday experience.

A Tradition of Teaching

Our approach to health care is shaped by a simple but fundamental principle: "Every person has a right to adequate health care. This right flows from the sanctity of human life and the dignity that belongs to all human persons, who are made in the image of God." Health care is more than a commodity; it is a basic *human right*, an essential safeguard of human life and dignity. We believe our people's health care should not depend on where they work, how much their parents earn, or where they live. Our constant teaching that each human life must be protected and human dignity promoted leads us to insist that all people have a right to health care. This right is explicitly affirmed in *Pacem in Terris* and is the foundation of our advocacy for health care reform. When millions of Americans are without health coverage, when rising costs threaten the coverage of millions more, when infant mortality remains shockingly high, the right to health care is seriously undermined and our health care system is in need of fundamental reform.

Our call for health care reform is rooted in the biblical call to heal the sick and to serve "the least of these," the priorities of social justice, and the principle of the common good. The existing patterns of health care in the United States do not meet the minimal standard of social justice and the common good. The substantial inequity of our health care system can no longer be ignored or explained away. The principal defect is that more than 35 million persons do not have guaranteed access to basic health care. Others have some access, but their coverage is too limited or too costly to offer health security for their families. High health care costs contribute to a declining standard of living for

many American families. The current health care system is so inequitable, and the disparities between rich and poor and those with access and those without are so great that it is clearly unjust.

The burdens of this system are not shared equally. One out of three Hispanics and one of five African Americans are uninsured. The health care in our inner cities and some rural communities leads to Third World rates of infant mortality. The virtue of *solidarity* and our teaching on the *option for the poor* and the vulnerable require us to measure our health system in terms of how it affects the weak and disadvantaged. In seeking the fundamental changes that are necessary, we focus especially on the impact of national health policies on the poor and the vulnerable.

The traditional value of *stewardship* also contributes to our call for reform. It is predicted that health care costs will more than double between 1980 and 2000. Our nation pays far more for health care than other industrialized countries and that strains the private economy and leaves too few resources for housing, education, and other economic and social needs. Stewardship demands that we address the duplication, waste, and other factors that make our system so expensive.

For three quarters of a century, the Catholic bishops of the United States have called for national action to assure decent health care for all Americans. We seek to bring a *moral perspective* in an intensely political debate; we offer an ethical framework in an arena dominated by powerful economic interests.

A Community of Caring

The Catholic community, in states, cities, and towns all across our country, brings not only strong convictions but also broad experience as providers and purchasers of health care. The Church has been involved in the delivery of health care services since the early days of this nation. Catholic health care facilities are now the largest network of non-profit hospitals and nursing homes in the United States, serving more than 20 million people in a single year.

As pastors, we see the strains and stresses related to inadequate health care, the human consequences of a fail-

ing system. In approximately 600 Catholic hospitals and 1500 long-term and specialized-care settings, in our parishes and schools, in Catholic Charities shelters and services, in Campaign for Human Development funded groups, we see the consequences of failed and confused policy: families without insurance, the sick without options, children without care, the plight of real people behind the statistics. We seek to offer a *human perspective* in an often overly technical discussion.

Our Experience as Employers

Catholic dioceses, parishes, schools, agencies, and hospitals are major purchasers of insurance and health care. The rapidly escalating costs of coverage are impacting almost every diocese, agency, parish, and school. The increasing resources we spend on health care are dollars that

do not fund much needed ministry, services, and personnel. We know well the fiscal consequences of the rising health costs which are hurting our economy and diverting precious resources.

A Capacity for Advocacy

Our community also brings to this debate expertise and credibility rooted in our experience and values; a history and record of active support for health care reform that goes back decades; active ministry in inner-city, suburban, and rural communities; an institutional presence in every state and congressional district. We are a very diverse community of believers and citizens who could make a big difference in the health care debate.

The Catholic Health Association (CHA), which serves Catholic-sponsored health care facilities, has developed a comprehensive framework for a reformed health care system. This plan reflects the experience and expertise of Catholic leaders who are deeply involved in meeting the

health care needs of the nation. We welcome CHA's impressive initiative in developing this plan, which includes important values and policy directions to help guide the debate and decisions in the months ahead.

Health care reform is an issue that unites the Catholic community. We need to continue to work together to help make the case for comprehensive reform, share our values and experience, and urge our representatives to adopt health care reform that will protect the life and dignity of all. We offer a potential constituency of conscience in the midst of a debate too often dominated by special interests and partisan needs. The debate over national health care reform will test both our Church and our country.

Criteria for Reform

Applying our experience and principles to the choices before the nation, our bishops' conference strongly supports comprehensive reform that will ensure a decent level of health care for all without regard to their ability to pay. This will require concerted action by federal and other levels of government and by the diverse providers and consumers of health care. We believe government, an instrument of our common purpose called to pursue the common good, has an essential role to play in assuring that the rights of all people to adequate health care are respected.

We believe reform of the health care system which is

truly fundamental and enduring must be rooted in values that reflect the essential dignity of each person, ensure that basic human rights are protected, and recognize the unique needs and claims of the poor. We commend to the leaders of our nation the following criteria for reform:

- *Respect for Life.* Whether it preserves and enhances the sanctity and dignity of human life from conception to natural death.
- *Priority Concern for the Poor.* Whether it gives special priority to meeting the most pressing health care needs of the poor and underserved, ensuring

that they receive quality health services.

- *Universal Access.* Whether it provides ready universal access to comprehensive health care for every person living in the United States.
- *Comprehensive Benefits.* Whether it provides comprehensive benefits sufficient to maintain and promote good health; to provide preventive care; to treat disease, injury, and disability appropriately; and to care for persons who are chronically ill or dying.
- *Pluralism.* Whether it allows and encourages the involvement of the public and private sectors, including the voluntary, religious, and nonprofit sectors, in the delivery of care and services; and whether it ensures respect for religious and ethical values in the delivery of health care for consumers and for individual and institutional providers.
- *Quality.* Whether it promotes the development of processes and standards that will help to

achieve quality and equity in health services, in the training of providers, and in the informed participation of consumers in decision making on health care.

- *Cost Containment and Controls.* Whether it creates effective cost-containment measures that reduce waste, inefficiency, and unnecessary care; measures that control rising costs of competition, commercialism, and administration; and measures that provide incentives to individuals and providers for effective and economical use of limited resources.
- *Equitable Financing.* Whether it assures society's obligation to finance universal access to comprehensive health care in an equitable fashion, based on ability to pay; and whether proposed cost-sharing arrangements are designed to avoid creating barriers to effective care for the poor and vulnerable.

Key Policy Priorities

We hope Catholics and others will use this criteria to assess proposals for reform. In applying these criteria, we have chosen to focus our advocacy on several essential priorities:

- ***Priority Concern for the Poor/Universal Access:*** We look at health care reform from the bottom up, how it touches the unserved and underserved. Genuine health care reform must especially focus on the basic health needs of the poor (i.e., those who are unable through private resources, employer support, or public aid to provide payment for health care services, or those unable to gain access to health care because of limited resources, inadequate education, or discrimination).

When there is a question of allocating scarce resources, the vulnerable and the poor have a compelling claim to first consideration. Special attention must be given to ensuring that those who have suffered from inaccessible and inadequate health care (e.g., in central cities, isolated rural areas, and migrant camps) are first brought back into an effective system of quality care. Therefore, we will strongly support measures to ensure true universal access and rapid steps to improve the health care of the poor and unserved. Universal access must not be significantly postponed, since coverage delayed may well be coverage denied. We do not support a two-tiered health system since separate health care coverage for the poor usually results in poor health care. Linking the health care of poor and working-class families to the health care of those with greater resources is probably the best assurance of comprehensive benefits and quality care.

- ***Respect for Human Life and Human Dignity:*** Real health care reform must protect and enhance human life

and human dignity. Every member of the human family has the right to life and to the means that are suitable for the full development of life. This is why we insist that every human being has the right to quality health services, regardless of age, income, illness, or condition of life. Government statistics on infant mortality are evidence that lack of access and inadequate care are literally matters of life and death. The needs of the frail elderly, the unborn child, the person living with AIDS, and the undocumented immigrant must be addressed by health care reform.

Neither the violence of abortion and euthanasia nor the growing advocacy for assisted suicide is consistent with respect for human life. When destructive practices such as abortion or euthanasia seek acceptance as aspects of "health care" alongside genuine elements of the healing art, the very meaning of health care is distorted and threatened. A consistent concern for human dignity is strongly demonstrated by providing access to quality care from the prenatal period throughout infancy and childhood, into adult life and, at the end of life, when care is possible even if cure is not. Therefore, we are convinced it would be a moral tragedy, a serious policy misjudgment, and a major political mistake to burden health care reform with abortion coverage that most Americans oppose and the federal government has not funded for the last seventeen years. Consequently, we continue to oppose unequivocally the inclusion of abortion as a health care benefit, as do three out of four Americans (cf. April 6, 1993 *New York Times* poll).

As long-time advocates of health care reform, we appeal to the leaders of the nation to avoid a divisive and polarizing dispute which could jeopardize passage of national health reform. We strongly believe it would be mor-

ally wrong and counterproductive to compel individuals, institutions, or states to pay for or participate in procedures that fundamentally violate basic moral principles and the consciences of millions of Americans. The common good is not advanced when advocates of so-called choice compel taxpayers to fund what we and many others are convinced is the destruction of human life.

- ***Pursuing the Common Good and Preserving Pluralism:*** We fear the cause of real reform can be undermined by special interest conflict and the resistance of powerful forces who have a major stake in maintaining the *status quo*. It also can be thwarted by unnecessary partisan political combat. We believe the debate can be advanced by a continuing focus on the common good and a healthy respect for genuine pluralism. A reformed system must encourage the creative and renewed involvement of both the public and private sectors, including voluntary, religious, and nonprofit providers of care. It must also respect the religious and ethical values of both individuals and institutions involved in the health care system. We are deeply concerned that Catholic and other institutions with strong moral foundations may face increasing economic and regu-

latory pressures to compromise their moral principles and to participate in practices inconsistent with their commitment to human life. The Catholic community is strongly committed to continuing to meet the health needs of the nation in a framework of genuine reform, which respects the essential role and values of religiously affiliated providers of health care.

- ***Restraining Costs:*** We have the best health care technology in the world, but tens of millions have little or no access to it and the costs of the system are straining our nation, our economy, our families, and our Church to the breaking point. We insist that any acceptable plan must include effective mechanisms to restrain rising health care costs. By bringing health care cost inflation down, we could cut the federal deficit, improve economic competitiveness, and help stem the decline in living standards for many working families. Without cost containment, we cannot hope to make health care affordable and direct scarce national resources to other pressing problems that, in turn, worsen health problems (e.g., inadequate housing, poverty, joblessness, and poor education).

Conclusion

The Catholic bishops' conference will continue to work with our people and others for reform of the U.S. health care system, especially on these key priorities. In our view, the best measure of any proposed health care initiative is the extent to which it combines universal access to comprehensive quality health care with cost control, while ensuring quality care for the poor and preserving human life and dignity.

We welcome the signs that our nation and our leaders are beginning to face up to the challenge of reform. We will assess the Clinton administration's plan and the alternatives to it on the basis of our criteria and experience. We will be active and involved participants in this vital national debate.

New public policy is essential to address the health care crisis, but it is not sufficient. Each of us must examine how we contribute to this crisis—how our own attitudes and behavior demonstrate a lack of respect for our own

health and the dignity of all. Are we prepared to make the changes, address the neglect, accept the sacrifices, and practice the discipline that can lead to better health care for all Americans? In our own lives and in this vital health care debate, we are all called to protect human life, promote human dignity, and pursue the common good. In particular, we call on Catholics involved in the health care system to play leadership roles in shaping health care reform that respects human life and enhances human dignity.

Now is the time for real health care reform. It is a matter of fundamental justice. For so many, it is literally a matter of life and death, of lives cut short, and dignity denied. We urge our national leaders to look beyond special interest claims and partisan differences to unite our nation in a new commitment to meeting the health care needs of our people, especially the poor and the vulnerable. This is a major political task, a significant policy challenge, and a moral imperative.

Additional Resources from USCCB

Ethical and Religious Directives for Catholic Health Care Services

These directives reaffirm the ethical standards of behavior in health care that flow from the Church's teaching about the dignity of the human person. Provides guidance and direction on moral issues that Catholic health care providers face today. Booklet: No. 5-452, 52 pp.; three-hole format: No. 5-454, 20 pp.

Nutrition and Hydration: Moral and Pastoral Reflections

The bishops set forth moral principles on protection of human life that appeal to common respect for the dignity of the human person and apply these principles to a number of questions frequently asked about medically assisted nutrition and hydration. No. 516-X, 16 pp.

Health and Health Care

The bishops call for both prudence and boldness in meeting today's health care challenges; they urge "the continuation of Catholic leadership and presence in the health care field." No. 830-4, 20 pp.

On the Christian Meaning of Human Suffering (Salvifici Doloris)

Pope John Paul II's apostolic letter expresses his theological reflection on suffering as a mystery that can lead to spiritual growth and salvation. No. 919-X, 48 pp.

Living the Gospel of Life: A Challenge to American Catholics

The bishops call on Catholics to recover their identity as followers of Jesus Christ and to be leaders in the renewal of respect for the sanctity of life. Stresses the need to work earnestly to bring about a cultural transformation, a true renewal in our public life and institutions. English: No. 5-300, 40 pp.; Spanish: No. 5-809, 40 pp.

The Gospel of Life (Evangelium Vitae): On the Value and Inviolability of Human Life

In this encyclical letter, Pope John Paul II discusses the present-day legal, ethical, and moral threats to life. English: No. 316-7, 196 pp.; Spanish: No. 317-5, 196 pp.

Called to Compassion and Responsibility: A Response to the HIV/AIDS Crisis

Fosters understanding of the ethical and spiritual dimensions of the HIV/AIDS crisis. No. 327-2, 40 pp.

Pastoral Statement of U.S. Catholic Bishops on Persons with Disabilities

The bishops renew the church's call to minister to the needs of the disabled in the United States. No. 5-424, 36 pp.

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Publication No. 678-6
USCCB Publishing
Washington, D.C.
ISBN 1-55586-678-6

