NATIONAL CATHOLIC REPORTER
Published on *National Catholic Reporter* (http://ncronline.org)

The right to health care

NCR Editorial Staff | Sep. 18, 2009

Access to affordable quality health care is a God-given *right*. Not a privilege or a grant of charity, nor a last resort provided by a ?safety net.? A *right*.

This is traditional Catholic teaching and the first principle by which Catholics should judge the various proposals to expand health insurance to the nearly 50 million of our uninsured neighbors who currently lack the security such coverage provides. Read the encyclicals, read the catechism, read the teachings of the pontiffs, read what the U.S. bishops -- speaking through the U.S. Conference of Catholic Bishops -- have written.

Speaking to a joint session of Congress Sept. 9, President Obama made the same point in a secular context. ?In the United States of America, no one should go broke because they get sick,? he said. It?s pretty basic.

Unfortunately, while the collective body of U.S. Catholic bishops has been unequivocal in its support for universal health care coverage, a number of rogue bishops have strayed from this mainstream view.

For example, in a joint pastoral statement issued Sept. 1, Archbishop Joseph F. Naumann of Kansas City, Kan., and Bishop Robert W. Finn of Kansas City-St. Joseph, Mo., argue that the first principle Catholics should consider in the health care debate is 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.? Finn and Naumann believe that centralized government health care is a greater threat to human dignity than the current U.S. health care system. A handful of other bishops have expressed similar views.

?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 columnist T.R. Reid noted in the Aug. 23 issue of *The Washington Post*, in ?5 Myths About Health Care Around the World,? there isn?t a whole lot of ?socialized medicine? in the world -- at least outside the United States. 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 else at play here.

Do Naumann and Finn believe, as the U.S. bishops and the universal church have taught for decades, that health care is a right? Rather than embrace the language of ?rights,? the two bishops narrow its 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 health care 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.?

The wording is telling. In the current debate only those interested in scuttling universal access to health care talk about ?government socialization of medical services.? Yet all of the proposals under consideration envision a robust private sector insurance system that can be transformed -- through oversight, regulation and expanded public competition -- into a provider of universal coverage.

Meanwhile, Naumann and Finn imply that subsidiarity not only prefers a local solution to societal problems, but requires it. Nothing 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 most effective. So, for example, only a national social security system can provide income support to the elderly. Likewise, national defense requires national efforts, lest we have neighbors walking about with M-16s and joining local militias.

No less a figure than Richard Doerflinger, the much-respected associate director of the bishops? conference?s Secretariat of Pro-Life Activities, told The Associated Press earlier this month, ?When people talk about federal takeover, all I want to say is, it?s not important to us whether it?s big government or not. The question is, is the government doing something good or doing something bad??

Doerflinger is exactly right.

Speaking as a body, the bishops raise legitimate questions about health care reform. Will it result in federally funded abortions? Will it respect the rights of health care workers to opt out of practices anathema to their religious beliefs? Obama offered assurances that the legislation he supports would align with the bishops? efforts in both areas. Still, there is much in the details and we are grateful that people like Doerflinger will be analyzing the final product.

But there is a broader issue. 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 child?s ear infection to chemotherapy? The bishops don?t say.

There is, it seems, one group of people who, according to these two bishops, have an absolute right to health coverage and for whom the principle of subsidiarity is trumped by universal care. ?Prenatal and neonatal care are particularly crucial and should be given priority in any reform,? 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.?

We wholeheartedly agree with these bishops that pregnant women and their newborns have a right -- regardless of family income -- to quality health care, but reason then moves us to ask: At what point, given these bishops? thinking, does the right of these newly born to medical services end? When do they become subject to an ability

to pay? At six months? One year? Eighteen months?

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 the original].?

So, who speaks for the church at this critical hour in the health care debate? Murphy, who forcefully presents the traditional teaching of the universal church, or Naumann and Finn and a few others, who are dissenting while offering idiosyncratic and partisan views as pastoral advice? We go with traditional Catholic teachings as expressed over decades by our bishops.

Meanwhile, the answer to the question, ?Who speaks for the church?? may prove decisive now that Congress has returned from its summer recess, is retaking the public pulse, and is attending again to revamping our scandalously broken health care system.

Source URL (retrieved on *07/22/2014 - 20:14*): http://ncronline.org/news/politics/right-health-care