

Pro-life Catholic Democrats key in health reform

Jerry Filteau | Dec. 21, 2009



Uninsured patient Donaji Cruz, 3, has her height measured during a health checkup at Venice Family Clinic in Venice, Calif., in June. Some 47 million Americans are uninsured and have little access to the health care system. (CNS/Reuters/Lucy Nicholson)

ANALYSIS

WASHINGTON -- Whatever the outcome of the nation's debate over health care reform, one of the biggest byproducts is the emergence of a relatively small group of pro-life Catholic Democrats in the House of Representatives as key figures in the nation's moral and political debate.

The Senate continues to have a pro-choice majority and nearly all Catholic senators tend to follow their party's position ? pro-choice if you're a Democrat, antiabortion if you're a Republican.

But things have gradually changed in the House, and now about three dozen Catholic pro-life Democrats carry a key swing vote if they decide to challenge the party line on abortion issues.

In the vote Nov. 7 on an amendment introduced by Rep. Bart Stupak, D-Mich., to prohibit federal funding of elective abortions in the health care reform bill, a disproportionate 36 of the 64 Democrats who voted for the amendment ? 56 percent ? were Catholic. Less than 40 percent of the total Democratic House membership is Catholic.

On the Republican side, no one, Catholic or not, opposed the amendment; 176 voted for it and one voted ?present.? On the Democratic side, the 64 who broke ranks from their party's majority gave the amendment a 240-194 victory.

And more than half the 36 Catholics in that group of 64 are in only their first to fourth term in Congress. Four are freshmen who took office this past January: John Boccieri and Steve Driehaus of Ohio, Kathy Dahlkemper of Pennsylvania, and Tom Perriello of Virginia. Five more first took office in 2007: Pennsylvanians Jason Altmire and Christopher Carney, Hoosiers Joe Donnelly and Brad Ellsworth, and Charles Wilson of Ohio.

The group of 36 also included five each from the House freshman classes of 2003 and 2005, for a total of 19 out of 36 who were first elected since 2002.

Political scientist Stephen F. Schneck, director of The Catholic University of America's Institute for Policy Research and Catholic Studies, said when one looks at the states where the new pro-life Democrats are coming from – Virginia, Pennsylvania, Ohio and Indiana for all nine of the most recently elected – “the pattern is there. It's not 100 percent the case, but these are for the most part districts that are in question, that aren't particularly safe seats for Democrats.”

He noted that when former Rep. Rahm Emanuel of Illinois (now White House chief of staff) was a leading Democratic strategist for the 2006 and 2008 congressional elections, he consciously sought to recruit pro-life candidates to achieve Democratic wins in swing areas where the abortion issue might lead to a Republican victory over a pro-choice Democrat.

“The fact that these guys were able to win [as Democrats] is because they're pursuing their own path – often, at least on choice issues, at odds with the national party,” Schneck said.

“You could argue that these are the most important districts in the country,” he added. “These are the districts that are up for grabs between the two parties. If you're looking for some kind of a message here, [it's that] the Democrats have to be careful not to sacrifice these members. They need these districts for their future election chances.”

The Stupak amendment would do for all public funding involved in health care reform basically what the Hyde amendment has done with all other federally funded health programs since 1976: bar use of taxpayer funds to pay for elective abortions.

Shortly after passing the Stupak amendment, which was strongly backed by the U.S. Conference of Catholic Bishops, the House narrowly approved its version of health care reform legislation, 220-215.

It is a sweeping bill that includes a “public option,” or government-run insurance program, federal subsidies for many who could not otherwise afford private insurance, and elimination of a five-year waiting period for legal immigrants seeking to purchase subsidized or public option insurance. In terms of what the U.S. bishops have called for in health care reform, it is far more comprehensive and inclusive than the provisions currently under debate and likely to emerge from the Senate.

Of the 64 House Democrats who supported the Stupak amendment, only 20 voted against the final bill, indicating that about two-thirds of those willing to cast a swing vote against taxpayer funding of any elective abortions supported the overall project of health care reform, even in the broadly inclusive form of the final House bill.

Interestingly, of the 36 Catholic Democrats who backed Stupak, only five voted against the final bill – suggesting that as a group, those Democrats were far more supportive of the entire health care social agenda backed by the nation's bishops than any other group in Congress.

Those Catholic Democrats backed the bishops' perspective both on no public funding of abortion and on a call for health care reform that is as universally inclusive as feasible.

In the Senate, a no-abortion-funding amendment nearly identical to the Stupak amendment was defeated Dec. 8 by a 54-45 vote. Among 16 Catholic Democrats in the Senate only two – Robert P. Casey Jr. of Pennsylvania and Ted Kaufman of Delaware – voted for the amendment.

In the Senate, Schneck said, “abortion and the public option are the two critical issues to be resolved” in order to enact health care reform.

He predicted that there would be an effort at a compromise. He said this would likely be in the form of a

mechanism that clearly segregates payments for elective abortions from federal funds, ?probably done by private insurance companies themselves, not by the federal government.?

The U.S. Conference of Catholic Bishops has also pushed for inclusion of all legal immigrants among those with access to federally subsidized insurance and for at least allowing illegal immigrants to purchase health insurance privately, even if they are not eligible for federal assistance.

That position gained some ground in the House version of the legislation, with removal of a five-year residency requirement as a condition for legal immigrants? access to Medicaid coverage, but the fate of immigrants in the Senate version was not yet decided as of mid-December.

On Dec. 14 three top bishops? conference officials urged the Senate to incorporate into the Senate bill the Menendez amendment ? successfully introduced into the House legislation by Rep. Robert Menendez, D-N.J. ? to give states the option of lifting the current five-year wait before legal immigrants are eligible for Medicaid coverage.

The bishops? letter was signed by Cardinal Daniel DiNardo of Galveston-Houston, chairman of the bishops? Committee on Pro-Life Activities; Bishop John Wester of Salt Lake City, chairman of the Committee on Migration; and Bishop William Murphy of Rockville Centre, N.Y., chairman of the Domestic Policy Committee.

?I think that the USCCB has made its position quite clear in regard to the immigration issue,? Schneck said. ?But I?m disappointed that they didn?t pull out all the stops for immigration in the same way that they did for abortion. Where were the [post]cards from parish members to their congressmen that we saw on the abortion question?

?I don?t think that the average Catholic in the pews today even knows that the bishops of the United States are concerned about the treatment of immigration in this bill,? he said. ?They?ve not conveyed the message adequately to their own congregations.?

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