Health and Catholic Social Teaching: News and Perspectives

SIGNIFICANT DATES

**11th Annual World Day of the Sick**
*An international Catholic gathering sponsored by the Vatican’s Pontifical Council for Health Pastoral Care.*
*An opportunity for reflection on the Church’s teaching of health care, and to pray for those who are sick.*
*Presentations on “The Call to Justice, Globalization and Catholic Health Care in the Americas” by Bishop John H. Ricard, SSJ, and on other aspects of the Church’s teaching on health care, including bioethics.*

**World Health Day 2003**
*An international day sponsored by the World Health Organization.*
*April 7, 2003, with different events around the world to mark the importance of health for productive and healthy lives.*
*The theme for this year’s day is “Healthy Environments for Children,” with a focus on preventing the environment-related deaths of millions of children each year.*

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O God,
Who gathered children in your lap,
We pray to you now.

We pray for the children of the world,
Especially for those who are sick and dying,
Dying of malnourishment and preventable diseases.

Forgive our silence,
Our lack of compassion and action for these innocent victims.

Increase our love for children and consecrate it.
Empower us to work with one another
To shape a world of justice
For all your children,
A world where all may grow in health
and all may develop fully.

Amen.
Children, Health and CST

FACTS

• Nine million children in the U.S. lack a regular source of health care, are more likely to have delayed or no health care when needed, and are more likely to go without needed prescriptions than children who are covered by health insurance.
  Source: Children’s Defense Fund

• 12 million children around the world die by their fifth birthday because they cannot receive preventive medicine and/or treatment for malaria, respiratory infection and malnutrition.
  Source: World Health Organization

• 34 million children (almost 1/3 of the world’s children) do not receive routine vaccinations. Vietnam provides vaccinations to a higher percentage of its population (approximately 98%) than the U.S. healthcare system provides to U.S. citizens (approximately 82%—less than 70% of children in Louisiana receive immunizations).
  Source: UNICEF

• In Sub-Saharan Africa, over 2 ½ million children have HIV/AIDS. Medical help for them is severely limited because their countries’ health care budgets have been drastically cut under terms of World Bank/IMF debt interest payments. Trade regulations restricting the use of formulas for AIDS drugs are also a great barrier to health care for these children.
  Sources: World Health Organization, Jubilee 2000, Interfaith Coalition on Trade

NEWS and CST REFLECTION

Bill Gates has committed $200 million for “promising but overlooked medical research targeted at diseases most prevalent in poor and underdeveloped countries.” [Washington Post, 1/17/03] The gift is explicitly intended to overcome the structural injustices involved in making medical research dependent on market incentives. “There is, given market signals, systematic underinvestment in research on diseases of people who cannot afford medical treatment . . . It’s just a basic fact that 90 percent of the world’s health research spending goes on 10 percent of the problems,” Gates said. “So the mismatch, over time, has been a problem.”

The “problem” is that millions of people die because they make the mistake of contracting Third World diseases rather than First World ones. They die because they are too poor to offer adequate financial rewards for their cure.

It is to address problems like this that Catholic Social Teaching insists that products and services essential to life – food, health care, etc. – not be left to the free market. To leave them to the market is, practically speaking, to value the lives of the wealthy more than the lives of those in poverty – a major violation of the fundamental principle of the sacred dignity of each and every person. “It is a strict duty of justice and truth not to allow fundamental human needs to remain unsatisfied, and not to allow those burdened by such needs to perish.” [Centesimus Annus, # 34]

DISCUSSION QUESTIONS

The Pope emphasizes both personal sensitivity and structural reform in his remarks below. After reading his statement and considering the health care facts on children above, discuss the kind of structural reform (reform of systems and structures, both private and governmental, formal and informal) that would make a difference in the lives of the millions of children who have become the grim statistics of health reports.

What kind of personal sensitivity must we cultivate to work for the well-being of all the world’s children and to see them as more than statistics? What will help us cultivate such sensitivity?

Social thinking and social practice inspired by the Gospel must always be marked by a special sensitivity toward those in distress, those who are extremely poor; those suffering from all the physical, mental and moral ills that afflict humanity including hunger, neglect, unemployment and despair . . . But neither will you recoil before the reforms—even profound ones—of attitudes and structures that may prove necessary in order to recreate over and over again the conditions needed by the disadvantaged.

Pope John Paul II, 1979
Health Care in the United States: Quiz

Answer the following questions to see how much you know about the state of health care in the U.S.

1. The number of people in the U.S. without health insurance is:
   a. 10 million  
   b. 25 million  
   c. 32 million  
   d. 45 million

2. True or false? Every year, more and more people in the U.S. have access to health care as society progresses.

3. Those without health coverage account for _____ of the nation’s population.
   a. 15 percent  
   b. 22 percent  
   c. 0.9 percent  
   d. 7 percent

4. True or false? Health insurance coverage in 2003 declined even more sharply for women than for men.

5. Did the number of individuals with employment-based coverage increase or decrease in 2003?
   a. increase  
   b. decrease

6. ___________ of the uninsured are in working families.
   a. 1/4  
   b. 1/2  
   c. 2/3  
   d. 8/10

7. True or false? The uninsured are normally from inner city communities and are predominantly African Americans who make below $25,000 a year.

8. True or false? For some people, insurance is very erratic, fluctuating depending on their job and life situation.
Health Care in the United States: Quiz Answers

1. d. Nearly 45 million people lacked health coverage in 2003, according to the U.S. Census Bureau.

2. False. The latest figures issued by the U.S. Census Bureau on the number of Americans without health insurance show that this number has been on the increase. From 2002 to 2003, the August 27, 2004 Census Bureau report said, the number of people in the U.S. without health insurance increased by 1.4 million. In 2002, 43.5 million were without health insurance, but in 2003, the number was 45 million.

3. a. Those without health coverage account for some 15.6 percent of the nation’s population, the Census Bureau reported.

4. True. The report also showed that health insurance coverage declined even more sharply between women than men.

5. b. The number of individuals with employment-based coverage dropped by 1.3 million in 2003 and the share fell to 60.4 percent, the lowest in 10 years. At the same time, working families’ incomes fell between 2000 and 2003. The Economic Policy Institute (EPI), reported in 2004 that real income, adjusted for inflation, fell $1,535 for a typical middle-class household between 2000 and 2003. This means that while more working class families were more likely to have to pay for their own insurance, they were less able to afford it.

6. d. Eight out of ten uninsured are in working families.

7. False. The uninsured don’t fit any stereotype. They come from every community, every walk of life, every race and ethnic group, every income level.

8. True. People who have coverage can’t necessarily count on keeping it. A person could have good coverage today, none at all in six months from now, then regain coverage a few months later. Nearly 85 million people lacked coverage at some point between January 1, 1996 and December 31, 1999.

“The Right to Health Care - Safeguard of Human Life and Dignity,” Catholic Conference of Kentucky
Alliance for Health Reform, www.CoverTheUnInsured.org/Materials, 2004

For the 2004 “Cover the Uninsured Week,” Cardinal Francis George, the archbishop of Chicago, re-issued a statement on access to health care. After discussing problems that persist a decade later, Cardinal George stressed that “God’s commandment to protect human life calls us to develop a vision of care for the sick throughout all of life.” He said that this responsibility is incumbent on society as a whole including health care institutions and business as well as individual citizens. Cardinal George also called on legislators at all levels of government to attempt once more to “fashion policies and legislation access to basic health care for all people.” He urged health care institutions “to keep the safety net available until such a change occurs.”

CST and Health Care

Health Care is a Right

“Beginning our discussion of the rights of the human person, we see that everyone has the right to life, to bodily integrity, and to the means which are suitable for the proper development of life; these are primarily food, clothing, shelter, rest, medical care, and finally the necessary social services. Therefore a human being also has the right to security in cases of sickness, inability to work, widowhood, old age, unemployment, or in any other case in which one is deprived of the means of subsistence through no fault of one’s own.”

Pope John XXIII, Peace on Earth, 1963, #11

How will we address the growing number of families and individuals without affordable and accessible health care? How can health care better protect human life and respect human dignity? . . . Affordable and accessible health care is an essential safeguard of human life, a fundamental human right, and an urgent national priority. We need to reform the nation’s health care system, and this reform must be rooted in values that respect human dignity, protect human life, and meet the needs of the poor and uninsured. With tens of millions of Americans lacking basic health insurance, we support measures to ensure that decent health care is available to all as a moral imperative. We also support measures to strengthen Medicare and Medicaid as well as measures that extend health care coverage to children, pregnant women, workers, immigrants, and other vulnerable populations. We support policies that provide effective, compassionate care that reflects our moral values for those suffering from HIV/AIDS and those coping with addictions.


Called to be Advocates

“Christian people have a responsibility to actively participate in the shaping and executing of public policy that relates to health care.”


“[T]he biblical mandate to care for the poor requires us to express this in concrete action at all levels of Catholic health care. This mandate prompts us to work to ensure that our country’s health care delivery system provides adequate health care for the poor. In Catholic institutions, particular attention should be given to the health care needs of the poor, the uninsured, and the underinsured.”


“Through Health Care, Healing and Compassion

“The mystery of Christ casts light on every facet of Catholic health care: to see Christian love as the animating principle of health care; to see healing and compassion as a continuation of Christ’s mission; to see suffering as a participation in the redemptive power of Christ’s passion, death, and resurrection; and to see death, transformed by the resurrection, as an opportunity for a final act of communion with Christ.”

For Further Reflection on CST and a Healthy Society

Seven basic themes from Catholic Social Teaching with a relevance to healthcare:

1. Human dignity. This is the primary social teaching, on which everything else builds. The dignity of the person, of course, provides the check, the tool of evaluation, regarding all delivery of health care and all medical practices.

2. Rights. Flowing from the dignity of persons in society are human rights. In *Pacem in Terris*, Pope John XXIII outlined the basic rights of every person—legal and political, social and economic (echoing the Two Covenants of the United Nation’s Universal Declaration of Human Rights). On the pope’s list was the basic right to medical care. At the end of March 1983, the U.S. President’s Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research (chaired by Morris Abrams, former President of Brandeis University) concluded that society at large has an ethical obligation to ensure equitable access to healthcare for all citizens. The increasingly complex issue of access is an issue of rights.

3. Participation. The Church’s social teaching stresses the rights of people to have a say in decisions that affect them. We must reflect participation by workers, patients, and community representatives (including the poor) in healthcare delivery decisions.

4. The option for the poor. The ancient Christian tradition—rooted in the teaching and example of Jesus and in the prophets of the Jewish scriptures—is giving a “preferential but non-exclusive option for the poor.” This provides us with a fundamental criterion for evaluating any health-related plan or policy: what is happening to the poor? (For example, Catholic healthcare ministry in the United States was founded primarily to meet the needs of the poor. How do we respect these roots?)

5. Workers. From *On the Condition of Labor* (*Rerum Novarum*) in 1891 to the present, CST has been concerned with the right of workers to organize into unions and to bargain collectively with management as well as to receive health care. How do we respect this concern today?

6. Social order. “Holistic” is a good adjective to describe CST’s perspective on society. Economics, politics, and culture are closely interrelated in this perspective. Hence health care, ministering to the whole person, must take account of the total environment within which the person lives.

7. Common good. A basic tenet of the Church’s social teaching, echoing the teaching of Thomas Aquinas, has always been the importance of the common good—that set of conditions wherein individual persons can achieve full humanity. A public authority, the government, is necessary to coordinate efforts to promote the common good. In Christian political thought, then, the government is not seen as a minimal entity. How do we contribute to government policies which promote health as an important aspect of the common good?