

# Health and Catholic Social Teaching

“Health care,” the U.S. bishops explain in their 1993 document on health care reform, “is more than a commodity; it is a *basic human right*, an essential safeguard of human life and dignity.” According to Catholic Social Teaching, health care is a right, flowing from humankind’s creation in the image and likeness of God, and this right is integral to the development of the human person. In the *Compendium of the Social Doctrine of the Church*, published in December 2004, the Pontifical Council for Justice and Peace emphasizes that “respect for and the integral promotion of the person and his fundamental rights,” including health care, must be a focus of national policies. “The principle of the universal destination of goods,” the Council explains, “requires that the poor, the marginalized and in all cases those whose living conditions interfere with their proper growth should be the focus of particular concern.” The “demands of the common good,” the Council continues, necessitate that the basic rights of persons in every country, such as health care, must be met. As faithful citizens, we must work to meet the needs of those without health care in the U.S., while we also have an obligation, out of “awareness of the duty to solidarity, justice and universal charity,” to address “the causes that greatly contribute to underdevelopment and poverty,” including lack of access to healthcare.

## Overview of this resource:

1. Page 2 provides a short introduction, highlighting some basic facts on children and health, followed by a short article describing the perspectives of the Bill and Melinda Gates Foundation and Pope John Paul II on health.
2. Test your or your participants’ knowledge about health care in the U.S. with the quiz on page 3. Then, learn the facts about the realities of health care in the U.S. on page 4.
3. Page 5 summarizes the Catholic perspective on health care, a perspective based on the rights and dignity of the human person, one that calls us to advocacy, and grounded in the desire to imitate Christ’s compassion and healing ministry.
4. Each of the basic CST principles can easily relate to health care. Page 6 provides a summary of these principles.



## Prayer for Children’s Health

O Christ,  
Who gathered the children to your self,  
Bring healing to those small, frail and vulnerable.

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

Forgive our silence,  
Our lack of compassion and action for these innocent victims.  
Increase our love for children and consecrate this compassion.

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 on Children's Health

- 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, Cover the Uninsured, 2007)
- More than 10 million children around the world die by their fifth birthday because they do not have access to proper nutrition, medication, or vaccines. (Source: WHO, 2006)
- 27 million children are not vaccinated against the most common childhood diseases, like measles and tetanus. Between 2-3 million children die each year from these and other preventable diseases for which vaccinations already exist. A much greater number of children fall sick due to these diseases, missing school. Studies have found that these children are more likely to experience continued poverty in adulthood. A child can be fully immunized for only \$30. (Source: The GAVI Alliance, 2007)
- There were 2.3 million children living with HIV around the world at the end of 2006, with nine out of ten of these children from Sub-Saharan Africa. Over half a million children became newly infected in 2006. Every hour, forty children die as a result of AIDS. (Sources: UNAIDS/WHO, Dec. 2006 and UNICEF 2004)

### Working for Justice in Health Care

The Bill and Melinda Gates Foundation has given \$1.9 billion in grants for work to fight HIV/AIDS and Tuberculosis since 1994. One focus of the grants has been for "promising but overlooked medical research targeted at diseases most prevalent in poor and underdeveloped countries," according to Bill Gates. The gifts are 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.

Catholic Social Teaching insists that products and services essential to life – food, health care, medicine, etc. – not be left to the free market. To abandon them to the market is 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." (Pope John Paul II, *Centesimus Annus*, # 34)

*"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

### Discussion Questions

What kind of spiritual compassion 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 this compassion?

In *Centesimus Annus* and other documents, Pope John Paul II emphasized both personal sensitivity and structural reform. After reading his reflections (above and in the left column) and considering the health care facts on children above, discuss how structural reform (reform of systems and structures, both private and governmental, formal and informal) would make a difference in the lives of the millions of children who have become the grim statistics of health reports.



## 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. 44 million
2. **True or false? The percentage of uninsured persons in the U.S. is decreasing each year as society progresses.**
  - a. True
  - b. False
3. **True or false? The elderly are the population most likely to be uninsured.**
  - a. True
  - b. False
4. **Those without health coverage account for \_\_\_\_\_ of the nation's population.**
  - a. 15 percent
  - b. 22 percent
  - c. 1 percent
  - d. 7 percent
5. **True or false? Women are more likely to be "under-insured" than men.**
  - a. True
  - b. False
6. **Has the percentage of individuals with employment-based coverage increased or decreased in the past decade?**
  - a. increased
  - b. decreased
7. **\_\_\_\_\_ of the uninsured are in working families.**
  - a. One quarter
  - b. Half
  - c. Two thirds
  - d. Eight out of ten
8. **True or false? Most of the uninsured are from inner city communities and are predominantly African Americans who make below \$25,000 a year.**
  - a. True
  - b. False
9. **True or false? For some people, insurance is very erratic, fluctuating depending on their job and life situation.**
  - a. True
  - b. False



## Health Care in the United States: Quiz Answers

1. **d.** Nearly 44 million people lacked health coverage in 2006, according to the U.S. Centers for Disease Control and Prevention. This is 14.8 percent of the U.S. population. (CDC, 2007)
2. **b. False.** The percentage of the total U.S. population who are uninsured is actually at the second highest level as a percentage of the population since 2001. (CDC, 2007)
3. **b. False.** In the U.S., persons over 65 are eligible for Medicare. Thus, almost all uninsured persons are working age adults and children.
4. **a.** Those without health coverage account for some 14.8 percent of the nation's population. If persons over 65 are not included, the uninsured rate is actually 16.8% for people under 65. (CDC, 2007)
5. **a. True.** 16% of women are underinsured, meaning they have high out-of-pocket costs compared to their income, while only 9% of men are underinsured. Although the uninsurance rate is less for women than for men (13.1% vs. 16.7%), the high cost of health care services and premiums forces more women, even insured women, to go without needed care. 33% of insured women and 68% of uninsured women don't get the health care they need because they can't afford it. In contrast, 23% of insured and 49% of uninsured men are avoiding care because of cost. (Commonwealth Fund, 2007)
6. **b.** The percentage of people with employment-based health coverage has been falling over the last decade, declining from 70 percent in 1987 to 59.5 percent in 2005. At the same time, the median income of working-age households has been falling since 2000, with a decline of .5% in 2005. 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. (National Coalition on Health Care, 2007, and Economic Policy Institute, 2006)
7. **d.** Eight out of ten non-elderly uninsured are from families where the head of households works. 58.7 percent of all uninsured working adults are employed full-time throughout the year. The rest are part time or part-year workers. (Employee Benefit Research Institute estimates from the March Current Population Survey, 2006 Supplement.)
8. **b. 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. However, non-white persons are more likely to be uninsured. One third of Hispanic Americans and 16% of African Americans are uninsured, while only 10.5% of white persons are. Also, lack of insurance is most common in families with low incomes. 53% of families with incomes under \$20,000 were uninsured at some point during 2006, and 41% of families making between \$20,000 and \$40,000 were uninsured. (CDC, 2007, Commonwealth Fund, 2007)
9. **a. True.** People who have coverage can't necessarily count on keeping it. Although 43.6 million Americans were without health insurance at the time of CDC's survey in 2006, the number who experienced a lack of insurance at some point throughout the year was over ten million higher: 54.5 million. As people change jobs or ability to afford private insurance fluctuates, insurance for some people may indeed be extremely erratic. (CDC, 2007)

"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."

U.S. Conference of Catholic Bishops, *A Framework for Comprehensive Health Care Reform*, 1993



# Health Care from the Catholic Perspective

## Health Care is a Right

Catholic Social Teaching (CST) has long held that health care is a basic right. In 1963, Pope John XXIII named the right to medical care as necessary to “the proper development of life” in his encyclical, *Peace on Earth* (#11). In their 1993 document, *A Framework for Comprehensive Health Care Reform*, the U.S. Catholic Bishops explained how the “basic human right” of health care is “an essential safeguard of human life and dignity,” rooted in human creation in the image and likeness of God.

## Called to be Advocates

- In 1981, the U.S. Bishops wrote in *Health and Health Care*, “Christian people have a responsibility to actively participate in the shaping and executing of public policy that relates to health care.” They re-emphasized this idea in *A Framework for Comprehensive Health Care Reform*, noting that the injustices of the system required them to speak out:

Our constant teaching that every human life must be protected and human dignity promoted leads us to insist that all people have a right to health care. . . The existing patterns of health care in the United States do not meet the minimum standards of social justice and the common good. . . The current health care system is so inequitable, and the disparities between the rich and poor and those with access-and those without are so great that it is clearly unjust.

The bishops also noted their intention “to bring a *moral perspective* in an intensely political debate.”

- The U.S. Bishops’ *Ethical and Religious Directives for Catholic Health Care Services* expressed a similar sentiment in 2001: “[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.” *Faithful Citizenship*, in 2003, identified health care as an important question that Catholics should consider in future elections:

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.

## Healing and Compassion

From the Catholic perspective, health care and healing is an extension of Christ’s mission, and for Catholics, the health care system should be a ministry of healing and compassion. In *Ethical and Religious Directives for Catholic Health Care Services*, the U.S. Bishops wrote in 2001, “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.” Furthermore, the Pontifical Council of Peace and Justice remind us in the *Compendium of the Social Doctrine of the Church*, published in 2004, that it is “this love of preference for the poor, and the decisions which it inspires in us,” call us to “embrace the immense multitudes” of people in need, including “those without health care.”



## For Further Reflection on CST and a Healthy Society

*The seven basic themes from Catholic Social Teaching can be connected to health care in the following ways:*

1. **Human dignity.** This is the primary social teaching, on which all other teachings build. Respect for the dignity of the person provides the check, and gives a tool of evaluation regarding delivery of health care and 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 to health care 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. Participation by workers, patients, and community representatives (including the poor) should be reflected in healthcare delivery decisions.
4. **The Option for the Poor.** The 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. We should always consider the effects of plans and policies on the poor and whether the preferential option for the poor is being respected or forgotten.
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.
6. **Social order.** As Pope Pius XI emphasized in *Quadragesimo Anno* in 1931, the workings of society cannot be left to free enterprise alone. A society governed solely by the free market will leave many persons without their basic needs fulfilled. Christians have a responsibility to help the state reform the social order, to make it more just and fair, with the rights of all, including health care, fulfilled.
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.

\* Adapted from Peter J. Henriot’s “Building a Healthy Society: A Catholic Challenge of the Future,” in *Dimensions of the Healing Ministry*, Catholic Health Association of the U.S., 1989.

