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## Shared Advocacy for the Common Good National Health Care Reform

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I am grateful for the opportunity to offer these personal thoughts to conclude what, I trust, was a very informative and beneficial program for us all.

In the fourth chapter of the Acts of the Apostles, Saint Luke, patron of physicians and health care professionals, tells us, “*The community of believers was of one heart and mind .... With great power the apostles bore witness to the resurrection of the Lord Jesus, and great favor was accorded to them all....*” [Acts 4:32-33].

Our Annual CCK Health Care Summit today addressed the timely and truly vital theme of Advocacy for the Common Good, specifically the common good in health care reform.

We have gathered as Catholic health care leaders, providers and professionals, as Bishops, as CCK staff and committee members, all of us advocates for health care reform, consistent with Church social teaching and Catholic values, and all of us seeking to be faithful citizens.

The lack of health care for millions in our country is a moral failure of our society. “*Amen, I say to you, what you did not do for one of these least ones, you did not do for me*” (Matthew 25:45). The manner in which a society treats those marginalized and voiceless in its midst is the measure of that society’s moral character. Unfortunately, we Americans have not been doing well in regard to every person’s fundamental, moral right to health care. Each person, regardless of citizenship or documented status, solely because of her or his divinely created human dignity, has the right to essential health care services. We, as a society, have failed to balance the value triangle of health care: access, quality, and affordability.

This year we saw the passage of health care reform of historic proportions. Yet, the “*Patient Protection and Affordable Care Act*” is flawed in its moral foundation. “Patient Protection” for the most vulnerable among us fails to protect the unborn, its provisions fall short in protecting the immigrants living among us, and it promotes contraceptive services and education in school clinics. Furthermore, the affordability provisions seem to be unraveling even before they are fully implemented confronting workers and uninsured with escalating costs rather than affordable coverage.

In a joint statement by Cardinal DiNardo, Bishop Murphy, and Bishop Wester on behalf of their respective committees of the USCCB, describes this health reform legislation as a formidable challenge. Our responsibility to advocate on behalf of moral and just reform remains a grave responsibility for the Catholic community and Catholic health care institutions and professionals. We must embrace that which is good in the current legislation and advance vigorously those solutions that address the morally deficient provisions. Their joint letter of May 21, 2010 proffers a troubling prediction, “*.. failure to do so would only leave these genuine problems as ammunition for those who prefer the total repeal of the law.*”

We must maintain vigilance and an active engagement throughout legislative implementation as regulations and directives are being drafted and promulgated. The manner in which the legislative language is interpreted and defined by oversight agencies is a critical component in the legislative process. It is our responsibility and duty to clearly and unambiguously identify those elements with merit, while opposing and offering acceptable alternatives to those provisions that are morally flawed. Our duty, our moral imperative is to frame the issues and offer viable solutions to a better and more faithful path for health care reform.

The Catechism of the Catholic Church defines ‘conscience’ in these words: “**Conscience is a judgment of reason whereby the human person recognizes the moral quality of a concrete act that he is going to perform, is in the process of performing, or has already completed ... man is obliged to follow faithfully what he knows to be just and right**” (CCC 1778). Approaching this task of reforming the reform must be accomplished with a well-formed conscience, consistent with the truth of Sacred Scriptures, the Traditions of the Church, and in unity with the Magisterium. Failure to do so makes our judgments and actions erroneous.

The revisions we must promote must necessarily be formed in accordance with the virtue of prudence. Prudence enables us “**to discern our true good in every circumstance and to choose the right means of achieving it**” (CCC 1806). Prudence should direct our discernment of available alternatives, choose appropriate actions, and act decisively. Courage must accompany prudence. Good ends do not justify immoral means. Seeking the common good we must defend the dignity, rights, and responsibilities of all human persons and the inviolability of human life from natural conception to natural death. Not all possible courses of action are morally acceptable.

“**Catholics are called to make practical judgments regarding good and evil choices in the political arena**” (USCCB Forming Consciences for Faithful Citizenship, #21). Ours counsel must always be guided by the fundamental moral principle to “**do good and avoid evil.**” The current legislation does not comport with this principle. The moral flaws must be revoked and replaced with ethically and morally appropriate provisions. It is our duty and our responsibility as Church leaders, Catholic health care professionals, and as faithful citizens to become fully engaged in this endeavor to reform the reform.

Many of the elements in the Patient Protection and Affordable Care Act do provide for the advancement of the common good. The expanded coverage options, income-based federal subsidies, the insurance exchanges, the prohibition against buying insurance due to pre-existing conditions, the elimination of lifetime limits of coverage, the affirming provisions supporting pregnant woman and teens, the promotion of adoption as an option, and the reimbursement support for end-of-life counseling - all support increased access and benefit to all in our society with special impact for those who are often marginalized and forgotten in society. The provision for “**bundled reimbursement**” promotes the integration, collaboration, and coordination of the current fragmented and compartmentalized delivery of health care services. Certainly, there are serious concerns and potential pitfalls even in these very positive provisions that must be scrutinized during the implementation process, but they do signify good, moral progress toward the common good, rectifying many faults in our current health care environment. Through our vigilance and advocacy, much good can be achieved.

The moral flaws must be corrected. This is a moral imperative! The Hyde and Weldon Amendments, prohibiting funds to pay for abortions and the protection of health care institutions and professionals by recognizing the right to objections of conscience must be codified into law. The President’s Executive Order has neither the force nor permanency of Federal Law. The legislative provision to segregate private funding for abortion coverage under otherwise subsidized benefit plans is no more than a slight-of-hand trick, a “wink and a nod”, to the subsidization for the intrinsically evil act of taking innocent life. This legislative flaw must be rectified definitively. Dispensing of contraceptive drugs and devices as well as sex education that teaches “**safe sex**” under federal subsidy is also a morally flawed provision of this legislation; it too must be definitively rectified. The notification prohibition imposed on insurance from disclosing to purchasers the inclusion of elective abortion coverage in the “**summary of benefits and coverage**” is also a grave moral violation of the principle of informed consent. Expanded eligibility and coverage for “family planning”, originally defeated in the *Economic Stimulus Legislation*, is now included under the Medicaid reforms; the methods and counseling of this provision are morally wrong. This reform permits the continuation of state provisions to fund elective abortion but fails to address and sustain the current state initiatives that promote counseling, fully informed consent, and parental notifications for abortion procedures. This absence of direct support for these precautions is highly suspect and opens the door for regulatory implementation contrary to authentic moral principles. Addressing these, among other serious moral flaws, requires our shared advocacy and unity of effort.

Legislative language in the “*Patient Protection and Affordable Care Act*” also leaves us with many unknowns. The “*essential health benefits*”, “*preventive services*”, and “*advance directives*” are all potentially good provisions but lack precise definitions. These will all be defined in detail during the implementation process and must be carefully, even painstakingly tracked to assure that unacceptable provisions are not written into the regulations. We must not allow the sincere desire to achieve “*the greater good*” of making progress on health care reform to lull us into a posture that neglects our moral obligations. Unity and diligence must characterize our advocacy and actions to pursue ethically and morally appropriate reforms to the reform.

Disunity among the various Catholic voices does not, cannot and will not serve the pursuit of truth and right judgments in reforming the reform. “*The community of believers was of one heart and mind...*” [Acts 4:32]. We must always honor and respect differing points of view, but the characterization that “*some Catholics*” disagree with this version of health care reform, referring to the United States Conference of Catholic Bishops, fails fundamentally to honor the role of the Episcopal conference and the authority of the Church’s social doctrine. We, as Catholic advocates, must respect the tenants of our faith and engage the political process with one heart and mind. The Catechism teaches, “*Personal conscience and reason should not be set in opposition to the moral laws or the Magisterium of the Church*” (CCC 2039). Particularly on the morally flawed provisions of this reform, we as Catholic Church leaders, health professionals, and health care reform advocates must be united in seeking the truth and setting the morally correct course in reforming the reform.

A recent Rasmussen poll suggests that 53% to 63% of American voters now favor the repeal of the “*Patient Protection and Affordable Care Act*”. The Bishops’ position, as we have heard, is that our current efforts should focus on finding solutions to the moral flaws, advocate in the political process, and encourage legislation by Congress. We need to eliminate the flaws, while retaining all that is good. The recent election results suggest a policy window of opportunity for a mulligan, a “*do over*”, we have an opportunity to correct errors and reconcile the moral character of health care reform.

Saint Augustine taught, “Wrong is wrong, even if everyone is doing it. Right is right, even if no one is doing it.” We must unite in our efforts as Church leaders, health care leaders and professionals, and Catholic advocates for fair and just reform to the reform. Our society desires and deserves reform that

- respects human life and dignity
- offers access for all with special concern for the poor including immigrants
- respects the freedom of conscience with a variety of options
- restrains costs applied equitably across the spectrum of payers

Saint Luke’s description of the community of believers that introduced these reflections remains a goal and a serious challenge for us today as we engage in advocacy for the common good: “*The community of believers was of one heart and mind .... With great power the apostles bore witness to the resurrection of the Lord Jesus, and great favor was accorded to them all....*” [Acts 4:32-33]. Thank you.