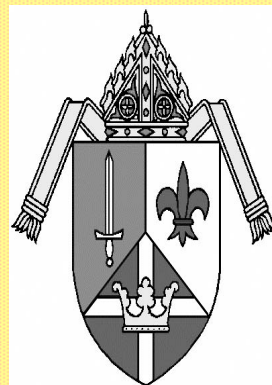


# Health Care is a Moral Right, a Safeguard of Human Life

*"I was ill and you cared for me" - Mt. 25:36*



December 2005

## Health Care is a Moral Right, a Safeguard of Human Life

*"I was ill and you cared for me" (Mt 25:36)*

All persons have a moral right to basic physical and behavioral health care. Access to basic health care is a fundamental human right, necessary for the development and maintenance of life and for the ability of human beings to realize the fullness of their dignity.

A fundamental measure of our society is how we care for the poor and vulnerable. It is not acceptable that millions of people in our country and hundreds of thousands in Kentucky do not have access to affordable health care. We need a new commitment in our nation and our Commonwealth to insure access to affordable health care for all in a way that reflects a priority concern for the poor.<sup>1</sup>

### **The Church's Teaching**

For the Catholic community, health and the healing ministry are rooted in the biblical vision to heal persons who are sick, with special protection of people who are poor and needy, as well as the demands of social justice and the duty to promote the common good, the good of all people and the whole person.

“The Church has always sought to embody our Savior's concern for the sick. The gospel accounts of Jesus' ministry draw special attention to his acts of healing: he cleansed a man with leprosy (Mt 8:1-4; Mk 1:40-42); he gave sight to two people who were blind (Mt 20:29-34; Mk 10:46-52); he enabled one who was mute to speak (Lk 11:14); he cured a woman who was hemorrhaging (Mt 9:20-22; Mk 5:25-34); and he brought a young girl back to life (Mt 9:18, 23-25; Mk 5:35-42). Indeed, the Gospels are replete with examples of how the Lord cured every kind of ailment and disease (Mt 9:35). In the account of Matthew, Jesus' mission fulfilled the prophecy of Isaiah: ‘He took away our infirmities and bore our diseases’ (Mt 8:17; cf. Is 53:4).”<sup>2</sup>

Pope John XXIII in his encyclical *Peace on Earth*<sup>3</sup> identified a charter of human rights beginning with the right to life. *Peace on Earth* taught that health care was a basic right of humans flowing from the sanctity and dignity of human life. Health care is instrumental in safeguarding the right to life.

Pope John Paul II focused on the need for health care to be available and affordable to humans in his encyclical *On Human Work*.<sup>4</sup> Further he recognized that as people we are responsible for the

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<sup>1</sup> See the Statement of the Catholic Bishops of the United States, Framework for Comprehensive Health Care Reform (1993).

<sup>2</sup> General Introduction, United States Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*, Fourth Edition 2001.

<sup>3</sup> *Peace on Earth* (April 11, 1963): “Man has the right to live. He has the right to bodily integrity and to the means necessary for the proper development of life, particularly food, clothing, shelter, medical care, rest, and, finally, the necessary social services. In consequence, he has the right to be looked after in the event of ill health; disability stemming from his work; widowhood; old age; enforced unemployment; or whenever through no fault of his own he is deprived of the means of livelihood.” (11).

<sup>4</sup> *On Human Work* (September 14, 1981): “Besides wages, various *social benefits* intended to ensure the life and health of workers and their families play a part here. The expenses involved in health care, especially in the case of accidents at work, demand that medical assistance should be easily available for workers, and that as far as possible it should be cheap or even free of charge.” (19).

society we create and we must work to remove social barriers that are unjust or impede the common good. Pope John Paul II identified structural injustice or social sins as “certain situations or the collective behavior of certain social groups” that are “the result of the accumulation and concentration of many personal sins.” He condemned such “social evil” and “appealed to the consciences of all, so that each may shoulder his or her responsibility seriously and courageously in order to change those disastrous conditions and intolerable situations.”<sup>5</sup>

The 1993 Statement of the Catholic Bishops of the United States, *Framework for Comprehensive Health Care Reform* reiterated the bishops' "constant teaching that each human life must be protected and human dignity promoted" and their insistence that all people have a right to health care. It found that the “existing patterns of health care in the United States do not meet the minimal standard of social justice and the common good. ...The principal defect is that more than 35 million persons do not have guaranteed access to basic health care. ...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.”

In 2005, the injustice has increased, as over 45 million persons do not have guaranteed access to basic health care. The lack of access to affordable health care for so many children and adults in our country and in Kentucky is a structural injustice that harms people and undermines the common good. “The responsibility for attaining the common good, besides falling to individual persons, belongs to the State, since the common good is the reason that the political authority exists.”<sup>6</sup> Like Pope John Paul II, we appeal to the consciences of all, so that each may shoulder his or her responsibility courageously in order to change the unjust conditions.

### **Principles for Reform**

In the debate over health care, we continue to use as our guide the principles for public policy and the criteria for reform from the 1981 pastoral letter of the American Bishops, *Health and Health Care*, and the 1993 Statement of the Catholic Bishops of the United States, *Framework for Comprehensive Health Care Reform*. We affirmed these in our 1992 CCK Statement, *Essential Criteria for Systematic Health Care Reform*. A summary of the criteria for health care reform we apply to public policy proposals out of our faith’s concern for the health of our neighbors in need is:

- 1) **Respect for Life** - preserving and enhancing human life from conception to natural death.
- 2) **Priority Concern for the Poor** - giving special priority to health care needs of the poor, ensuring that their health care is quality health care.
- 3) **Universal Access to Comprehensive Benefits** - providing universal access to comprehensive benefits sufficient to maintain and promote good physical and behavioral health.
- 4) **Pursuing the Common Good and Preserving Pluralism** - allowing and encouraging the involvement of all sectors, including the religious and voluntary sectors, in all aspects

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<sup>5</sup> *Post-Synodal Apostolic Exhortation Reconciliation and Penance of John Paul II to the Bishops, Clergy and Faithful on Reconciliation and Penance in the Mission of the Church Today*, December 2, 1984. (16).

<sup>6</sup> *Compendium of the Social Doctrine of the Church* (2004). (168).

of health care, ensuring respect for the ethical and religious values of consumers and providers.

- 5) **Cost Containment and Controls** - creating effective cost-containment measures that reduce waste, inefficiency, and unnecessary care and establish incentives to users and providers to make economic use of limited resources and to control rising costs of competition, commercialism, administration and legal costs.
- 6) **Equitable Financing** – financing the delivery of basic comprehensive services through a formula that is based on ability to pay and assures full access to care for the poor and vulnerable.
- 7) **Quality** – establishing and using standards for evaluating and improving outcomes and ensuring appropriateness of health services.

Health care is a responsibility of our society.<sup>7</sup> Health care is the responsibility of each individual, every family, employers, communities, health care providers, health care facilities, and state and federal governments share in the responsibility to insure health care for all and to safeguard human life.<sup>8</sup>

Respect for the right of individuals to participate in their own health decisions requires that health care providers assist the individual to understand to the best of his/her ability, his/her specific condition and the courses of events that would be expected with and without the possible treatments available. All individuals have these rights regardless of literacy with the English language and cognitive ability.

Given the political environment and economic challenges, prudence dictates an incremental approach to reforming health care. An initiative embraced by the Catholic Health Association in 2004 acknowledges this challenging dynamic but presses for reform in coverage for children, assistance to small employers insuring their employees, and tax credits or subsidies for individuals purchasing health insurance.<sup>9</sup>

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<sup>7</sup> The *Catechism of the Catholic Church* (2d edition), Section 2288 states: “Life and physical health are precious gifts entrusted to us by God. We must take reasonable care of them, taking into account the needs of others and the common good. *Concern for the health* of its citizens requires that society help in the attainment of living-conditions that allow them to grow and reach maturity: food and clothing, housing, health care, basic education, employment, and social assistance.”

<sup>8</sup> See Catholic Health Association’s *Guidelines for Medicaid Reform for the 108<sup>th</sup> Congress* state: “Societal Responsibility. The promotion, maintenance, and enhancement of health is a social good with societal responsibility shared by individuals, families, health care providers, voluntary agencies, employers, and government. Medicaid must be strengthened in a manner that encourages and promotes individual responsibility for health through education, preventive services, and informed decision making.”

<sup>9</sup> See Fr. Michael D. Place, “The Health Care Crisis,” *America* (December 13, 2004). Fr. Place terms the 45 million uninsured as “unconscionable,” and says there is a “moral imperative that obliges Catholic health ministry to seek to change the deplorable conditions that allow millions of our neighbors to live without health coverage.” He indicates that the Catholic Health Association and the American Hospital Association have developed a proposal to cover 27 million additional people in the short term while there is work to achieve long term initiatives by fostering “a social movement that will leave no political choice except to bring about the necessary changes....” The CHA initiative crafted in collaboration with the American Hospital Association was outlined by Fr. Place in March 22, 2004 testimony before the United States House of Representatives Ways and Means Subcommittee on Health that was entitled, “THE NATIONAL TRAGEDY OF NEARLY 44 MILLION UNINSURED.” He said, “CHA has chosen to pursue a strategy that works toward our goal in intentional and sequential steps.” The three key components to the AHA/CHA proposal to expand health insurance coverage are: 1) mandatory children’s coverage; 2) small employer premium subsidies/tax credits; and 3) premium subsidies/Tax credits for individuals.

## **Catholic Health Care in Kentucky**

Health care services are of particular significance for the Catholic Church in Kentucky because they are integral to our faith's healing ministry. The Church is also a major provider of health care services through many organizations, and is a major purchaser of health care insurance for its employees. Care by Catholic hospitals, long term care facilities and health agencies in Kentucky, is done with much moral muscle. This care reveals God's grace in ordinary, daily events, especially through the healing ministries. The *way* the care is provided reveals the Catholic identity. "Solidly rooted in charity, Christian health care institutions continue Jesus' own mission of caring for the weak and the sick."<sup>10</sup>

Catholic health care is an important element of the health care delivery system that people in Kentucky rely on every day. Catholic hospitals and nursing facilities provide a range of services to Kentucky citizens, including inpatient and outpatient care, home health, skilled nursing, hospice, low-income housing, psychiatric care and assisted living. Catholic health care in Kentucky comprises: 17 acute care hospitals; 30 long-term care nursing facilities; and many other Catholic-sponsored service organizations including hospice, home health, assisted living, and senior housing. Catholic health care ministries have a long history of serving those in need and speaking for those whose voices often go unheard. Catholic health ministry is committed to providing quality health care to all people in our communities and to using our resources to the greatest community benefit. The ministry is committed to serving those who have the least access to health care services and who are the most in need. Each year, Catholic hospitals in Kentucky provide inpatient care to thousands of Medicare and Medicaid beneficiaries, and to thousands of the medically indigent. Catholic facilities annually provide significant charity care in the tens of million dollars for which there is no reimbursement. Catholic health care is also a significant employer in Kentucky.

We encourage, wherever possible, that parishes establish Health and Wellness Ministries to assist parishioners and their families to take responsibility for their own health by providing educational opportunities, by promoting skills for communicating with health care providers, and by providing opportunities for health care monitoring such as blood pressure screening.

We are grateful for Kentucky's Catholic health care institutions, for their leaders and staff, for their service to the community and for their commitment of care to the health of Kentuckians. We seek to insure that this health care service is continued so that human life is safeguarded.<sup>11</sup>

## **Medicaid and Kentucky Children's Health Insurance Program**

Through a system of shared federal and state responsibility, our national and state governments have long been committed to meeting the basic health care and long-term care needs of low-

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<sup>10</sup> Pope John Paul II, Message of the Holy Father for the World Day of the Sick for the Year 2002. (4).

<sup>11</sup> "In faithful imitation of Jesus Christ, the Church has served the sick, suffering, and dying in various ways throughout history. The zealous service of individuals and communities has provided shelter for the traveler; infirmaries for the sick; and homes for children, adults, and the elderly. In the United States, the many religious communities as well as dioceses that sponsor and staff this country's Catholic health care institutions and services have established an effective Catholic presence in health care. Modeling their efforts on the gospel parable of the Good Samaritan, these communities of women and men have exemplified authentic neighborliness to those in need (Lk 10:25-37). The Church seeks to ensure that the service offered in the past will be continued into the future." General Introduction, the United States Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*, Fourth Edition 2001.

income Americans through Medicaid and, more recently, for children through Kentucky Children's Health Insurance Program (KCHIP). Kentucky must be accountable for the efficient expenditure of federal and state funds. The shared responsibility should continue and Kentucky and the federal government should provide the funding to insure health care for the poor adults and children. In order to safeguard the health of children and poor people, Medicaid and KCHIP should be strengthened. The federal and state governments must continue to fulfill their role in guaranteeing health care for the poor through Medicaid by providing the necessary resources as a priority. "The State of KY should seek and maintain revenues sufficient to meet the basic needs of all, especially the poor and vulnerable."<sup>12</sup> Medicaid should provide preventative care, smoking cessation treatment, and substance abuse treatment. With 44% of births in Kentucky covered by Medicaid, preventative health care for a pregnant woman is critical to nurture not only her health but also the health of the unborn. Preventative health honors the dignity of the person and promotes the common good as it reduces health care costs in the future.<sup>13</sup>

### **Health Care for Persons without Health Insurance**

In Kentucky, over 100,000 children are uninsured<sup>14</sup> and a total of 577,650 people lack health insurance.<sup>15</sup> Nationally, over 45 million children and adults do not have health insurance.

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<sup>12</sup> Statement of Kentucky's Catholic Bishops, *Principles of Taxation, Allocation of Revenue, Contributing to the Common Good* (August 24, 2004). That Statement further explained, "Effective stewardship of resources is always of concern to any branch of government, but even the most careful management of resources cannot overcome a fundamental lack of income. As do prudent families, the State of KY should maintain savings for periods when revenues are less than needed. Tax cuts, while popular, should result from a reduction in revenue needs, not as a result of providing favors for special interests."

<sup>13</sup> See, e.g., *Public Alcohol/Drug Treatment Reduces Future Medical & Psychiatric Costs in Washington State*, Washington State Department of Social & Health Services (April 2004) found at: <http://www1.dshs.wa.gov/word/hrsa/dasa/fsPADT1002.doc>. The findings of this study found: Providing treatment to substance abusing pregnant mothers reduces health care costs of their drug exposed infants; medical costs found to be dramatically reduced after addicted SSI recipients received chemical dependency treatment; persons with co-occurring disorders (chemical dependency & mental health) had lower medical and psychiatric costs after treatment; persons involuntarily committed to chemical dependency treatment had decreased medical and psychiatric costs in year after discharge; health care costs savings continued five years after treatment; significant cost savings are realized when addicted indigent persons are provided chemical dependency treatment.

<sup>14</sup> See Kaiser Family Foundation's statehealthfacts.org. *Kentucky: Health Insurance Coverage of Nonelderly Uninsured by FPL, states (2003-2004), U.S.* (2004) which estimates uninsured children under 18 at 101, 220 and Debra Miller and Lacey McNary, "Uninsured in Kentucky," *Kentucky Youth Advocates*, September 2005 which estimates uninsured children at 109,00. This report indicates that 11% of Kentucky's children are without health insurance, including 27,000 children five years or under.

<sup>15</sup> See Kaiser Family Foundation's statehealthfacts.org. *Kentucky: Health Insurance Coverage of Nonelderly Uninsured by FPL, states (2003-2004), U.S.* (2004). Forty percent or 233,880 are persons under 100% of the federal poverty level. Seventy percent or 404,090 are low income persons under 200% of the federal poverty level. The federal poverty level for a family of three is \$15,067 in 2004. The 577,650 is 14% of the 4,065,700 Kentuckians. Nationally, 45,820,480 or 16% are uninsured. People who lack health insurance are far less likely to receive basic health care services, and are generally in poorer health as a result. They may delay seeking needed medical care and filling prescriptions, or have trouble paying medical bills while meeting other essential needs such as food, housing and utilities. The uninsured receive less preventive care, are diagnosed at more advanced disease stages, and once diagnosed, tend to receive less care. Babies whose mothers are low-income and uninsured are 60% more likely to die in infancy. The Institute of Medicine estimates that 18,000 Americans die unnecessarily each year due to the lack of health insurance coverage. The Kentucky Health Insurance Research Project of the UK Center for Rural Health, Kentucky Long-Term policy Research Center and UK Survey Research Center found that Kentuckians who are uninsured report, found at [www.kltprc.net](http://www.kltprc.net), that cost is an obstacle to treatment at a rate much higher than those who are insured. Seventy per cent of the uninsured reported that in the last year they were sick but did not seek care; 54% skipped a test; 53% did not fill a prescription; 42% did not see specialist; 65% had a problem paying a medical bill; 46% were contacted by a collection agency; 45% changed their way of life to pay medical bills; 33% used up all or most of their savings; 29% borrowed money from family or friends, 23% were unable to pay for basic necessities; 9% had to get a loan or another mortgage; 9% declared bankruptcy. It was concluded that the uninsured in Kentucky suffer health and economic costs due to lack of health insurance and are more likely to

Affordable and accessible health care for those not covered by Medicaid is an essential safeguard of human life, a fundamental human right, and an urgent state and national priority. Reform of the state's and nation's health care system rooted in values that respect human dignity, protect human life, and meet the needs of the poor and uninsured is a moral imperative.<sup>16</sup>

### **A New Commitment to Health Care Needs**

“Health care is more than a commodity; it is a basic *human right*, an essential safeguard of human life and dignity. We believe our people's health care should not depend on where they work, how much their parents earn or where they live...In our view, the best measure of any proposed health care initiative is the extent to which it combines universal access to comprehensive quality health care with cost control, while ensuring quality care for the poor and preserving human life and dignity....This is a major political task, a significant policy challenge, and a moral imperative.”<sup>17</sup>

*The Ethical and Religious Directives for Catholic Health Care Services* (Fourth edition 2001) confirm service to and advocacy on behalf of the marginalized as integral to the mission of Catholic institutions in the field of health care ministry.<sup>18</sup> In this spirit, we urge Catholics, people of good will and our national and state leaders to look beyond special interests and partisanship and to unite our state and nation in a new commitment to meet the basic physical and behavioral health care needs of our people, especially the poor and vulnerable, pregnant women, the mentally ill, mentally retarded, children and adults in low-income families, the elderly, the disabled, immigrants and the undocumented. This effort acknowledges the moral right of all to healthcare, that health care is a safeguard of human life, and our obligation to work toward healthcare for all.

Adopted on December 6, 2005 by the Catholic Conference of Kentucky  
+Archbishop Thomas C. Kelly, O.P. – Archdiocese of Louisville  
+Bishop John J. McRaith – Diocese of Owensboro  
+Bishop Roger J. Foys – Diocese of Covington  
+Bishop Ronald W. Gainer – Diocese of Lexington

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be in fair of poor health, more likely to forgo medical services because of cost, and more likely to suffer financial hardship due to medical bills.

<sup>16</sup> USCCB's Faithful Citizenship: A Catholic Call to Political Responsibility (September 2003).

<sup>17</sup> Statement of the Catholic Bishops of the United States, *Framework for Comprehensive Health Care Reform* (1993).

<sup>18</sup> Directive 3, United States Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services, Fourth Edition 2001* states: “In accord with its mission, Catholic health care should distinguish itself by service to and advocacy for those people whose social condition puts them at the margins of our society and makes them particularly vulnerable to discrimination: the poor; the uninsured and the underinsured; children and the unborn; single parents; the elderly; those with incurable diseases and chemical dependencies; racial minorities; immigrants and refugees. In particular, the person with mental or physical disabilities, regardless of the cause or severity, must be treated as a unique person of incomparable worth, with the same right to life and to adequate health care as all other persons.”