HEALTH CARE

"I have come that men may have life and may have it more abundantly" (John 10:10).

Every person is a mysterious and amazing triad of spirit, body and mind. The health needs of the individual must be considered in light of his or her spiritual, physical and psychological characteristics. A weakness in one of these areas creates a tendency toward ill health in one or both of the others. The whole person is far greater than the sum of individual parts, and to approach an individual merely in terms of one of these segments of his personhood compromises human dignity.

The Church gives high priority to health. It is a highly visible and unique witness in the health apostolate. As Church, we believe that every human being has a right to the pursuit of health and that health involves the total well-being of the person. The meaning of "health" goes far beyond the absence of disease or bodily malfunction. Health refers to the quality of life based on the sanctity of life. It refers to the functioning of a physical organism. In its larger meaning it included confidence and trust, hope, meaning and value: the sense of having a purposeful existence for oneself, one's family and society.

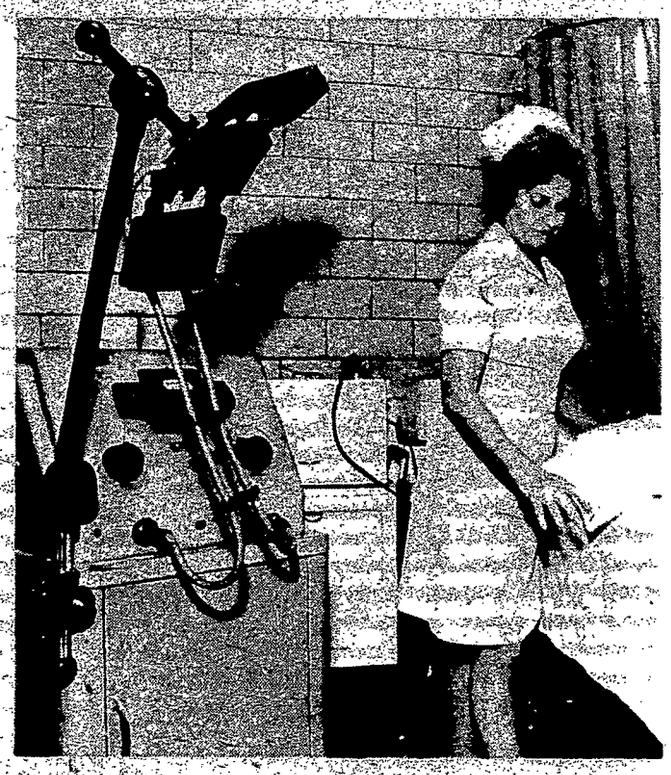
The Catholic Church is concerned with high quality health care in America. Its approach to health care, including the issue of national health insurance, is rooted in the fundamental tenet that every person has the right to life, to bodily integrity, and to the means which are necessary and suitable for the development of life. The right to life clearly implies the right to comprehensive medical care; indeed, the two are inseparable. This right further implies that such health care will be available, and that access to it will not be impeded by lack of facilities, excessive cost or inability to pay, and inequities of treatment.

Despite the enormous dimensions of the national commitment to health, the present delivery system has many deficiencies. Widespread disparities exist throughout the country in the availability of treatment facilities and personnel. Health care costs have risen to the point where many will not or cannot seek necessary treatment because of severe or ruinous expense. In some areas, especially rural regions, there are no medical facilities or physicians at all. Haphazard and generally poor standards of health for thousands of people result.

Such factors are partly responsible for the fact that — despite an estimated health outlay of $90-100 billion in fiscal 1975, and a geometric growth in sophisticated medical research, knowledge and technology — in several key respects the United States ranks poorly among developed nations in the application of those advances through its health delivery system.

The Church is particularly concerned for those who are deprived of material goods. As in so many other areas, it is the poor and the aging who suffer most from the deficiencies of the current system of health care. Physical ailments ranging from the minor to the serious, mental ills, chronic malnutrition, and developmental disabilities are substantially more common among the poor and the old than among the general population.

Escaping from the poverty cycle is enormously difficult at best, but it is far harder — and often impossible — when the presence or threat of debilitating ill health is part of the picture. While there are obvious differences between poor urban and rural communities in regard to health care, they share one characteristic: the provision of health care is poor in itself. Lack of coverage — individual or group — under health policies, high costs, poorly equipped and understaffed clinics (where they exist at all), greater susceptibility to disease or accident, higher unemployment or underemployment — all contribute to sharply lower standards of health among the poor. Thus the endemic hopelessness of the ghetto — urban or rural — is maintained, welfare costs constantly escalate, and the price paid for erosion of the human spirit continues to climb.



The need for health care, both treatment and medicine, increases as one grows older. Aging persons are naturally prone to a greater variety of illnesses. Health care is likely to be a permanent, rather than occasional, necessity of life for them.

The greater need for health care among the aged occurs precisely when their financial resources are dwindling or fixed, as is the case for those living on pensions. Any national health insurance program must recognize the necessity of fully adequate funding for the more serious, more common health concerns of the elderly.

Any national plan should also contain provisions for long-term custodial nursing home care for the aged. Nursing home institutions in America present a chaotic picture, not least because of the disparity between the quality of health care from one to another. Testimony before committees of Congress has shown that commitment to the establishment of high quality, humane surroundings for the aged has been sadly lacking, due largely to ignorance of the situation, confusion over the issues involved, the mobility and rootlessness of so many of our citizens (often separating generations from each other) and, in many cases, plain greed on the part of some who seek to profit from the needs of the elderly. There is rich evidence that a wise and great nation is marked by trust in its young and respect and solicitude for its old. National health legislation must take note of this moral imperative.

The Catholic Church has been an integral part of the health scene in America since the very beginning of this country. Its involvement bears witness to the importance and validity of a pluralistic, voluntary approach to health care delivery. Not only does the Church have a respected tradition in the health field — it intends to stay in the field and to improve and expand its service. At present over 700 Catholic hospitals each year provide health care and related services to millions of Americans — non-Catholic and Catholic alike. These institutions have a current capacity of 168,000 beds. The Church, through its network of hospitals, clinics, medical and nursing schools, and other health care institutions, continues to update its facilities and render quality services.

The Church's commitment to health care and delivery is analogous to and compatible with the growing country-wide commitment to a national health care program. Catholics themselves are both providers and consumers of health care — providers through the Church's extensive system of health institutions and consumers who number 48.5 million Americans. The frequently voiced call for increased consumer participation in decisions affecting health care delivery finds ready agreement on the part of the Church. Under a national health insurance program, the responsibility for defining and maintaining high standards of health must be shared by those who provide health care and those who receive it. This shared responsibility should exist at virtually all levels of the delivery system — in institutional boards of directors, local, state, and regional planning agencies, and the federal agencies charged with designing and implementing a national program.

Many aspects of the health care system in America have served the nation well and should be preserved. National health insurance is a means to that end. The advent of a national program should be a continuing process, not a single event.

The growing interest of the federal government in a national approach should be an occasion for substantial improvement, not a move toward uniform regulations and definitions. The coming of national health insurance can and should be a means of enhancing the voluntary system of health care and encouraging the sponsorship of health care facilities and programs by Church people.

Finally, an incremental (or building) approach to national health insurance is desirable because the Church itself can contribute to and thrive within a system which is developing in a pluralistic manner. The complex Catholic health system, which is a vital part of the overall American health system treats some 25 million patients annually. In addition it maintains homes for 35,000 dependent children and almost 50,000 aged persons.

The Church has been free to provide this health care because the government and the health care system in general have always endorsed the right of individual and institutional adherence to ethical and — or religious beliefs. Far from diluting or threatening good health care, the voluntary Catholic system has enriched the overall system and provided high quality, sensitive alternatives. Maintaining a "Catholic" identity as providers and consumers of health care is as natural a right as the right to health care itself. There is no basic conflict between the advent of national health insurance and the continued role of the Church in the health field, and it is essential that a national program not be seen as putting an end to the reasons for which the Church is in the field. The Church, along with all sectors of the health industry, will have to adjust, improve its services and programs, and determine how best to contribute under the mantle of national health insurance.

PROFILE OF CATHOLIC-SPONSORED HEALTH CARE

- **Catholic hospitals account for almost 30 percent of all hospital beds in the United States.**
- **There are 734 Catholic hospitals in the United States, according to 1971 data, of which 186 are located in communities where no other health facilities exist.**
- **Health care facilities under Catholic sponsorship represent an investment of approximately $5 billion for land, buildings and equipment.**
- **There are more than 900 priests, nuns and lay persons involved in pastoral care in the Catholic hospitals, and 103 in non-Catholic facilities. In most instances, pastoral care is provided by neighborhing parishes for non-Catholic facilities.**

SUGGESTED PROGRAMS

1. **Visit a local hospital and find out what expansion of facilities has taken place or is planned. Pay particular attention to new equipment purchased in the past five years — its cost, use and estimated cost to the patient. The purpose of this effort is to understand the cost of medical care, and to make good judgments about federally-financed health care programs.**

2. Visit a nearby Catholic hospital and find out about the spiritual services offered by the chaplain, the Department of Pastoral Care, and the health care personnel. Do nuns, nurses or others serve as extraordinary ministers of the Eucharist? Does the hospital have a program of continuing education in medical-moral problems for its staff? The purpose of this effort is to discern the unique contribution of the Catholic hospital.