By Rob Cullivan Staff writer

Support for government-sponsored universal health care "is not a matter of communication versus excommunication," acknowledged Deacon Clarke Cochran, Ph.D. "If a Catholic says we shouldn't have universal health insurance, that's not the same as denving the divinity of Christ."

Yet, he noted, Catholics should realize that the church considers health care a right - not a privilege. How that right should be guaranteed remains a matter of

Deacon Cochran, a professor of political science at Texas Tech University in Lubsbock. Texas, is the author of numerous arricles and four books on religion, health rare and politics. Most recently, he wrote Health Care Policy: Where Do We Go From Here? (1997) and Religion in Public and Private Life (1990).

Currently he is working on a book with his son, David, a professor of Catholic studies at Loras College in Dubuque, Iowa. Designed to guide lav Catholics on public-policvissues, the book's tentative title is Neither Left nor Right: A Catholic's Guide to Thinking about Political and Social Controversies. It is to be published in the fall of 2001.

The deacon and has wife, 1966 Nazareth graduate Anne McDonald Cochran, have tour grown children.

Deacon Cochran, a permanent deacon in the Diocese of Lubbock, is one of two scholars chosen to hold. Nazareth College's William H. Shannon Chair in Catholic Studies, which is being inaugurated spring semes'er 2001. The chair is named for Ms-2) Waham H. Shannon, Nazareth's emer-



professor well-known for his expertise on the life and thought of Father Thomas Merton, famed U.S. Trappist monk. Sharing the chair will be Dr. Patrick O'Connell, an as-

sociate professor of English and theology at Gannon University in Erie, Pa.

In a phone interview from his Texas office, Deacon Cochran noted that the church has much to say about the evolution of health care in the era of managed care. In particular, he sees the church and its health-care institutions facing the following challenges:

•How to witness to Gospel values and stay in business: Charged by Christ's example to provide health care to the poor, the church, through its health-care institutions, is faced with certain financial realities.

"The business ethic treats health care as a commodity," he said. "(But) Catholic health care ... is an interpersonal relationship built on healing care being a sign of grace."

Such business realities as cuts in Medicare and Medicaid – the government health programs for the elderly and poor, respectively - nevertheless intrude on that relationship, said Deacon Cochran, who is scheduled to teach Nazareth courses on Catholic social thought as well as health care and the church.

These funding cuts reduce the most significant revenue sources for many Catholic

Healthy Living

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- 1. Eat balanced diet; lots of fruit and vegetables
- 2. Exercise regularly; check with doctor first
- 3. Go for regular health check-up
- 4. Do not smoke; never too late to quit
- 5. Practice safety habits; wear seat belt in car
- 6. Stay active; in work, family, play, community
- 7. Avoid overexposure to sun and cold
- 8. Drink in moderation; never drink and drive
- 9. Keep personal and financial records in order
- 10. Keep positive attitude toward life

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hospitals, he said, pointing out that Catholic health-care institutions are called to exercise a "preferential option for the

Treating health-care staff justly in an era of hospital downsizing is difficult, too, he said, especially because the staffs of Catholic facilities are called to provide not only physical care to patients but spiritual care as well.

"Hospitals have to reduce staff to make the bottom line," he said. "But you may overwork the existing staff, and the existing staff doesn't do a good job of providing spiritual care because the staff is spiritually burned out itself."

•How to advocate for the uninsured: Almost 45 million U.S. citizens lack health insurance, he noted, forcing the church to enter the political arena and advocate on their behalf. While Catholics may disagree on what shape universal health insurance should take, Deacon Cochran said an honest advocate of universal access to health care must concede certain realities.

"It seems to me fairly impossible in the modern world to provide universal health care without the government playing a big role," he said.

• How to get the medical community to recognize that people actually die: Modern medical research is inordinately focused on prolonging life among those who are dying, he said, noting that this is the most difficult challenge the health-care world faces because it is so emotionally charged.

"We will pour billions of dollars into direct care for people who are dying," he said. "(But) death is fundamentally part of this world. To pretend that there is a sort of infinite progress possible in medicine presents all sorts of problems.

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