



Department of Social Development and World Peace

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August 23, 2006

Patricia Maryland, Ph.D.
Chair, Citizens' Health Care Working Group
7201 Wisconsin Avenue, Suite 575
Bethesda, MD 20814

Dear Dr. Maryland:

On behalf of the United States Conference of Catholic Bishops, please accept my thanks and congratulations for the work of the Citizens' Health Care Working Group and its members. Reforming our nation's health care policies to ensure that everyone has access to affordable health care has long been a priority of the bishops' conference. The Working Group's outreach across the country to involve ordinary Americans in the policy debate and make sure their views are presented to policy makers in Washington is a necessary and invaluable step towards real change.

The Catholic community's involvement in health care has many dimensions. We are both providers and consumers of health care services. Catholic health care facilities in the United States make up the largest network of nonprofit hospitals and nursing homes in the United States, serving tens of millions of patients every year in hospital admissions, outpatient services and emergency room treatment. The Catholic health care ministry extends to community health clinics and social service centers, and is shared by dioceses, Catholic Charities agencies and parishes around the country. We serve the young and the old, citizens and immigrants (regardless of legal status), rural and inner city communities. Catholic institutions of many types, employing hundreds of thousands of people throughout the country, are also significant purchasers and consumers of health care services.

We also bring to the debate over health care policy our tradition of moral teaching. As we address the moral imperative of ensuring health care for all, the starting point in our religious tradition is the dignity of every human person. Among the rights indispensable to the protection of human life and dignity is the right to receive the health care necessary to live and realize one's full potential. Pope John XXIII, in his encyclical *Peace on Earth*, included health care among the basic rights that flow from the sanctity and dignity of human life.

It is in this context that I offer comments on the Working Group's Interim Recommendations. Let me begin by sharing with you the U.S. bishops' criteria for health care reform. We will apply these criteria to any proposal for reforming health care, evaluating whether it includes:

- ***Respect for life.*** Whether it preserves and enhances the sanctity and dignity of human life from conception to natural death.
- ***Priority Concern for the Poor.*** Whether it gives special priority to meeting the most pressing health care needs of the poor and underserved, ensuring that they receive quality health services.
- ***Universal Access.*** Whether it provides ready universal access to comprehensive health care for every person living in the United States.
- ***Comprehensive Benefits.*** Whether it provides comprehensive benefits sufficient to maintain and promote good health; to provide preventive care; to treat disease, injury and disability appropriately; and to care for persons who are chronically ill or dying.
- ***Pluralism.*** Whether it allows and encourages the involvement of the public and private sectors, including the voluntary, religious, and nonprofit sectors, in the delivery of care and services; and whether it ensures respect for religious and ethical values in the delivery of health care for consumers and for individual and institutional providers.
- ***Quality.*** Whether it promotes the development of processes and standards that will help to achieve quality and equity in health services, in the training of providers, and in the informed participation of consumers in decision making on health care.
- ***Cost Controls.*** Whether it creates effective measures to reduce waste, inefficiency, and unnecessary care; measures that control rising costs of competition and administration; and measures that provide incentives to individuals and providers for effective and economical use of limited resources.
- ***Equitable Financing.*** Whether it assures society's obligation to finance universal access to comprehensive health care in an equitable fashion, based on ability to pay; and whether proposed cost-sharing arrangements are designed to avoid creating barriers to effective care for the poor and vulnerable.

(See *A Framework for Comprehensive Health Care Reform*, 1993).

We are very pleased that the Working Groups' Interim Recommendations include a strong call for health care coverage for all with access to a core set of services, financial assistance to those who need it and protection from the high costs of catastrophic illness or injury. The most striking and encouraging information in the Interim Recommendations was the fact that over 90% of the people who responded during the Working Group's community meetings and on the internet poll agreed that affordable health care for all should be a public

policy priority. For any reform to be genuine, it must provide access to comprehensive care to all, including those who currently are unable to get adequate health care or are at risk of losing access to health care because of, for example, limited resources, lack of education or language skills, immigration status, or residence in underserved rural or urban areas.

Defining the specifics of a core benefit package will be challenging. While it need not cover every and all treatments or procedures, it must include basic health care services essential for human life and dignity. Morally objectionable procedures, such as abortion and euthanasia, should be excluded. We believe including these would be morally wrong and politically disastrous, destroying any chance of broad support for reform. The core benefits should be available to everyone. We would not support further progression toward a two-tiered system that segregates poor people, low-income working families, or other vulnerable people in an inadequate system or benefits structure.

We agree that integrated community health networks and a strong private/public partnership are critical elements of an effective health care system. A reformed health care system must encourage the creative and renewed involvement of both the public and private sectors, including voluntary, religious and nonprofit providers of care. It must also respect the religious and ethical values of individual and institutional participants in health care delivery. While important, however, community health networks must not turn into the “solution” for health care for the poor, taking the place of genuine systemic reform.

We also welcome the call to provide more effective palliative care, hospice care and end-of-life care. In their *Ethical and Religious Directives for Catholic Health Care Services*, the bishops make clear that patients and families facing the reality of death are entitled to respect, love and support. Our health care system must be structured to provide care when a cure is no longer possible. Effective management of pain in all its forms is critical in the appropriate care of the dying. In the use of life-sustaining technology, two extremes are to be avoided. Insistence on useless or burdensome technology even when a patient may legitimately wish to forgo it is not appropriate. But intentional efforts to cause death, whether by overt action or omission of basic health needs, are not acceptable.

I hope these comments have been helpful and that the Working Group’s Final Recommendations will reflect the bishops’ criteria for health care reform. Health care is a fundamental human right and reform of the nation’s health care system must be rooted in values that respect human dignity, protect human life, and meet the needs of the poor and uninsured.

Sincerely,

A handwritten signature in black ink, appearing to read "Nicholas DiMarzio". The signature is fluid and cursive, with a long horizontal stroke at the end.

Most Reverend Nicholas DiMarzio, Ph.D., D.D.
Bishop of Brooklyn
Chairman, Domestic Policy Committee