



Position Statement on Health Care for the Poor Recommendations by the Voice of the Poor Committee Council of the United States

The scenario of poverty can extend indefinitely, if in addition to its traditional forms we think of its newer patterns. These latter often affect financially affluent sectors and groups, which are nevertheless threatened by despair at the lack of meaning in their lives, by drug addiction, by fear of abandonment in old age or sickness, by marginalization or social discrimination. In this context Christians must learn to make their act of faith in Christ by discerning his voice in the cry for help that rises from this world of poverty. This means carrying on the tradition of charity which has expressed itself in so many different ways in the past two millennia, but which today calls for even greater resourcefulness. **Now is the time for a new "creativity" in charity, not only by ensuring that help is effective but also by "getting close" to those who suffer, so that the hand that helps is seen not as a humiliating handout but as a sharing between brothers and sisters.**

Pope John Paul II. *Novo Millennio Ineunte*. (Art. 50), Jubilee 2000.

Message From Our President

Dear Brother and Sister Vincentians,
As Vincentians, our eyes and our hearts must be directed toward the needs of the poor, particularly the most vulnerable, who do not have a safety net when illness strikes. In homevisits and special works programs, we encounter the suffering poor — individuals in pain and families in need because of sickness — children whose parents cannot afford annual check ups or basic dental care, women without proper prenatal attention, families in which the main bread earner is injured and cannot afford medical assistance, and the elderly who have to choose between food and medicine. With the eyes of faith we recognize the dignity of the poor who are loved by God and living images of the life and depth of Jesus. Just as our Founder, Frederic Ozanam sought to “embrace the world in a network of charity,” we, too, must take up the call of service to our neighbor and extend our efforts in being an effective voice of the poor.

Yours in Christ,

FINAL—APPROVED BY PRESIDENT 2/14/04

Eugene Smith
National President, Council of the United States

Situation

The US continues to experience escalating costs of medical coverage. Millions of American families and individuals suffer because they cannot afford care. According to the US Census Bureau, an estimated 41.2 million people were without health insurance coverage in 2001, an increase of 1.4 million people over the previous year. Many more are underinsured.

The US health care system has become increasingly complex. Patients and care providers feel the pinch. As insurance costs increase, employers find it difficult to provide adequate employee coverage. Working families are left with increases in out-of-pocket costs for doctor visits, increased prescription expenses, and medical services that are not covered. The result for many families is a delay in medical care or no care at all.

Action taken by health care providers in response to rising malpractice premiums have contributed to localized health care access problems in some states.* Costs of prescriptions, hospital stays, and surgical procedures continue to skyrocket making it difficult for many families with limited medical coverage and impossible for the poor who cannot afford health care at all. Emergency rooms are filled with poor who have nowhere else to turn for care. This increases medical costs overall, and quality of care received may be limited or tiered based on insurance coverage and ability to pay. Private hospitals turn away the poor even in emergency life-or-death conditions. Without a systemic change to the current system, public health care services will

continue to be over-extended to the breaking point. The US population is aging. Obesity rates in the US are at historically high levels. Diabetes mellitus, coronary heart disease, stroke and cancer, which go hand-in-hand with obesity, have increased over the last few years.

Members of the Society of St. Vincent de Paul see people with diverse medical needs in home visits and in special works activities. They visit seniors who cannot afford to pay for both food and prescription medicines. They visit families where children do not have simple inoculations or access to basic medical care for childhood illnesses. Vincentians see adults in pain with ailments for which there would be relief were they able to afford basic medical aid. Some Councils have taken steps to work with community groups to open medical clinics for the poor and to assist with prescriptions. Yet much more is needed.

*In Florida, Mississippi, Pennsylvania, West Virginia, and Nevada there was reduced access to hospital-based services and newborn deliveries in scattered, often rural, areas. (See U. S. General Accounting Office report 03-836) The GAO report found that in the other states it studied (Minnesota, California, Colorado, and Montana) access to services was not widely affected by malpractice premiums.

The Catholic Church and Health Care

Through the centuries service to the sick and suffering has been an integral part of the Church's mission. Many religious institutions of the Church are focused on fostering, organizing, improving and increasing help to the sick. In the Encyclical Letter, *Pacem in Terris*, Peace on Earth (art. 11) health is described as a universal and inviolable right of every person. *Octogesima Adveniens*, A Call to Action (art. 23) addresses the preferential respect due the poor and solidarity for the common good. Apostolic Constitution *Pastor Bonus* (art. 152) expresses "the Church's concern for the sick, assisting those who serve the sick and the suffering, so that the apostolate of mercy on which they rely may respond ever better to the new needs." In addressing the 34th General Assembly of the United Nations Pope John Paul II included health as an important human right endorsed by the Church. He expressed the need for a "culture of life," when addressing members of the Pontifical Council for Health Pastoral Care (May 2, 2002). A search of the Vatican website (www.vatican.org) found 654 pages on health care in 42 categories and 296 pages contained the term, "health care." The US Catholic Bishops reference health care in *Economic Justice for All* (80, 90a, 92c), *Health and Health Care* (3) and *Living the Gospel of Life* (15). Information on these documents may be found at www.usccb.org

Recommendations

Councils are asked to support and encourage federal, state, county and city efforts to extend meaningful health care benefits to the most vulnerable. There is no substitute for an involved, effective, and committed government.

- Every child should receive basic health care, which includes vaccinations and regular check ups. No child should be allowed to suffer from what are often easily treatable illnesses.
- Every person in need of medical help should have easy access to quality and compassionate care. Health care institutions should be encouraged to deliver just, compassionate, and quality service to the poor.
- Support should be given for the development of a viable national health care network, particularly, primary health care, for every person regardless of ability to pay. The poor should not have to choose between food, shelter and medicine.
- The development of ways to better use existing resources to serve the greater good must be encouraged. People cannot adequately survive if they are sick and suffering. Providing proper health care should work in conjunction with any government poverty reduction program.
- Councils can take proactive measures to stand in solidarity with the poor by collaborating with the Vincentian family, the Catholic Church and community-based groups on specific health issues.
- Holding the medical community to the highest standards, including ethical integrity from administration, to face-to-face patient service, to medical research and development must be encouraged. While investigating ways to improve the quality of human life, scientific study must be conducted in such a way that all work honors God, the creator, and the human person.
- Having adequate medical coverage for all means finding a way to encourage and enable health care providers to provide service. The Society will keep an open dialog with the medical community and legislators on economic issues related to universal health care.
- Every person has value. Life is a precious gift from God. From conception, to maturity, and aging the person must be honored and respected. Councils should encourage the protection of the sanctity of life by taking action, such as speaking out to encourage states to adopt Medicaid protections for the unborn and the mother.

Note: It is important that issues are researched before speaking out. Careful planning and preparation ensures success in communicating the message. (Only the National President is the official spokesperson for the Society in the United States. The same goes for local Councils. The duly elected Council President is the official spokesperson for local issues.) As individuals, members can utilize opportunities to share their personal stories and service with key decision makers. Members see first hand the needs of the poor, and as a voice united in solidarity with the poor, the Society can share the experiences of families and individuals whom we visit, while maintaining confidentiality. We can help to bring needs alive to others who might otherwise see only governmental reports showing numbers on pages rather than viewing real people with real needs.

Health Care: A Vincentian Family Legacy

Serving the sick has always been an integral part of the work of the Vincentian Family. The history of the Vincentian family reveals a bond in serving the sick and finding Jesus in the poor.

- + It was at the sick peasant's deathbed in 1617 that Vincent was awakened to his calling to serve the poor.
- + Vincent realized the importance of organization while a parish priest at Chatillon les Dombres, when he appealed to parishioners to help a sick family. Everyone turned out to help the family at once. A mistake Vincent realized because the family would not receive the help needed for the duration of the illness as everyone had already provided assistance. Vincent formed the **Ladies of Charity** to provide an organized means to serve the needy.
- + Vincent founded the **Congregation of the Mission** in 1626 to educate the clergy, to form missions, to evangelize, to provide sacraments to the sick and dying.
- + In 1633 Vincent, together with Louise de Marillac, founded the **Daughters of Charity**, who were charged with caring for the poor sick and other needs of the poor. Today the Daughters of Charity continue to serve the sick operating hospitals and clinics in the US and abroad.
- + Louise de Marillac nursed a sick husband and raised a frail child. She experienced first-hand the difficulties encountered when there was sickness and poor health in the family
- + In 1832, Frederic Ozanam, founder of the **Society of St. Vincent de Paul**, experienced death and dying first hand. Baunard in *Ozanam in His Correspondence* (p. 37-38) writes, "Riots broke out daily in Paris where cholera spread death and terror. At one period 1300 deaths a day were recorded. The scourge carried off nearly every one on one side of the street Fossés-Saint-Victor, while the opposite side, where M. Ampère lived, seemed immune." Although Frederic's family urged him to return home, Frederic remained. Baunard writes, "The consolation of charity, which he carried to the bedside of his sick friends, helped to bind him to Paris." It was during this period that Frederic wrote his friend Falconnet, "My dear friend, let there not be much day-dreaming and academic introspection. Let us rescue our studies from the field of empty theorizing and vain speculation, let us translate during life our beliefs into deeds." In 1833 Frederic and his friends took action forming the first Conference of Charity, what is known today as the Society of St. Vincent de Paul.
- + Years later as Frederic languished in sickness, he writes with gratitude his thankfulness to have a good doctor and a supportive family (Baunard, p. 237). For many sick people neither of these support systems is available.

Vincent's Words

- ♥ Do what the Son of God has done, He who has come to set the world on fire, to inflame it with His love.
- ♥ God give us the grace to soften our hearts toward the poor and to consider that in helping them we do justice and not mercy.
- ♥ It is our duty to prefer the service of the poor to everything else. If a needy person requires medicines or other help during prayer time, do whatever has to be done with peace of mind. Offer the deed to God as your prayer.
- ♥ One should run toward the material and spiritual wants of one's neighbor as if to a fire.



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10 Points for Economic Life by the United States Catholic Conference of Bishops

- 1. The economy exists for the person, not the person for the economy.**
2. All economic life should be shaped by moral principles. Economic choices and institutions must be judged by how they protect or undermine the life and dignity of the human person, support the family, and serve the common good.
- 3. A fundamental moral measure of any economy is how the poor and vulnerable are faring.**
- 4. All people have a right to life and to secure the basic necessities of life (e.g., food, clothing, shelter, education, health care, safe environment, economic security.)**
5. All people have the right to economic initiative, to productive work, to just wages and benefits, to decent working conditions as well as to organize and join unions or other associations.
6. All people, to the extent they are able, have a corresponding duty to work, a responsibility to provide for the needs of their families and an obligation to contribute to the broader society.
7. In economic life, free markets have both clear advantages and limits; government has essential responsibilities and limitations; voluntary groups have irreplaceable roles, but cannot substitute for the proper working of the market and the just policies of the state.
- 8. Society has a moral obligation, including governmental action where necessary, to assure opportunity, meet basic human needs, and pursue justice in economic life.**
9. Workers, owners, managers, stockholders and consumers are moral agents in economic life. By our choices, initiative, creativity and investment, we enhance or diminish economic opportunity, community life, and social justice.
10. The global economy has moral dimensions and human consequences. Decisions on investment, trade, aid and development should protect human life and promote human rights, especially for those most in need wherever they might live on this globe.