

## What the Bishops are *Really* Saying About Health Care Reform

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A bishop visited a parish for confirmation and preached about the sacraments of confirmation and baptism. After the liturgy, the local priest asked a parishioner what she thought about the bishop's homily. "Heretical!" she shouted. The priest was shocked. "Why do say it was heretical?" he asked the woman. She answered, "Because there are seven sacraments and he mentioned only two!"

The story is not true and I doubt if would ever happen. Some people, however, have had a similar reaction when it comes to the bishops speaking on health care reform. This has led to the widespread notion that the bishops are divided on health care reform and that some do not support reforming our health care system.

For obvious reasons, the claims of division have made our jobs harder. More troubling, however, is that the claims do not hold up. These statements by individual bishops that allegedly depart from the Church's long-standing support for health care reform, when viewed properly, do not depart from this position and, in some cases, actually bolster the cause for reform.

As mentioned earlier, the bishops' have long called for reform.

The Catholic bishops of the United States first called for national health care reform in 1919. The bishops formed the National Catholic War Council to coordinate a Catholic response to needs generated by the First World War. At the war's conclusion, the bishops saw a national opportunity for social change and drafted a "program of reconstruction" that included, among other recommendations, a call for a national insurance program to ensure that the poor had access to affordable specialist medical care.

The document is fascinating in a number of respects, only two of which I will mention here. First, the call for health care coverage for the poor is, in one sense, brief, very conservative, and limited. There is a presumption that most people can afford medical care and the statement explicitly notes that only the poor should receive free medical care. The discussion of health care should be viewed, however, in light of the document's much lengthier and detailed discussion about the worker's right to a living wage that would cover basic needs such as medical care. One might legitimately wonder if the same bishops would have made a more expansive call for health care coverage if they lived at a time when health care costs consume a much greater portion of the average income and when that income often falls far below a living wage.

The second interesting little tidbit concerns not the health care portion alone, but the overall document. The "program of reconstruction" received a mixed response. While some praised the document, Cardinal James Gibbons received a letter decrying the

statement as “partisan, pro-labor union, socialist propaganda.” -- something that sounds strikingly similar to some of the emails I receive today about the bishops’ positions on social issues.

The bishops have consistently supported health care reform since then, such that in 1993 the bishops could state: “For three quarters of a century, the Catholic bishops of the United States have called for national action to assure decent health care for all Americans.”

At the same time, we find greater expression in official Catholic teaching of the importance of health care as a right. Most prominent among these is the declaration in *Pacem in Terris* that every human person 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.”

Some opponents of health care reform have tried to portray this one sentence in *Pacem in Terris* as an isolated incident, without support elsewhere in Catholic teaching. As I will address later, this position reflects a mistaken understanding of how we should receive and interpret Catholic social doctrine. The claim also, however, ignores other similar pronouncements in Catholic social teaching such as:

- *Pacem in Terris* paragraph 64
- *Laborem Exercens* paragraph 19
- *Sollicitudo re Socialis* paragraph 42
- *The Catechism of the Catholic Church* No. 1908
- *The Catechism of the Catholic Church* No. 2211
- *The Catechism of the Catholic Church* No. 2288
- *The Compendium of the Social Doctrine of the Church* Nos. 166 and 168

In addition, there exist many addresses, speeches, letters, and statements issued on behalf of the Holy See referencing a right to basic health care. The claim that the sentence in *Pacem in Terris* is an anomaly without substance implies that the popes and Vatican officials making those statements did not know what they were talking about.

Considering the decades of support for health care reform by the U.S. bishops and the Church’s commitment to health care as a basic human right, an observer can understandably become bemused upon hearing or reading that the bishops of the United States are divided on the question of health care reform and that some bishops even oppose reform.

The most prominent among these proclamations appeared in the *New York Times*. In a much discussed story from August 27, the *New York Times*' headline read: "Despite Church's Push on Issue, Some Bishops Assail Health Plan." But the *New York Times* was not alone. *USA Today* wrote: "Catholics Love, Hate, Want, Don't Want, Health Reform." Other newspapers, pseudo-news outlets, and the blogosphere have written about competing and inconsistent views among the bishops about reform. Even commentaries and articles in Catholic periodicals and their web sites have conveyed the notion of division and threats to episcopal collegiality on the matter of health care reform.

The scene is reminiscent of what we saw during the presidential elections of 2008 and, to a lesser extent, 2004. In each of those campaign cycles, the United States Conference of Catholic Bishops (USCCB) issued a document on "Faithful Citizenship" over a year before the election. Closer to the election individual bishops or bishops of a region issued their own letters or statements on the responsibilities of voting. By election time, news organizations and reported about a breakdown of collegiality. Partisan and ideological web sites tracked and either hailed or decried these "departures" from *Faithful Citizenship*.

I contended then - and still do - that the overwhelming number of those statements were consistent with *Faithful Citizenship* rather than deviations from it. The claims of departure from the USCCB had their origins in narrow or partisan readings of either *Faithful Citizenship*, the bishop statements, or both. Nevertheless, the perception of variance was widespread and although I do not prescribe to the view that perception is everything, perception is something and it must be acknowledged.

The root source of these perceptions, whether it be on voting or health care reform, is the statements and letters issued by bishops speaking on their own behalf rather than through the body of the USCCB. So the initial question is: What are we to make of these individual statements?

Regional episcopal conferences are relatively new. Most were established following the Second Vatican Council. Canonically they have limited authority. On most matters, they have no authority. This lack of authority extends to matters of liturgy, discipline, and teaching on moral issues - under which statements and positions of public policy fall.

That authority resides - as it always has been - with the local see. The USCCB has no authority over a bishop or the faithful. Ultimately, with the exception of magisterial pronouncements by the Church, only a bishop has the authority to teach on matters of moral and doctrine. Since the proper authority for teaching on matters of morals rests with the bishop, it should not seem surprising to have individual bishops issue statements on such important moral issues like health care reform and voting.

On the other hand, there is a strong culture and tradition of collegiality among bishops. Sometimes that collegiality may seem fragile, but in my experience it nevertheless

exists in a manner and strength that we in the laity do not always appreciate or understand. Moreover, the nature of public policy, particularly in a federalist democratic system, lends itself to the creation of episcopal bodies or conferences. Federal laws do not respect diocesan boundaries and, unlike some other countries, legislators in the United States represent regions. Just as the bishops of a state with more than one diocese - even if it just two, like North Dakota -- see the wisdom of a single public policy voice on behalf of the church, the bishops of the United States see the wisdom of having a unified voice on national issues.

Following Vatican II, long, and sometimes broad, statements were issued by the national bishops conference. In more recent years, statements are issued less frequently and are intentionally shorter. At the same time, we have seen more individual bishops issue statements on matters relating to public policy.

There are some who contend that such individual statements undermine the legitimacy of USCCB, confuse the faithful, and hurt collegiality among the bishops. Others argue that individual action by bishops fulfills a proper episcopal function, provides for greater specificity and poignancy than conference statements, and increases local awareness the issues. Whatever your view, one thing that seems clear in light of the last few years is that individual statements are here and are likely to be part of the Catholic landscape in the U.S. for some time.

Like the prudential bishops' servant I am, I am not here to argue whether this trend is good or bad. Rather, what I want to suggest is that, at least in the case of health care reform, the overall message of these statements is one of harmony rather than one of division despite what is seen on the internet and reported by some news organizations.

One representative blog post making the rounds is a list of "44 Bishops and Counting" opposing "Obamacare." The first clue as to why the list is suspect is the use of "Obamacare." Usually, only opponents of health care reform use the phrase "Obamacare." It is a conveniently vague term that a person can apply to any proposal he or she does not like. President Obama himself has never had a particular plan. No particular legislation proposed in Congress had the "blessing" of the President. Eventually, the president set out principles that he wanted to see in a reform package, but these came long after opponents had labeled any reform with Democratic support as "Obamacare" and even now, over a month since he set out those principles, we have not seen a detailed plan from the administration.

The second clue to list's misleading nature comes from the statements themselves. Randomly pick any of the 44 and you will not find any statement directly opposing any specific plan, much less something called "Obamacare." What you do find is a discussion of principles with emphases on certain aspects of Catholic social teaching that one *could if so inclined* interpret as opposition to a still yet vague notion of reform.

To put it another way, what we have are statements of principles seen through and interpreted by a lens already predisposed to opposing an imagined health care reform

proposal. This is not to say that the statements do not provide tools for critiquing existing proposals. They do and we will look at some of them. But a rational examination of the statements lends itself to principled reflection, not partisan labeling as “for” or “against” any health care reform.

This simplistic labeling, deriving from a lack of understanding of Catholic teaching was especially apparent in the *New York Times* story. As justification for its portrayal of division among the bishops, the *Times* juxtaposed two letters written to members of Congress. The first was from Bishop William F. Murphy of the Diocese of Rockville Centre. It urged Congress to pass health care reform, emphasized the priority the church placed on coverage for the poor, and called health care “not a privilege but a right.” The second letter was from Cardinal Justin Rigali of Philadelphia. It called attention to problems in the House bill regarding abortion coverage. The *Times* characterized the former letter as “eager to back the Democrats’ effort” and the second letter as a call for “blocking” the legislation.

The *Times* seemed to miss the fact that Bishop Murphy’s letter - the one cited in support of reform - had clear statements about opposing abortion coverage and Cardinal Rigali’s letter - the one cited as opposing reform - explicitly endorsed the principles set forth in Bishop Murphy’s letter. Even more basic, the *Times* failed to recognize that both Bishop Murphy and Cardinal Rigali wrote their letters on behalf of the USCCB, not in their individual capacities. Bishop Murphy is the Chairman of the Domestic Justice and Human Development Committee and, therefore, authorized to speak for the USCCB on domestic policy issues. Cardinal Rigali is the Chairman of the USCCB Committee on Pro-Life Activities and, therefore, authorized to speak for the USCCB on life issues. In both letters, the bishops stated that he was writing on behalf of USCCB. Though the two letters emphasized different aspects of health care reform, they came from the same organization and were, even on their face, consistent with each other.

This failure to distinguish between emphasizing different aspects or principles and excluding other aspects or principles characterizes most of the claims of divergent views among the bishops on health care reform.

This failure has its source in:

- a. A lack of understanding of Catholic social teaching, including a failure to recognize the difference between principles of the teaching and statements of prudential judgment; and
- b. Habitual or intentional interpretation of statements based on political ideology.

When bishops speak about health care reform, they are, for most part, expressing principles of Catholic social teaching. They are exercising their role as moral teachers. In some cases, a bishop may also express an opinion based on prudential judgment, but for the most part, the bishops are expressing Catholic social teaching and applying it to issues raised by the reform proposals.

This means that we should receive, interpret, and apply those statements as the expressions of Catholic social teaching rather than as political statements. From a Catholic perspective, we should not judge a bishop's statement on health care reform according to whether we agree or disagree with what he wrote. Rather, we should ask how the principles set forth in the statement can shape our own opinions and activities on health care reform.

Why is this necessary? Because Catholic social teaching belongs to the field of theology, not ideology. It is an integral doctrine of the Church, not a set of disparate opinions about political issues. The *Compendium of the Social Doctrine of the Church* puts it this way:

The Church's social doctrine "belongs to the field, not of ideology, but of theology and particularly of moral theology". It cannot be defined according to socio-economic parameters. It is not an ideological or pragmatic system intended to define and generate economic, political and social relationships, but is a category unto itself. (No. 72)

Recognizing that Catholic social teaching is doctrine necessarily leads to a manner of reading statements by bishops on social teaching with a view toward harmony, rather than division. Since Catholic social teaching is a doctrine, it is a whole, and should be viewed as such.

The *Compendium of the Social Doctrine of the Church* states:

This doctrine has its own profound unity, which flows from Faith in a whole and complete salvation, from Hope in a fullness of justice, and from Love which makes all mankind truly brothers and sisters in Christ: it is the expression of God's love for the world, which he so loved "that he gave his only Son" (Jn 3:16). (No. 3)

Just as one cannot detach any particular teaching from the Gospel message, one cannot detach a particular social teaching from its whole.

Apparently cognizant of the tendency of some to pick and choose among the social teachings, Pope Benedict XVI, in his encyclical released in June, *Caritas in Veritate*, addressed this very issue.

In this sense, clarity is not served by certain abstract subdivisions of the Church's social doctrine, which apply categories to Papal social teaching that are extraneous to it. It is not a case of two typologies of social doctrine, one pre-conciliar and one post-conciliar, differing from one another: on the contrary, there is a single teaching, consistent and at the same time ever new. It is one thing to draw attention to the particular characteristics of one Encyclical or another, of the

teaching of one Pope or another, but quite another to lose sight of the coherence of the overall doctrinal corpus. (No. 12)

There is a principle in the civil law applicable to how we should approach these bishop statements. The principle is that laws should be construed "*in pari materia*," that is, "of the same matter." Put another way: "statutes should be construed, if possible, so as to harmonize, and force and effect should be given the provisions of each." This same principle, I am told, is found in Canon Law and in principles for reading Sacred Scripture.

Expressions of Catholic social teaching, whether they come from official pronouncements of the magisterium, such as encyclicals, or from statements by bishops acting in their role as moral teachers, should be read and interpreted with a view toward the whole and with a view toward harmonizing and giving all parts the same force and effect.

Therefore, if a bishop writing about health care reform mentions the moral need for universal coverage, the exclusion of abortion services, and conscience protection, it does not mean that he excluded from consideration the Church's teaching on subsidiarity, the dignity of work, and stewardship of creation. Likewise, if a bishop writes about subsidiarity and conscience protection, it does not mean that he precluded consideration of abortion issues and coverage for immigrants. Yet that is precisely what people are doing with the bishops' statements on health care reform.

Interestingly - and perhaps tellingly, we do not see this approach with other teachings. If a bishop speaks at confirmation and talks about two of the sacraments, we don't conclude that he thinks the other five are not important. If, knowing that a couple students are having trouble with theft, a religious education instructor focuses on the seventh commandment, we don't think she contends that the other nine are not important. Nevertheless, we do it with statements related to Catholic social teaching, in part because of our general lack of familiarity with the teaching and, in part, because our habitual tendency to view anything touching upon politics through our personal ideological and partisan preferences.

We can see examples of both tendencies in responses to the statement by Bishop Samuel Aquila. I and the Bishop's office have received negative responses to his statement ranging from "reactionary" to "calling for socialism" and positive responses ranging from praising the bishop for being supportive of reform to praising the bishop for opposing reform. One web site groups Bishop Aquila's statement with a statement by Bishop Walter Nickless as being opposed to reform, while an email I received lamented that Bishop Aquila did not take the same position as Bishop Nickless.

These are just responses to Bishop Aquila's statement, but I would not be surprised if Bishop Zipfel's office received a similar range of responses to his statement. Indeed, I expect that bishops around the nation are receiving similar contradictory reactions to their statements.

One could claim - in fact I have heard it said - that the bishops are the blame for such varied reactions, that they are “wishy washy,” fence straddling, and intentionally ambiguous. According to some, a bishop should do nothing less than expressly state opposition to or support for a particular proposal. Such a view, of course, ignores the fact that no health care reform bill risen to such a level to warrant such attention. More importantly, such a view fails to recognize what the bishops intend to accomplish with such statements. By issuing such statements the bishops, exercising their teaching authority, seek to offer principles for consideration. They do not intend to kill or secure passage for a particular bill.

Almost immediately after its release, some people interpreted Bishop Aquila’s letter as opposing any federal health care reform. In support of this interpretation they usually pointed to the bishop’s discussion of subsidiarity.

Subsidiarity is the principle of Catholic social teaching that “a community of a higher order should not interfere in the internal life of a community of a lower order, depriving the latter of its functions, but rather should support it in case of need” (*Catechism of the Catholic Church*, 1883). The principle exists because it violates the dignity of human persons and their communities to usurp and take away that which they can do best for themselves. A violation also occurs when the higher order leaves the smaller communities them to fend for themselves and fails to provide assistance when needed. This second aspect of the teaching is too often ignored by those who attempt to subvert the principle of subsidiarity into an anti-government, especially anti-federal government creed.

Adherents to this view thought they found their rallying cry in one sentence in the middle of the bishop’s third paragraph discussing subsidiarity. Bishop Aquila wrote: “As our society seeks to achieve the goal of ensuring access to health care for all, the federal government surely has a role to play, but definitely not the only role, or even the primary role.” As evidence for the popularity of this sentence among opponents of health care reform, do a Google search for instances where this sentence is quoted and compare the number of results with a search of the number of instances where any other sentence of Bishop Aquila’s statement is quoted and you will find that it appears almost four times more often, and almost always as evidence of opposition to reform.

Bishop Aquila, of course, did not say that the federal government did not have any role. In fact, he said that the federal government “surely has a role to play.” That the federal government should not have the only role, or even the primary role, reflects the truth about our health care system and expresses the fundamental principle of subsidiarity. It was not a call to oppose federal involvement in health care reform.

Some observers interpreted Bishop Aquila’s emphasis on subsidiarity and the fact most other bishops had not emphasized subsidiarity up to that time, as a radical break from the what the USCCB and other bishops individually were saying about health care reform.

That interpretation was unfounded. For one thing, the mere fact that a bishop does not mention a particular principle or aspect of Catholic social teaching does not mean he thinks it should not be considered. Bishops understand that Catholic teaching is a whole. What Bishop Aquila stated regarding subsidiarity was not radically new, but was implicit in the other statements. Whenever a bishop, bishop’s conference, or the pope calls for government action, they call for such action so long as it is consistent with the principles of subsidiarity, whether or not explicitly stated.

Moreover, what the bishop actually wrote about subsidiarity looks strikingly similar to what other bishops, the USCCB, and the Catholic Health Association about preserving plurality in our health care system.

USCCB	Bishop Aquila	Bishop Zipfel
<p>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 patients and for individual and institutional providers.</p>	<p>States, towns, fraternal organizations, businesses, cooperatives, parishes and especially the family have not only legitimate freedom to provide the goods they are rightly capable of supplying, but often times do so with far greater efficiency, less bureaucracy and, most importantly, with personalized care and love. This is especially the case in the tremendous work that the Church has done in successfully bringing health care, from early hospitals to modern research centers, to more and more people. We see this truth vividly in the Catholic health facilities in our rural areas.</p>	<p>Health care reform must reflect these basic principles:</p> <ul style="list-style-type: none"> <li>• preserving pluralism including . . . a variety of options;</li> <li>• restraining costs and applying them equitable across the spectrum of payers</li> </ul>

Catholic journalist John Allen wrote about how some people have read into the use of “subsidiarity” rather than “pluralism” code for opposing federal reform. He also cites, however, that bishop advisors who argue that “pluralism” is the functional equivalent of “subsidiarity” and that the former term is used more because it’s more familiar to non-

Catholics. Moreover, as one source quoted in the story stated: “The problem with subsidiarity is that it’s not in spell-check programs.”

Perhaps the statement most cited as contrary to the work of USCCB and as opposed to any federal health care reform is from Bishop Walker Nickless of Sioux City, Iowa. Certainly, Bishop Nickless’ statement contains several sentences that taken out of context or read carelessly could lead to those conclusions. Here are some of them:

- [T]he Catholic Church does not teach that “health care” as such, without distinction, is a natural right.
- [T]he Catholic Church does not teach that government should directly provide health care.
- [A] flourishing private sector . . . is the only way to prevent a health care monopoly from denying care arbitrarily . . .
- [A]ny legislation that undermines the viability of the private sector is suspect.
- The most effective preventative care for most people is essentially free – good diet, moderate exercise, and sufficient sleep.
- It (HR 3200) also provides a “public insurance option” without adequate limits, so that smaller employers especially will have a financial incentive to push all their employees into this public insurance.
- This (public insurance option) will saddle the working classes with additional taxes for inefficient and immoral entitlements.
- [N]o health care reform is better than the wrong sort of health care reform.

Those sentences, taken alone, may look like a libertarian manifesto against health care reform, but read in their context and correctly, they do not detract from what the bishops have said in favor of reform.

The first clue that Bishop Nickless’ did not mean his statement to be construed as a departure from the U.S. Bishops’ position comes in the second sentence of the statement, where he praises his “brother bishops” for describing “clear ‘goal-posts’ to mark out what is acceptable reform, and what must be rejected.” Those who have cited Bishop Nickless’ statement as a blow to the USCCB and its call for reform - and there are plenty who have done that - have universally failed to explain how the bishop could simultaneously praise his fellow bishops for their clarity in calling for reform and take an opposing view at the same time.

Bishop Nickless’ statement about health care being a right has received considerable attention. It is important to note, however, that he did not write that health care is in no circumstances a natural right. In fact, the next sentence acknowledges that health care is a natural right in the same sense as “food, water, and air” and, as such, cannot morally be withheld from others. Moreover, there is nothing to indicate from his statement that Bishop Nickless intends to depart from the long-expressed teaching of the Church that health care is a human right.

Rather, the bishop tries to explain what the Church means when she calls health care a right, especially in the context of a society that increasingly does not understand the difference between natural rights and political rights, inherent human rights and positive legal rights. The right to health care, he notes, has both a “natural” aspect and a “political” aspect. The means by which health care is delivered and received, he writes, is properly the realm of the political. This position is consistent with Church’s teaching that the allocation and distribution of essential goods is a matter of justice, which as Pope Benedict reminds us *Deus Caritas Est*, is the “aim and the intrinsic criterion of all politics.”

Thus, Bishop Nickless writes: “As a political right, health care should be apportioned according to need, not ability to pay or to benefit from the care.” Bishop Nickless could have lifted this sentence from one of many statements on health care reform by USCCB or the Catholic Health Association. It encapsulates what we usually mean when we speak about the “right to health care.” Read in this context, Bishop Nickless’ position is precisely the opposite of how opponents of health care reform have used it.

What about the sentence: “[T]he Catholic Church does not teach that government should directly provide health care.”? Opponents of reform clinging to this sentence fail to note that neither the sentence nor the Church’s teaching precludes the government from directly providing health care when needed. What the sentence conveys is that the Church’s teaching does not require the government to directly provide health care, which would be contrary to the principle of subsidiarity. However, as already noted, the principle of subsidiarity does not preclude such direct provision if needed to secure basic human rights.

An additional problem with using this sentence as a weapon against federal health care reform is that the ammunition misses the intended target. None of the seriously considered proposals in Congress would put the government in the position of directly providing medical care. They do, however, propose the type of government involvement that is consistent with the principle of subsidiarity, such as financing assistance and regulatory measures.

Most of the other statements mentioned by Bishop Nickless are matters of prudential judgment, mostly concerning the impact of certain proposals on the private sector. None of these, however, are inconsistent with the principles for reform set forth by USCCB. Indeed, concern for the private sector is consistent with the principle of subsidiarity and the call for plurality in the health care system.

Finally, I feel the need to mention something about Bishop Nickless’ statement that “no health care reform is better than the wrong sort of health care reform.” Perform a Google search for this phrase and it comes up 6,700 times, most of which appear to cite it in opposition to reform. Many commentators and news sites, including the *New York Times* story, quote this sentence as a call to oppose federal health care reform and evidence of a departure from the bishops’ historical position in favor of reform.

This interpretation and use of this sentence in this way illustrates the simplistic and shallow level of debate too often characterizing our discussions about health care reform. Does the *New York Times* or anyone seriously think that until Bishop Nickless' statement the bishops of the United States were willing to support the "wrong sort of the health care reform" rather than no reform at all?

Such a contention defies reason and the evidence. Indeed, what was the purpose of all the statements about criteria for reform, principles for consideration, and absolute lines in the sand, such as with abortion coverage, if the bishops thought that even the wrong kind of reform was acceptable and the USCCB would give its rubber stamp to anything calling itself reform? As absurd as this sounds, there is a group of Catholic commentators on the internet who accuse the USCCB of doing just that. In any case, Bishop Nickless, who commended his brother bishops for their clarity in setting forth clear goal-posts for what was and what was not acceptable, cannot be included within that group.

The use of Bishop Nickless' sentence may be unfortunate, but the blame does not rest with him. If you read the sentence in context, he is urging Catholics in his diocese not to be complacent and to become vigilant and involved, which is what their role as laity is according to Catholic social teaching.

Another statement cited in opposition to reform is a joint statement from Archbishop Joseph Naumann of the Archdiocese of Kansas City in Kansas and Bishop Robert Finn of the Diocese of Kansas City - St. Joseph. The statement is longer than most and makes great effort to quote from official Church teaching. Like some of the other statements mentioned, especially Bishop Nickless', it emphasizes subsidiarity, distinguishes between a natural right and an entitlement, and notes the duty of individuals to exercise good stewardship of their own health. As mentioned already, none of this takes away from, diminishes, or deviates from the bishops' oft-stated support for authentic reform. Moreover, the statement also discusses at length how the principles of the common good and solidarity compel us to seek health care reform.

Nevertheless, at least one commentator for a Catholic publication wrote that the statement of Archbishop Naumann and Bishop Finn deviates "starkly from the statements coming from the Bishops' Conference" primarily because, in the writer's view, the statement short-changed the discussion on subsidiarity by failing to mention the obligation of the higher order to step-in when the lower order cannot accomplish its functions.

Although it is true that the bishops did not directly discuss this aspect of the principle of subsidiarity, a significant portion of the section on subsidiarity consists of a quote from Pope Benedict XVI that explicitly mentions the moral duty of the higher order to support initiatives of the lower order. Moreover, the longer discussions on solidarity and the common good, as well as the statement's recognition of the need for reform, implicitly reflect the principle that the higher order, in this case the federal government, has a role in health care reform.

This case provides another example where the commentator could have benefited from the principle of viewing Catholic social teaching as a whole. Rather than attacking the bishops for failing to explicitly mention one aspect of the teaching, he should have assumed it was implicitly there and explained to his readers how the statement could be reconciled with other statements and how it furthered, rather than hindered, the work of USCCB. A little charity is in order when we recognize that no bishop writing about any subject will ever be able to explicitly discuss every aspect of Catholic social doctrine. Something will always be left out.

The statement by Archbishop Naumann and Bishop Finn also resulted in a statement by theologians developed with Catholics in Alliance for the Common Good which criticized not just Archbishop Naumann and Bishop Finn, but also Bishop Nickless and Bishop Aquila. The statement, however, fails to explain what those bishops wrote that was contrary to Catholic social teaching. Instead, their criticism rests on the contention that the statements create the “impression that the Catholic Church is not a vigorous advocate for reforming our broken health-care system.” With all due respect to the theologians, they are mistakenly judging the statements according to their view of what is politically effective. The fact that partisans on the right misuse the principle of subsidiarity, for example, does not mean that the bishops should keep silent on the subject. That, however, is what the theologians’ complaint amounts to. Ironically, their statement only contributes to the impression problem they decry.

In hindsight, one could ask whether it would have been better if individual bishops had not spoken on health care reform. The answer to that question depends, at least in part, on how one measures “better.” From a political perspective in favor of health care reform, a person could argue that statements from the USCCB alone would have better furthered the cause of reform. In fact, one writer for a Catholic publication makes that very point, deriding “outliers” for jeopardizing delicate negotiations with the administration and congressional leaders.

However, bishops are not “outliers” in matters concerning the application of Catholic social teaching. Every one of them is front and center in that task. Moreover, there is the possibility the average Catholic would not have read or heard about a Catholic perspective on health care reform had not been for the attention given by their local bishop. Local involvement might have furthered the cause for authentic reform, not hindered it. Also, notwithstanding their differences in emphasis, all of these statements reiterated the core principles set out by USCCB and could be seen as buttressing, not weakening the political position of USCCB. If the negotiating position of the USCCB has been weakened by the existence of these individual statements, the blame could very well rest with those on the right and on the left who misconstrued and used the statements for their own purposes and not the bishops.

Ultimately, however, it is not the “political perspective” by which we should judge the rightness of these statements. Catholic social doctrine and the application thereof is not for political purposes and should not be judged as such. Rather, they are an expression

of the evangelical mission of the Church. The question is not whether by issuing of such statements the bishops were politically prudent, but whether they were being faithful to their charism. For our part, the question is not whether the statements helped or hindered our political and legislative goals, but whether we receive the statements through the eyes of faith so that they inform and edify our actions in the temporal order.