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# Economic Aspects Health Care of Religious

JOHN J. FLANAGAN, S.J.

Every physician and every layman with family obligations is acutely and sometimes painfully aware of the spiraling cost of living which has engulfed our whole country in the last 25 years. One of the most critical areas which families face is the ever increasing cost of health care. The same problems which the head of a family faces are common also to religious communities of men and women whose members live under the vow of poverty. Life has changed for them as much as for the laymen—except that the community income base has not risen in proportion to the cost of educating religious, the cost of supporting them while they are engaged in their apostolic work and the cost of providing adequate care for an increasing percentage of retired and infirm religious. The situation is most critical for the religious congregations heavily committed to teaching in the parochial school system and for those serving in orphanages, homes for the aged and for those engaged in catechetical work and home nursing.

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Father Flanagan is Executive Director of The Catholic Hospital Association. The Health Care Program For Priests and Religious which the Association heartily endorses had its encouragement and development through his interest and making the facilities at the Central Office available for the work of the project.

In order to function in our modern society the religious must bring to her religious assignment not only zeal and good will, but full professional training. This is undoubtedly a proper requirement for the times in which we live, but it has brought with it hardships and great financial burdens. Religious communities, in general, have the responsibility to carry the young religious not only through her novitiate and juniorate training but through undergraduate work to a bachelor's degree and on into some level of graduate education. The Master's degree is becoming more and more necessary for all religious in education, welfare work and hospital services. In institutions of higher learning the Ph.D. degree is becoming much more necessary for all. It is manifest that the cost of preparing religious for useful service in the apostolate has increased by almost geometrical proportions.

Unfortunately the financial base for supporting these increased responsibilities has not grown proportionately. The earning base and, therefore, the contributing power of the teaching sister to her religious community has not greatly increased. With great effort the stipend for the teaching sister in the parochial school system has moved away from the pre-war scale of \$35.00 and \$50.00 a month. In good situations

today it may be as high as \$100.00 a month. On the other hand, many religious are still teaching in parish schools where there is great poverty and where there is an unselfish desire to make Catholic education available to minority groups and to under-privileged children.

Even in the best situations, religious are expected to provide their own living, their personal necessities of clothing, maintain professional activities, and care for their health from meagre sources of income.

In the pre-war days and in the years immediately following World War II, there was a rather happy, informal and generous relationship among Catholic hospitals, religious congregations, clergy and members of medical staffs which sanctioned or at least permitted courtesy discounts and in many instances, completely free care especially for religious and priests.

This was possible, even though not completely just, when all key administrative and professional positions in the hospital were filled by sisters and brothers receiving little or no pay. In reality they were giving of themselves in an expression of fraternal charity towards fellow religious and as courtesies to physicians on their staffs. In those days, the payroll burdens of the hospitals were less demanding; the number of lay employees were few and, alas, salaries were frequently scandalously low.

Under the above circumstances it was customary for religious congregations engaged in both educational, welfare and hospital work, to give complete health care to all their

own members completely free and to give care at a greatly decreased charge to religious of other congregations and to the clergy. In many instances care was given completely free to any priest or religious. This reflected a most commendable spirit of courtesy and consideration to priests and religious, but it has become impractical and impossible under modern circumstances.

Today a remission of a hospital bill is not just a gesture of kindness on the part of religious who are personally providing service. It is a grant of service to people which costs the hospital a great deal. The ordinary 500 bed hospital carries on its payroll a minimum of 1,000 employees. The annual payroll amounts to 3 million dollars, at least.

Deficits resulting from such gratuity must be covered in some way, because the books somehow must be balanced. Deficits to cover such free service and to compensate for discounts to physicians must be made up by the paying patients. Charges to them or to a third party payor are greater when free work and discounts get out of hand. This is hardly justice to the paying patient. He is, in effect, being taxed against his will for charity to which he did not voluntarily subscribe.

Blue Cross and other third party payors rather legitimately object to this and hospitals are being forced to tighten policies on free work and discounts. In many instances Major Superiors are recognizing the justice of such policies and no longer expect their religious to receive free care either in their own hospitals or in other hospitals. As a result many re-

ligious congregations must now assume heavy financial responsibilities for hospital care of their great subjects.

In many instances the burden has been eased by parishes providing Blue Cross coverage for sisters teaching in their schools. Unfortunately not all do this; moreover, the problem of hospital costs and medical care for retired religious and student religious continues because they are not included in the plans which cover religious actively engaged in teaching. Religious congregations doing home nursing or working in orphanages and homes for the aged do not now benefit generally from any type of insurance coverage.

The Conference of Major Superiors is now studying plans and proposals to work out on a national scale health insurance coverage for religious. If this can be done, it will help, but the cost will be very considerable. Certainly we are justified in considering the economics of this situation because the health and welfare of religious are very often at stake. When religious congregations are faced with high costs of hospital care, there is a tendency, unconsciously or otherwise, not to seek medical and hospital care when they are needed. As a result, physicians tell us ailments and diseases are sometimes not treated in time and religious suffer breakdowns, develop conditions which become incurable or even die prematurely. Prescinding from the sad feature of lives lived in pain and unnecessarily premature death, there is the loss of valuable manpower in an army of dedicated people which is already perilously

inadequate to meet the ever-increasing burdens of teaching and nursing and ministering to people in all phases of welfare work.

In recent years, Mother Anna Dengel, Mother Benedict and Dr. James Nix have called our attention to this very serious threat to our religious congregations. In response to their appeals, the National Federation of Catholic Physicians' Guilds and The Catholic Hospital Association launched a campaign to encourage better medical examinations of applicants for religious and priestly life and for a system of more frequent periodic examinations to detect as early as possible cases which might not otherwise be known or reported. Several major superiors have reported the value of these examinations. Efforts are being made to give more attention to balanced diets, more reasonable work schedules, and more opportunities for necessary relaxation and vacation periods.

In the past, Catholic hospitals have been generous in helping with this situation; physicians have been notably generous in giving professional care without any charge and are still doing so. It would seem, however, that the greatest Catholic educational system in the world, the greatest religiously affiliated hospital system in the world, and the best network of religious congregations of men and women, ought to be able to work out a system which is structured and adequate to protect all without problems that are embarrassing to individuals who have given their lives to serving youth and sick people.