

Talk to be delivered by Gerard V. Bradley to St. Thomas Mores Forum on March 10, 2010

**How the Church Should Engage Public Policy:
Lessons from the American Healthcare Debate**

The guest of honor at a Rome dinner last month was Renato Cardinal Martino. Cardinal Martino is perhaps best known for heading the Pontifical Council for Justice and Peace from 2002 until earlier this year. This particular celebration was, however, for his sixteen years as the Holy See's Permanent Observer to the United Nations.

The dinner's host lauded His Eminence for UN *successes*. Toasted first was the simplest sort of success: winning. Your UN opponents "wanted an international right to abortion", said Austin Ruse, master of ceremonies that night, "and they lost because you stopped them". "They wanted a redefinition of the family and they lost because you stopped them". Same result for their campaign to make gender a social construction, and not a distinction based in nature.

Winning – stopping bad things from happening – is not the only way to "succeed" when the Church engages public policy. Austin Ruse hit upon the other way when he said, *apropos* of Martino, that "it is a hard and nearly impossible thing to stand up to what sometimes seems like the whole world, but you never did cave in". Standing tall or, in less prosaic words, bearing clear and consistent witness, is paramount. The main rule of Church engagement is this: *Be first a faithful witness and sound teacher of the truth; then, win if you can.*

I take the time to describe these Roman festivities because I think that the U.S. bishops' have by and large "succeeded" so far in the big healthcare fracas, even though they have not yet

“stopped” anything; because the story lacks an ending we cannot say how *any of* the bishops’ three non-negotiable moral minimum requirements – no abortion funding, adequate conscience protection, and extending coverage to immigrants – will fare in whatever bill passes. Of course no law may be enacted. That would not really be a “win” for the bishops, either: they maintain that comprehensive reform is needed; their requirement for expanded coverage would itself constitute a watershed. Call this outcome the lesser of two evils.

The bishops have nonetheless stood tall. And who knows, they might yet win..

My plan for this talk is, first, to tell you about the form and tactics of the bishops’ healthcare interventions. They got this just about right, and I will explain why I think so. Then I shall take up their substantive positions, which I recommend with some qualifications and not as enthusiastically as I do the form of their interventions. I will talk about abortion funding and immigrant coverage in the second part of my remarks tonight. I turn to conscience protection separately in Part III. I think this issue is very important but also very troubled, and my discussion of it will extend outward to the larger problem of how the law treats – and should treat – the Church’s institutional ministries in social services and education too.

I

There 2009 Official Catholic Directory for the United States lists 562 Catholic hospitals; last year 85 million were treated in them. This is no trickle in the stream of American healthcare, which accounts for fully one-sixth of the American economy.. This huge Catholic institutional presence can be a snare; as ethical consensus breaks down in society, the need for special protection against complicity in injustices such as abortion grows especially acute. But

the monster size of Catholic health care also gives the bishops' interventions real heft. And they have not hesitated to play hardball.

The bishops' most important decision was whether to oppose an entire bill if it failed in even one morally significant way. They have repeatedly said that (quoting their Oct. 8, 2009 intervention) "[i]f final legislation does not meet our principles, we will have no choice but to oppose the bill". [Oct. 8, 2009] Conference President Francis Cardinal George said on this past December 9: "Failure to exclude abortion funding will turn allies into adversaries and require us and others to oppose this bill..." On this point there has been no slippage, no wavering.

The bishops' resolve has been amplified by the unity with which they have spoken. The USCCB has spoken through three representatives, namely Cardinal DiNardo and Bishops Murphy and Wester. They are, respectively, Chairs of the Committee on Domestic Justice and Human Development, on Pro-life Activities, and of Migration. This is an ecumenical coalition as these things go; the three come from parts of the conference which, simply put, tend from very progressive to conservative.

The conference's resolve was specially tested each time a leading Democrat – from President Obama on down – steadfastly *denied* that federal dollars were paying for abortion. These claims were always false. But they became increasingly plausible as the latest accounting gimmick and wordsmith's gloss put more verbiage between taxpayer money and an abortion . To provide a look-in of this game, here is the latest deconstruction of the 2407 page Senate bill, authored by the National Right to life Committee, dated March 5: this "labyrinth [is] strewn with the legislative equivalents of improvise explosive devices – disguised provisions that will result in federal pro-abortion mandates and federal subsidies for abortion. The so-called abortion limits

...are all very narrow, riddled with loopholes, or booby-trapped to expire”.

All this smoke and mirrors might have covered the retreat of men less determined than the bishops.

The three episcopal voices are really one; all have signed all the statements released on behalf of the conference. And they have stayed relentlessly “on message”. Their expression has been muscular and spare. Their interventions have been terse press releases (normally, two to three hundred words) applying the three essential criteria to the latest proposed version, and rendering judgment: thumbs up or thumbs down. So far, it has been the latter.

The Hemingway-like prose may reflect a lesson learned from the 1993-94 healthcare reform effort, the one instigated by President Clinton and tasked to the First Lady. (Do you remember that it was called “Hillarycare”?) The bishops’ may have learned that their staff simply could not issue pronouncements about every aspect of the bills – although they tried!. I am reliably informed that one conference staffer was charged with writing evaluations of every single major bill/proposal, nearly every provision, and coming up with a “this bill is marginally better than that one, which is marginally worse than the next one....” sorts of judgments. In that earlier instance the conference acted like a senior technical adviser to the White House Task Forces working up the reform measure. This whole approach has been abandoned

The bishops’ have not pledged to *support* any bill which cleared the minimum moral hurdles. But they have made noises which come close. They said (last October 8) that they looked forward to working productively with Congress “toward genuine health care reform” [Oct. 8, 2009], that they would “work tirelessly to...help pass real reform that clearly protects the life, dignity and health of all” [id]. Some have interpreted these and like statements as a pledge to

support. But these expressions are not exactly promissory notes of future support..

Whatever the bishops' intentions are about supporting a morally eligible bill, it would be wrong for them to say that any morally qualified bill *must* be supported by Catholics. They have said nothing which sounds like *this*. A bill which satisfied the bishops' three moral objections might *still* be subject to decisive objections which the bishops are incompetent to refute. Perhaps the most common objection to all the proposals has nothing to do with abortion or conscience. It is that the bill if enacted would bankrupt the American people. No Catholic teaching authority is competent as an *authority* to show that this claim is false.

Indeed "the application of Gospel principles to contingent social facts require knowledge of those facts and a kind of practical political wisdom to which bishops, as such, can make no particular claim."

The Catholic Church firmly teaches that such matters are within the special province of the laity.

Here I should like to quote a key passage from *Gaudium et Spes*, the Pastoral Constitution of the Church in the Modern World. Paragraph 43:

It is to the laity, though not exclusively to them, that secular duties and activity properly belong . . . It is their task to cultivate a properly informed conscience and to impress the divine law on the affairs of the earthly city. For guidance and spiritual strength let them turn to the clergy; but let them realize that their pastors will not always be so expert as to have a ready answer to every problem (even every grave problem) that arises; this is not the role of the clergy.¹

¹ When pastors speak as participants in public debate different rules apply. When a bishop or cardinal is moved to philosophically explain and defend Church teaching or to refute arguments against it or to expound upon some challenge to discipleship in the 21st century, even book-length essays are entirely appropriate. Denver Archbishop Charles Chaput and Francis Cardinal George of Chicago have recently published very valuable books of this sort. The Holy Father continues to explore theological topics in a scholarly manner. And I hear that Cardinal

Pell has been known to do some public jousting on issues of contemporary interest.

One prominent scholar even attributes dissent from the bishops' authoritative teaching on matters such as abortion and conscience protection partly to their *past* tendency to speak beyond their competence on faith and morals. Princeton Professor Robert George says that: "because individual Catholic bishops, and the USCCB had unwittingly diluted the impact of their own pro-life witness by speaking too much about too many issues in the properly secular order on which they had no particular authority *as bishops* to intervene, or, at least, no authority as bishops on which to declare one proposed policy superior to competing proposals as a matter of Christian faith"

It is *crucial* that *both* pastors and the laity understand the boundaries of their competences, and also the reciprocal obligations of assistance and forbearance which their these boundaries entail.. The worst possible scenario for the Church's engagement with public policy occurs when the laity come to see it as the *clergy's* job "to penetrat[] and perfect[] the temporal order through the spirit of the gospel". But that is *exactly* how the Fathers at Vatican II described the apostolate of the *laity* [see AA sec. 2] Then the pastors become either so demoralized that they fold their tents *or* they overcompensate for an indifferent laity by doing what the American bishops heretofore tended to do: delve ever more deeply into the bowels of policy as if they were think-tank managers rather than the apostles' successors – with ill-effects all around..

The bishops' have gotten their house in order. Many Catholic members of Congress are, I am sad to report, openly opposed to the Church's articulated stance. This is not new. What's new is that this time such dissenters have no authoritative support for claiming that there is a plurality of views within the Church about the moral minima of health care reform. No bishop

has broken ranks with the conference.² This absence of cover has, perhaps, steered a few members of Congress towards the light. More important, though, is those politicians who persist are much less a scandal than they would otherwise be, because Catholics in the pews can see that they are outliers, that they are not thinking or acting with the Church..

II

Let's consider more carefully now the *substance* of the bishops' position– the “big three” moral principles upon which the bishops have made their stand.³ In this part of my talk, no funding of abortion and (let's call it) universal coverage. In the next part I consider conscience protection.,

I realize that, to most Australians, the American debate may seem to be founded on a misunderstanding. Anyone who lives with what Yanks derisively call “socialized medicine” probably does not associate medical care with user fees for particular services. Of course no one

² The Catholic Health Association has not openly broken with the bishops either. They are demonstrably more friendly to Democratic proposals than are the bishops, and have consistently portrayed Republicans' opposition “fearmongering”, rank politics – and worse. CHA favors (as do the bishops) universal coverage. But unlike the prelates CHA is to pass any bill which significantly extends coverage, saying that the perfect must not become the enemy of the good. CHA has not so far in 2010 mentioned much less argued for the abortion or conscience provisions nearly as much as it does universal coverage.

³ Sometimes the bishops have added a fourth: “strong provisions for adequate affordability and coverage standards”. “Affordability” has never been as prominent as the others and rightly so. It is a truism; after all, what is to be said for the alternative? It is also a technical matter, contingent upon the sophistication of services and back-office expenses and, of course, American healthcare is and will continue to be *unaffordable: almost no one can pay out-of-pocket anymore*. Affordability is often folded into the broader principle of *access* to healthcare, which principle was more focused on America's burgeoning, already huge immigrant population – legal and undocumented.

thinks that healthcare is “free”; here as elsewhere there is a *taxman*. But Americans bring to the MD’s office and even to the operating room a big chunk of their consumerist mentality.

The American bishops are closer to your view than to the consumerist paradigm.. They “support” “inclusion of all immigrants, regardless of status, in the [so-called] insurance exchange.” Even “undocumented immigrants”, according to the bishops, “ should not be barred from purchasing a health insurance plan with their own money”. They endorse removing the five-year ban on legal immigrants accessing federal health programs such as Medicaid (basically, for poor people) and Medicare (for older folks) and CHIPS – Children’s Health Insurance Program. (See letter of Dec. 22, 2009) (You can see why I call this, practically speaking, “universal coverage”)

The bishops have so far refrained from supporting these claims by appeals to wider assertions about justice and immigration policy. They have instead grounded their position in simple *need*. This is a good use of Ockham’s Razor - the maxim which favors economy in argument. Anyone’s genuine *need* is always a good reason for acting to alleviate the deficit (even if, because we have many other needs to attend to, some legitimate needs may without moral fault go unmet). And wider appeals would lead straightaway to contentious claims about just immigration laws upon which people of goodwill could reasonably disagree. I have in mind views that come perilously close to maintaining that justice requires “open borders”, and that justice rules out almost all detention and deportation of those who are already present on our shores, even if illegally.

What justice requires of a prosperous society such as the United States when it comes to immigration is a difficult question to answer. I do not suggest that American policies are all that

they should be. One dramatic improvement needed is to actually *enforce* the laws governing entry to the United States; indeed, our lawmakers would be well-advised to attend more closely to the truth that a *just* policy depends mightily upon what it is possible *to* enforce.

No doubt the preferential option for the poor is an important *principle* of just immigration laws , But it is not the only one. One which is unfortunately neglected in very many Catholic discussion of justice and immigration is this one from the *Catechism of the Catholic Church* 2241: “Political authorities, for the sake of the common good for which they are responsible, may make the exercise of the right to immigrate subject to various juridical conditions, especially with regard to the immigrants’ duties toward their country of adoption. Immigrants are obliged to respect with gratitude the material and spiritual heritage of the country that receives them, to obey its laws and to assist in carrying civic burdens”

There is nonetheless a major flaw (as I see it) in the bishops’ view about covering immigrants. Even *assuming* that universal coverage is required by justice, it does not follow and I think it is not the case that a bill which fell numerically short should be opposed for that reason alone. This really would be to make the perfect into the enemy of the good. One should so all that one can to extend coverage to all. But at the end of the day, an imperfect bill may be all that one can get to a vote. I think that this imperfect bill not only *may* be supported. Just so far considered I think it *should* be supported, because it would be *unfair* to those heretofore uncovered but who are reached by the new provision to deny them in a quixotic gesture in favor of meeting needs of people who are not, in any near-term circumstance, going to see their needs met through legislation.

The bishops position on abortion funding has been consistent and clear, and it is clearly stated in, for example, their December 7, 2009 press release. They said that they favored one proposed bill because “it does not change the current situation in our country: abortion is legal and available, but no federal dollars can be used to pay for elective abortions or plans that include elective abortions. This [bill]...simply ensures that where federal funds are involved, people are not required by law to pay for other people’s abortions.” Note the economy of argument here too; Ockham’s Razor again. They appeal to the *status quo* and to respecting people’s desire not to be complicit, even in an attenuated way, in abortion.

This is fine as far as it goes. But there is a backstory here too. The longstanding legal prohibitions on taxpayer support of abortions have never been about money and they have not mainly been about taxpayer complicity, either. Tax-supported abortions have long been the law in many states – including California and New York – and no bishop has to my knowledge suggested that tax protests are morally required; in fact, none has suggested that a tax protest would be a good idea.

In fact the federal laws banning public money for abortion have always been about saving lives and about the educative effect of the law. The two aims are interrelated. Reputable studies show that whenever abortions are publicly funded the abortion rate goes up. So the debate about abortion subsidies is quite literally a life and death matter for some unborn people. The debate is also about keeping abortion culturally marginal and, morally speaking, a bit stigmatized. These bans express the government’s moral preference for childbirth over abortion, a preference which the Supreme Court held to be permissible in a 1980 case. This too implicates some number of unborn children’s lives, for the simple reason that what the law

teaches to be morally unworthy – even if legally permitted – is liable to occur a bit less frequently.

Are the bishops right to oppose the whole healthcare reform if it includes taxpayer-supported abortion? I think so. My defense of that position supposes that conscientious legislators have tried hard to get that funding *out* of the bill. They fail. The entire package now includes this unjust provision for subsidized abortion – along with many other provision which will do some good and still mote which may do bad or at least have foreseeable but unintended bad consequences.. Should the conscientious legislator vote for this imperfect law, *tolerating* its unjust treatment of the unborn by funding procedures which kill them?

To answer this question we must inhabit the perspective of those who suffer the foreseeable harm r – the unborn who are killed by subsidized abortions. Then we have to apply the great moral principle we call the Golden Rule: do unto others as you would have them do unto you. The Golden Rule makes us walk in the others' shoes, makes us count the stranger and his or her well-being just as one instinctively and with ease, welcomes the benefits and avoid the harms of what one does when the beneficiary or victim is oneself, or someone near and dear. The Golden Rule pushes back especially hard against our tendency to discount the harms we visit upon those we do not know, those who cannot object, those who cannot offer effective resistance.

But there is more to consider. I mentioned before that federal funds have not paid for abortions, and that is largely because the nation made, in this instance at least, a moral judgment favoring childbirth over abortion. Other legal developments too numerous for me here to mention have combined with scientific progress establishing that a unique, living, whole human

individual comes to be at fertilization to produce an emerging consensus that abortions, though still numerous, *kill* and that they are at best regrettable necessities. Abortion is, in other words, is already re-acquiring the stigma it richly deserves and is migrating in culture and in law to the category of *excused* killing.

This represents enormous progress for the pro-life cause. Healthcare abortion funding threatens to roll back this progress. Federally subsidized abortion would mainstream abortion as a medical practice, put it on a par with childbirth, commit the nation to making it available precisely as “healthcare”, and by so doing rescue abortion from the cultural margins. For public authority does not – and, frankly, should not – fund any procedure unless it is convinced that, at least for some people, the procedure is the *right* choice. People who favor abortion subsidies might still say that it should be “safe, legal and rare”, and that may sound like saying that abortion is wrong. But that is not what they are saying. They are saying that abortion is a regrettable alternative for some women but that for those it still the best option. We could just as easily say that knee replacements are a regrettable necessity for some people and that they too should be “safe, legal, and rare”. Getting a knee replacement is nonetheless the morally correct call for some people and that is one reason why the government funds it. Not prohibiting abortions is unjust in itself. But not prohibiting abortions does not imply that having one is the right choice for anyone, any more than not prohibiting pornography implies that anyone *should* visit an obscene website. .

For those who recognize the unborn as our brothers and sisters, the public subsidy then is a momentous choice for the our nation. I think the bishops are right to resist abortion subsidies for this reason and even to the extent of opposing the whole healthcare reform.

III

The urgency of conscience protection is growing in America and (I strongly suspect) in Australia, as the common morality which used to sustain our societies continues to evaporate, even to boil off. Pope Benedict recently reminded us, in remarks he delivered to visiting UK bishops, the actions for which conscience protection is sought today frequently are violations of the natural moral law; objective wrongs (such as abortion), which were once legally prohibited. So what we call a petition for “conscientious objection” or “conscience protection” is often really a statement about having a moral right to be made accomplices to injustice. The American bishops are right to be most anxious about it, even more so if healthcare reform ends up subsidizing abortion.

I want now to take the measure of what is at stake in the argument over conscience protection. An example comes is at hand: the pending Senate version of the health bill “lacks language to protect health care providers from being penalized for refusing to participate in providing abortions”, even though adequate protective language was in earlier house versions, including Speaker Pelosi’s original bill. [NRLC release]. If this gap in the Senate bill becomes law, an existential threat to Catholic healthcare ministries looms, for no Catholic hospital may participate in providing abortions. They will have to close their doors if need be to avoid such participation. Think of this prospect as “institutional martyrdom”.

There are some recent example sin American experience. Two illustrations involve Catholic social services and they are from Boston and the nation’s capital, Washington, D.C. The Washington city council has just decided to legally recognize same=sex relationships as

marriages. The Archdiocese of Washington Catholic Charities consequently announced that it would no longer facilitate foster care. It also has limited employee health care benefits to avoid coverage of same-sex “spouses”.

In Boston the specific matter was the state’s requirement (without any concession for conscience) that state-licensed adoption agencies (the only type there is) treat same-sex married couples just the same as traditional couples. Massachusetts famously became the first state in the union to legally recognize same-sex relationships as marriages in 2004. This novel development was required by that state’s highest court, in the late 2003 decision, the *Goodridge* case. But even before 2004 Massachusetts had permitted “gay” couples to adopt – and here I say “gay” advisedly to indicate that these adopting couples were not spinster sisters or bachelor brothers; they were sexually intimate and committed couples, living as if they were married who were not required by the adoption regulations to pretend otherwise..

Boston Catholic Charities arranged its first “gay” adoption in 1997, in response to an earlier state administrative rule against discrimination on the basis of sexual orientation. By 2005 Catholic Charities had placed thirteen kids) with *unmarried* gay couples. Charities President J. Bryan Hehir, S.J. (who took over in 2004) said that “if we could design the system ourselves we would not participate in adoptions to gay couples, but we can’t” due to legal restrictions. “We have to balance various goods”, Hehir concluded..

The Massachusetts bishops under the leadership of then Archbishop Sean O’Malley issued a statement on Feb. 28, 2006 in which they rejected any “balancing” analysis: absent an exemption from the legal requirement not to discriminate against “gay” couples in adoption, Catholic Charities would have to withdraw from the adoption business. The bishops cited the

2003 statement of the Congregation for the Doctrine of the Faith, which stated the Church's opposition to same-sex marriage. Thus, the bishops concluded, "Catholic agencies may not provide adoptions to same-sex couples".

Are the Massachusetts bishops being overscrupulous? Are they making a point of honor or a symbolic gesture, preserved at the expense of great good that Catholic health or social services provide to so many and for the common good? Was Fr. Hehir more correct in saying that "ideally" such compromises would not have to be made, but "on balance" staying in business and doing the good that can be done overrides the case for accepting what I have called "institutional martyrdom"?

I think the bishops were right and that Fr. Hehir was in this instance mistaken. To see why we have to identify the distinctive feature of a Catholic institutional ministry. That an institution delivers health care or a bachelor's degree or arranges for adoptions is not what makes it Catholic, no matter how well it does those things. Lots of institutions do such things well, just as lots of institutions do these things well for the right moral reasons: service to the poor as a sign of solidarity with them; service to the cause of knowledge and truth for their own sakes; finding an adoptive home which serves the "best interests" of a child just for the sake caring for one of the least of those in our midst. In other words, Catholic institutional ministries are not distinctively Catholic by being morally serious, by being devoted to humble service, and by being competent – *though a Catholic institutional ministry should be all these things!*.

What distinguishes a Catholic institution is its provision of some service or good *in ways that witness to the faith*. Thus, health care as such, even if delivered by dedicated persons in

accord with sound professional norms, is not yet a Catholic institutional “ministry.” It is not, that is, an *apostolate*.

Apostolate refers to every activity of the Church directed toward carrying out her mission, and her mission is the extension of Jesus’ mission . To constitute apostolate, action must be morally acceptable and also must be informed by faith, hope, and charity. Religious institutes established schools, hospitals, and other institutions *in order to spread the Word and bear witness to it by and through providing needed services*. . A priest who had been the top administrator of “Catholic Charities” in a large diocese said to a friend of mine: “Faith is irrelevant to the work we are doing.” By saying that, he made it clear that he had *not* been administering the diocese’s “charitable” activities as apostolate; that outfit had become another sort of thing, a good thing, but not an apostolate. It had become a service provider. For when faith is no longer relevant to what a Catholic educational or health-care institution is doing, calling itself Catholic is harmful to the gospel.

It by now apparent that no institutional ministry which as a matter of settled policy (as opposed to by accident or inadvertence) makes itself complicit in a profound injustice can be an apostolate, for no such institution may do evil that good may come of it. This disqualification is even more evident once the competent Church authorities have spoken to the issue, so that any ministry which continued its unjust practice would also be guilty of disobedience, a lack of due regard for the Church’s teachers that could only scandalize the faithful.

And so the conscience protection aspect of the healthcare debate is unsurpassably important, as the future of the Catholic apostolate in America may be at stake. Should enacted reform bring on a wave of what I am calling “institutional martyrdoms”, the quantity and quality

of healthcare in America will suffer, at least in the short and medium runs until other resources and providers come forward to staunch the bleeding of services. That is one very great cost to be considered. But the even greater loss is almost incalculable, and it is the loss of a profound witness to the truth of the gospel of Jesus Christ.

CONCLUSION

The bishops have, as a matter of interesting fact, spoken consistently of what they – the bishops – will not support or might later support. They have neither said nor strictly implied that it would be necessarily wrong for any Catholic legislator to support healthcare reform which failed in any one of the three key respects. Could they so teach? They surely could and implicitly have taught that no one may support legislation of this sort *because* it funds abortion or for the reason that it deprives Catholics and Catholic institutions of protection against being made morally complicit in injustice. (Frankly, I do not think immigrant coverage is parallel in this regard.) But to date they have not made that judgment binding on all Catholics.

This interesting gap – that the bishops have not said that no Catholic may support morally flawed healthcare reform – explains why this protracted and high stakes struggle has not led any American bishop to publicly warn that any Catholic member of Congress who supports reform which the bishops oppose on deep moral grounds – and there are many such members – with denial of the Eucharist. (The only case of note involved Rep. Patrick Kennedy, son of the late Senator and Providence Bishop Daniel Tobin, but the issues there went well beyond Kennedy's support for morally flawed healthcare bills.) Although I think that denying Communion is sometimes necessary to protect the integrity of the sacrament and to alleviate scandal among the

faithful, there is no doubt that it has in the recent past divided the bishops among themselves, and alienated a substantial portion of the laity, who instinctively side with the aggrieved politician over against the heavy-hand of episcopal authority.

My own judgment is that no one of good will and surely no Catholic should support healthcare reform which includes abortion funding or which lacks adequate conscience protection. I do not think, however, that the matter is one upon which the Church's teachers could *insist* as a matter of fidelity to the gospel and to the magisterium. The bishops seem to be of this mind too. And so they have expressed as strongly as they can within their competence what position Catholics ought to take, leaving their teaching a bit short of saying what Catholics *must* do.

