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Unease growing over Calvary sale

There has been a good deal more heat, but not much extra light, on the argument about the ACT Government's taking over the ownership of Calvary Public Hospital from the Little Company of Mary. Cardinal George Pell of Sydney, giving new meaning to the term *ex cathedra*, is against it because he sees an ACT Government ideological agenda involved. He thinks anti-religious elements will seek to force religious organisations from other public hospitals in Australia. Archbishop Mark Coleridge, the Catholic bishop with actual responsibility, has been somewhat more circumspect. But he is still openly uncomfortable with the sale. He has been critical of the Little Company of Mary and suggests there have been closed doors, secret deals and the creation of some sense of inevitability about the outcome of consultations. His whole approach to the issue seems bound, sooner or later, to bring him into open conflict with the ACT Government, but some might think the exasperation increasingly evident from Government owes more to the archbishop's style of politicking than to the Government's intention to pick a fight, or to pursue an anti-Catholic or secularist agenda.

If there is an ideological agenda, the archbishops have produced no evidence. The Government's argument is plausible and, on the face of it, cogent. Those uneasy about the sale have yet to advance a public policy reason why the Church should want to stay involved in Calvary Public on present, or future, terms, unless it is mere appearances.

The ultimate irony may be that because two senior church leaders raised the sectarian card, there was more public, and more critical, examination of the way religious organisations enjoy state subsidies to perform state functions. There is a very long and noble history of involvement by church organisations in a wide range of public health, welfare, education and community activities. It began centuries before the state made any provision for such things at all, let alone for the poor. It was also influenced by the desire of religious organisations to add a moral and pastoral flavour to a more mundane task. The mission, and what inspired it, remains. But the nature of the task has changed, as the state has become more and more involved in such issues. Most are now performed by or subsidised by government. In many cases, however, the price of accepting subsidies is that church work has become virtually indistinguishable from public work, with the capacity of religious organisations to inject any specifically religious element virtually non-existent.

Calvary Public, for example, has a staff fully integrated into the ACT public service. Its income comes from fee for service. It takes all comers. It does not perform some procedures, such as abortion, but the ready availability of such services elsewhere means that nothing the hospital does achieves any anti-abortion objectives. It provides impressive services and pastoral care, but it is impossible to describe this as being fundamentally different from what is provided by secular hospitals.

The public funding arrangements produce results which are curious, from any perspective, and unjust, from taxpayers' perspective. Any public investment at Calvary Public becomes the property of the subcontractor, if needs be having to be repurchased by the state. The state is unable, for accounting and borrowing purposes, to distinguish between capital and recurrent expenditure, which makes investment problematic. It is quite natural and reasonable that the ACT Government would want to re-examine arrangements when it is on the cusp of a major reinvestment in ACT hospitals. It is likely, moreover, that many ACT citizens, including many Catholics, would oppose further taxpayer funds going to Calvary even if the bishops were successful in resisting the sale.

The Little Company of Mary had been willing to continue with the hospital on the existing arrangements. It was the ACT Government's attitude which changed things. But the debate has probably forced Little Company of Mary itself to question the benefit of continuing when its energies might be concentrated in areas where its sense of mission, its capacity to make a contribution, and, perhaps, the failure of government to be sufficiently involved, could make a *real* difference to human lives. Four areas nominated have involved care of the dying, care of babies and their mothers, and a wider and deeper provision of facilities for the mentally ill. In none of these areas is the public-private divide of great relevance: the order could focus quickly and efficiently on those who were most needy. Canberra needs a public hospital in Bruce, and, all things being equal, it should not matter from the taxpayers' perspective that it is managed by a religious organisation. It is by now quite clear that cost and ownership issues are critical to whether all things are equal, and that, under the current arrangements, they are not. Taxpayers, even Catholic ones, are entitled to be opposed to its costing more *because* it is Catholic.

It's more a matter of principal than principle.