Inequality in the delivery of care is a sad fact of U.S. health care. Racial and ethnic disparities, well-documented by studies, plague our health care system. The principles of Catholic social teaching, including the inherent dignity of each person; the common good; and concern for poor and vulnerable, provide a moral and ethical basis for the Catholic health care ministry. These values call us to refuse to accept the existence of racial and ethnic disparities in health outcomes, access to care and receipt of quality health care, which are in direct opposition to the mission of Catholic health care and the Catholic social tradition.

CHA and its members are working to educate and advocate policies and processes that will raise this issue and provide education towards an elimination of it. What follows is a transcript of the video presentation, “Righting Health Care Disparities: The Theological and Moral Imperative.” Featuring Ron Hamel, Ph.D., CHA senior director of ethics, the presentation was originally presented at CHA’s 2011 Joint Committee meeting, and then captured on video for use across Catholic ministry. The video is available at http://www.chausa.org/Diversity_and_Health_Disparities.aspx or http://www.youtube.com/watch?v=g8fkDlxFlo&feature=youtu.be. May it assist you in all that you do to end disparities in our day and time.

Righting Health Care Disparities: The Theological and Moral Imperative

Hello. My name is Ron Hamel. I’m senior director for ethics at the Catholic Health Association. This presentation originated at a CHA event devoted to the issue of health care disparities and why the ministry needs to address this issue. The presentation actually focuses on the theological rationale for our need to deal with health care disparities. So, why should we care about health care disparities, or maybe more importantly, what requires us to care about health care disparities? I’d like to begin with a story, a story of Le Chambon.

Le Chambon is a little village in south central France, a little farming village. During the Second World War, this village was inhabited by five thousand residents. Most of them were Huguenots, very devout Christians, very committed to daily reading of scripture, and very committed to doing the very best they could to heed the admonition to love their neighbor. These five thousand inhabitants of Le Chambon defied the Nazi occupiers of their country and the French government as well that was collaborating with them and they provided safe haven throughout the war for anyone who knocked at their door. Over four long years the five thousand Huguenots sheltered five thousand Jews.

Some 40 years later, one of the survivors, because of the Huguenots, came back to the village to do a documentary and he met with several of the elderly people who had survived, who were still alive, and he asked this one older woman why did you do what you did? Why did you risk your life? Why did the community risk their lives? Why did you engage in such heroic behavior? And this elderly woman looked at him and said, “Well, at first it really wasn’t very dangerous, but then it became more and more dangerous. But even then, what we did was not heroic.” She looked at him and she said, “This is who we are.”
transcript—righting health care disparities: the theological and moral imperative

so, why care about health care disparities? because this is who we are and who we claim to be. i’d like to spend the rest of our time this morning just reflecting on who it is that we say we are; who it is that we claim to be by looking at your biblical heritage, our biblical roots. but first, i’d like us to keep in mind one of the central themes of the hebrew and christian scriptures is the notion of righting relationships or making relationships right. in fact, health care disparities are disordered relationships. and why is that the case? for a number of reasons. health care disparities are violation of human dignity.

they violate human dignity because part of respecting human dignity is providing those conditions necessary for human flourishing, and health care is one of those conditions, as several popes, several recent popes have indicated: john xxiii in “pacem in terris,” john paul ii “on human work” and benedict xvi in an address to the pontifical council for health care in november of 2010. respecting human dignity also requires that we respect the equal dignity of all, and unequal treatment due to race or ethnicity violates this equality, this equal dignity of all.

as the iom report says, racial and ethnic minority patients receive a lower quality and intensity of health care and diagnostic services across a wide range of health care services, procedures, and illnesses. justice also requires that the goods of society be distributed equitably, not equally, but equitably. as benedict xvi said in this very same address in november of 2010, an integral part of each person’s existence and of the common good is to establish a true distributive justice that guarantees to all on the basis of objective needs adequate care. disparity reflects an unfair distribution of societal goods because of race or ethnicity.

justice also requires that citizens have their basic needs met so they can participate in and contribute to the common good. and as we know, health care disparities, at least for some individuals because of increased illness or serious illness, are not able, are prevented, are hindered from participating in and contributing to the common good. justice also requires a special concern for those who are vulnerable and in any way marginalized, who may not be able to advocate for themselves and may need others to help them to advocate for their own rights and their needs, and thereby to effect change.

norman daniels, a philosopher, in his book just health also recognizes that health care disparities are a violation of justice. he says something to this effect, if health care is a good fundamental to human flourishing and a basic human right then inadequate and unequal access to this good for reasons that are avoidable, unnecessary, and rooted in characteristics unrelated to the need for medical care, such as race and ethnicity, constitutes a violation of justice. it’s also a violation of solidarity. john paul ii, his encyclical on social concern says, “when interdependence becomes recognized in this way, the correlative response as a moral and social attitude as a virtue is solidarity.

this then is not a feeling of vague compassion or shallow distress at the misfortunes of so many people. on the contrary, it is a firm and persevering determination to commit oneself to the common good; that is to say to the good of all and of each individual, because we are really responsible for all.” john paul also deplores the structures of sin in the very same encyclical. structures that hinder full development, and he calls for their conquering by a commitment to
the good of one’s neighbor. Let’s then move on and look at our roots beginning with our Hebrew roots. God called the Israelite people into right relationships.

Right relationships with Yahweh and right relationships with one’s fellow human beings, and he entrusted them with the law and the law was intended as a guide to form this community, to help this community become a community that was marked by righteousness and justice. And the law expected those within the community to respect the rights and the needs of the alien, and the widow, and the orphan, those individuals in the community who are marginalized and vulnerable. The Hebrew Scriptures describe god as a god of justice, a god who loves justice, who executes justice for the needy, and who demands justice from god’s people.

And God calls the Hebrew people to imitated God’s self, to imitate God’s self by treating aliens and slaves as God had treated them by manifesting special concern for vulnerable members of society, widows, orphans, the poor, and strangers in the land. So, God called the Hebrew people to be a certain kind of people, to be certain kinds of persons, to be people marked by justice and righteousness. And the prophets echoed this. In virtually every writing of the prophets, the prophets call people constantly back to be God’s people, calling them back into right relationships, relationships with the Yahweh, with their neighbors, with special care for the vulnerable and the marginalized.

They called God’s people to be just, to be loving, and to be peace filled. Looking at our Christian roots, who are we called to be? Henry Sigerist, a medical historian, wrote his 1943 book *Civilization and Disease* interesting statement. The Christian faith introduced, “the most revolutionary and decisive change in the attitude of society toward the sick. Christianity came into the world as the religion of healing, as joyful gospel of the Redeemer and of redemption. It addressed itself to the disinherit, to the sick and the afflicted, and promised them healing, a restoration both spiritual and physical. And it became the duty of the Christian to attend to the sick and the poor of the community.

The social position of the sick man thus became fundamentally different from what it had been before. He assumed a preferential position which has been his ever since.” And why was that the case? We know why. Jesus was sent by god into the world to announce and initiate God’s reign of love and mercy and justice, to be God’s healing and reconciling presence in the world, to bring healing by restoring right relationships. Relationships, as Dan Sulmasy says in his book, *A Balm for Gilead*, “relationships inside the body but also those between the sick and their families, their communities, and god.”

Jesus had to find his own mission in this way as we know. The spirit of the Lord is upon me because He has anointed me to preach the good news to the poor. He has sent me proclaim freedom for the prisoners and recovery of sight for the blind, to release the oppressed. Healing by restoring right relationships is integral to the mission and the ministry of Jesus. In instance after instance the gospels depict Him welcoming the sick, relieving their suffering, and healing them.

And Matthew tells us Jesus toured all of Galilee, He taught in their synagogues, He proclaimed the good news of the kingdom, and cured the people of every disease and illness.
Compassionate healing and restoring right relationships and those suffering and sick is part of the announcement of God’s reign, of God’s way in the world, and makes present that way and the reign of God. It announces and makes present. In fact, Jesus told the 12, the reign of God is at hand, cure the sick, raise the dead, heal the leprous, expel demons. The conclusion of the ERD’s tell us Jesus not only taught his disciples to be compassionate, but also told them who should be the special object of their compassion.

The parable of the feast, with its humble guest was preceded by the instruction: when you hold a banquet invite the poor, the crippled, the lame and the blind. These were the people whom Jesus healed and loved. Undoubtedly, Jesus is the supreme example of the disposition to relieve the suffering of others, especially those who are most vulnerable. One of the best New Testament examples of this, of what it means to care for the suffering and to transcend racism in a response to the need of the neighbor, is the parable of the Good Samaritan.

We could spend a lot of time talking about the parable, but in essence, what it does is tells us what it means to be a neighbor, what it means to care for the neighbor in need, even if it means, especially when it means transcending racism. And then, of course, we have Matthew 25, which focuses on the whole notion of right relationships, which focuses on justice. This is the parable of the last judgment, which emphasizes the exercise of justice toward the powerless, the hungry, the oppressed, and deprived. And especially, verse 36 tells us I was ill and you comforted me. Jesus so identified with the vulnerable that when people refuse them justice they are seen as refusing Him.

As the parable tells us, as often as you did it for one of my least brothers, you did it for me. This work of healing and restoring right relationships Jesus handed over to His followers, sent them into the world to do as He had done, to be God’s healing and reconciling presence in the world, go and do likewise. At the end of the parable of the Good Samaritan Jesus says, which of these three, in your opinion, was neighbor to the man who fell in with the robbers? The answer came, the man who treated him with compassion and Jesus said to him, "Then go and do the same."

So, compassionate care and healing extended to those in need is integral to a gospel way of life, to making present the reign of God. It is a sign of God’s healing presence and of God’s promise of universal right relationships. So, why attend to health care disparities? Because of who we are, our identity as people of God and followers of Jesus, continuing his healing work, making relationships right, advancing God’s way, God’s reign in the world. Thank you for your interest in this vitally important topic. To help you consider what you’ve heard, here are some questions for reflection. They are appropriate for individual use or for group use.

- Who do I know personally whose health and life have been affected by disparities in health care?
- Which populations in my community or which individuals in my workplace experience disparities in health care?
- What more can we do as a health care ministry to reduce disparities in our community in order to increase justice and build the common good?
I want to thank you for your interest in this topic and for all you do to help bring about the reign of God and to bring about right relationships.