

# "The Christian Presence Alongside Human Frailty in the Time of the Pandemic": Dicastery for Promoting Integral Human Development

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Thank you, Cardinal Turkson, Msgr. Duffé, Msgr. Muñoz, Fr. Mahar, and Fr. Zampini, for your invitation to this important conversation. As a Catholic moral theologian, and as Senior Director of Ethics for the Catholic Health Association of the United States, I value the opportunity to speak with you today about "The Christian presence alongside human frailty in the time of the pandemic."

If I may, I would first like to talk about 'human frailty.' Since COVID-19 began to spread terrible suffering, destruction and death across the world in March 2020, human frailty has become more apparent than ever. Clearly, our human community had many weaknesses before the pandemic, but the present circumstances have focused our attention on

them as never before. For over two thousand years, human frailty has commanded our attention, because as a community, we want to care for others, to support them, and to lift each other up, so that each person has the opportunity to flourish and achieve the human dignity that God intended for us all.

So, what are the specific signs of our frailty that have become apparent during the pandemic? COVID-19 has had a disproportionate impact on vulnerable populations, such as the elderly, low-income communities, persons with pre-existing health conditions, and racial and ethnic minorities. The virus has brought into sharp focus the glaring disparities and inequities, both nationally and internationally, that many experience in accessing essential health care, adequate nutrition, safe housing, and living-wage employment, all of which are fundamental to life. These disparities also contribute to underlying health conditions that can make persons more susceptible to getting the virus and suffering worse outcomes than others.

Effectively addressing the global health crisis requires a coordinated response by business,

government, community leaders and health care providers to ensure that vaccines and treatments are safe, effective and available to all. Unfortunately, both as a national and international community, it has been very difficult to gain and maintain a coordinated response.

We know from the H1N1 influenza pandemic in 2009 that serious problems occur if no consensus is reached on the principles and structures for the just distribution of vaccines. Pharmaceutical companies cannot produce vaccines quickly enough to meet initial worldwide demand during a pandemic, resulting in global economic competition that favors wealthier nations over the developing world. The result is that, initially, powerful nations control the distribution of limited supplies. It is unjust to perpetuate a system where persons who have the greatest need are denied vital, lifesaving resources by a privileged few. Unfortunately, we have seen that little has changed since the H1N1 pandemic.

So, in light of these circumstances, what does Christian presence mean? First, it means to be present to other persons through compassionate and responsive care in our many ministries. We have provided medical and spiritual care in our hospitals, educated children in the midst of profound challenges, risked our lives to feed and house those in need and continue to stand side-by-side with communities here and around the world being ravaged by the COVID-19 pandemic.

That care was only possible because of the foundational work of those who came before us; those who built the Catholic health care, social services and education institutions that exist

today in the United States. In Catholic health care, in particular, the creation of integrated systems meant that as different parts of the United States experienced surges of COVID infection, critical resources could be moved where they were needed most. For example, one system that had facilities in both Colorado and Michigan asked nurses in Colorado if they would temporarily relocate to hospitals in Michigan to alleviate severe staff shortages there in order to care for the surge of critically ill patients. Many responded to the call.

This care has taken a heavy emotional, physical and spiritual toll on the dedicated caregivers who provided direct care to all those who were afflicted by the pandemic. In Catholic health care, chaplains and mission officers have developed a range of resources and support services to address the moral and emotional distress of our colleagues who served on the frontlines of care.

Secondly, the Christian presence is prophetic. The Church, globally, nationally and locally, has communicated the duties that we have to each other in this pandemic. All too often, of course, that sense of duty becomes lost in a world where rights seem to be the only language that is understood. The principles of Catholic Social Teaching that were taught from the pontificate of Leo XIII to Pope Francis, offer a just framework for solutions to challenges of disparities and inequities in accessing essential health care, adequate nutrition, safe housing, and living-wage employment inequities. These principles, shared by many people of goodwill, are the Dignity of the Human Person, the Common Good, Solidarity, Subsidiarity and the Preferential Option for Vulnerable Persons. Being prophetic means to offer challenges

to what Pope John Paul II called “structures of sin,” which are social structures that allow evil to grow stronger, spread, and become the source of other sins, and so influence people’s behaviour’ (*Sollicitudo Rei Socialis* 37 & 36).

Lastly and very significantly, the Christian presence is sacramental and spiritual. As Catholics, liturgy is the pulse of our ethical lives. It has a physical presence, which has been lacking this past year. Ordinarily, we are blessed with ashes, anointed with oil when we are baptized, or when we are sick, and annually renew our baptism with water at the Easter liturgy. As a community, we treasure those moments. COVID-19 has created challenges for our ordinary spiritual lives. Yet, these challenges were met by our communities, and adaptations were made to both keep people healthy and to protect the vulnerable. In long-term care homes, for example, many used their closed-circuit television systems to broadcast Masses to each resident. Parishes sometimes instituted “drive-by” confessions, and hospital chaplains used tablets to make it possible for

quarantined patients to be able to speak with their families. As temporary adaptations, they have answered a need in an extraordinary time. But, as Pope Francis remarked in April 2020, we should not understand these solutions as a substitute for human presence in community.

In closing, it is perhaps too early to really know what lessons we should learn from this pandemic. But as a Christian community, it seems to me that we should consider that our devoted presence to those who were most vulnerable, our speaking about Catholic Social principles and how they should be applied to the challenges of inequity and disparity, and how we tried to take care of one another spiritually, are places that we can look for those lessons. Thank you for your time. ✚

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