"Touching Lives, Healing Communities"—the theme of the 2007 Catholic Health Assembly links us to the heart of the Gospel. It suggests something about how Catholic health care, as a ministry of the church, relates to the world and how it understands the scope of its concerns.

In an oft-neglected section of the *Ethical and Religious Directives for Catholic Health Care Services* (ERDs), we read:

Jesus not only taught his disciples to be compassionate, but he also told them who should be the special object of their compassion. The parable of the feast with its humble guests was preceded by the instruction: “When you hold a banquet, invite the poor, the crippled, the lame, the blind” (Lk 14:13). These were people whom Jesus healed and loved.

Catholic health care is a response to the challenge of Jesus to go and do likewise. Catholic health care services rejoice in the challenge to be Christ’s healing compassion in the world and see their ministry not only as an effort to restore and preserve health but also as a spiritual service and a sign of that final healing that will one day bring about the new creation that is the ultimate fruit of Jesus’ ministry and God’s love for us.¹

As this statement suggests, healing is central to the Gospel message and is integral to helping bring about God’s way (the reign of God) into the world. As it is so often said, carrying on the healing mission of Jesus, both to individuals and communities, is the essence of Catholic health care.

But what does this “healing mission” entail? Surely, it entails providing health care and healing resources to those individuals who come through our doors. It also entails assessing, and responding where possible, to the health needs of the communities in which Catholic health care finds itself. But is there more? The ERDs suggest that Jesus’ healing was a “radical” healing—that it went beyond the physical to other dimensions of the person and to root causes. “Jesus’ healing mission went further than caring only for physical affliction. He touched people at the deepest level of their existence, he sought their physical, mental, and spiritual healing” (Jn 6:35, 11:25-27). He “came so that they might have life and have it more abundantly” (Jn 10:10 and ERDs, General Introduction).

While “touching lives, healing communities” for Catholic health care might primarily entail holistic care for the health needs of individuals and communities, whether locally or in underdeveloped countries, the challenge of “touching lives, healing communities” might not stop there. At least two other dimensions suggest themselves. One is the healing of social conditions and environments. This naturally entails addressing the social structures that harm individuals and communities in multiple ways; structures that inflict and perpetuate injustice. This gets to the radical healing that Jesus was about. Surely, this aspect of healing is not the sole or even the primary responsibility of Catholic health care, but it is undoubtedly an essential part of Catholic health care’s healing ministry. “Touching lives, healing communities,” therefore, has a transformative dimension.

Another dimension is the healing of the moral character of communities. This does not mean that Catholic health care ought to “impose its values” upon others, but, rather, that it has an opportunity to have a transformative influence on communities by its commitment to a different set of values. The commitments of Catholic health care—to promote and defend human dignity (including the sacredness of human life), attend to the whole person, care for poor and vulnerable persons, promote the common good, act on
behalf of justice, steward resources—are ultimately countercultural. They stand in contrast to a society that so often does not respect human dignity or human life; that fails to see the person as a unity of physical, psychological, social, and spiritual dimensions; that marginalizes the poor, the weak, and the vulnerable; that fails to act justly toward all its members; and that squanders society's and the earth's resources. The value commitments of Catholic health care provide an alternative view of the world, of how life should be lived, and how human relationships ought to occur. The value commitments would seem to contribute more to human flourishing than so many of the values that characterize contemporary American society. Hence, another part of “touching lives, healing communities” is prophetic witness to how things might be different, intimations of the reign of God, of God's way in the world. This is an enormous responsibility for Catholic health care. It means that the ministry must be (and continue to become) what it claims to be.

A BROADER RANGE OF ISSUES

“Touching lives, healing communities” also suggests something about the issues that are and ought to be of concern to Catholic health care. There are some in the church who want everyone to narrow their focus to a specific range of life issues—abortion, embryonic stem cell research, emergency contraception, physician assisted suicide, and euthanasia. This focus on preventing the taking of human life is surely critical and worthy of intense efforts. “Touching lives, healing communities,” however, suggests a considerably broader range of issues—not only preventing the taking of human life, but also sustaining and enhancing the life that already exists.

To a great degree, Catholic health care embodies Cardinal Joseph Bernardin’s “consistent ethic of life.” As he explains it, “We must defend the right to life of the weakest among us; we must also be supportive of the quality of life of the powerless among us: the old and the young, the hungry and the homeless, the undocumented immigrant and the unemployed worker, the sick, the disabled, and the dying.” This approach is based on two fundamental convictions of Catholic social teaching—that human life is both sacred and social. “Because we esteem human life as sacred, we have a duty to protect and foster it at all stages of development, from conception to death, and in all circumstances. Because we acknowledge that human life is also social, we must develop the kind of societal environment that protects and fosters its development.”

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He mingled with those who were alienated from their communities.
And he sought to heal them. He was in their midst, not set apart. He engaged them, rather than excluded them.

Catholic health care is committed to enhancing the quality of life for individuals and communities by the care and service it provides, and by its efforts at transforming those societal conditions that contribute to a lack of health and healing.

Finally, “touching lives, healing communities” suggests something about how Catholic health care, as a ministry of the church, relates to the world. The nature of the relationship of the Christian community to modern culture has been a perennial question in theology. Christian theologians over the centuries have implicitly and explicitly identified a variety of approaches, ranging from withdrawal from contact with a sinful world to very close accommodation with the prevailing culture (see, for example, H. Richard Niebuhr's *Christ and Culture*). There are some in the church today who seem to view the world as evil, as a threat, as a “culture of death.” Their response is to retreat, to put up defenses, to disassociate themselves from wrongdoers. There is a great desire for orthodoxy, for purity, for keeping one's hands clean. “Touching lives, healing communities,” however, does not permit such a response (nor, actually, does the Gospel).

Jesus associated with sinners. He mingled with those who were alienated from their communities. And he sought to heal them. He was in their midst, not set apart. He engaged them, rather than excluded them. “Touching lives, healing communities” puts us right in the midst of the messiness of our sinful culture. It calls us to be a leaven; a healing and transforming force, advancing the reign of God, while, at the same time, learning from, affirming, and promoting what is good and right in the world.

NOTES
