RESPONDING TO THE U.S. BISHOPS' CALL AGAINST RACISM

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The U.S. bishops have issued a stirring letter to the faithful and the nation on the evil of racism in our culture. How can Catholic health care respond? We can reflect carefully on how racism affects all aspects of health care — whether it manifests as open discrimination, hidden bias or entrenched institutional elements that contribute to unjust, disparate health outcomes — and take action for change.

At their November 2018 general meeting, the U.S. Conference of Catholic Bishops approved by an overwhelming majority vote a new statement, "Open Wide Our Hearts: The Enduring Call to Love, A Pastoral Letter Against Racism." The bishops call us all to acknowledge and address the sin of racism as individuals and as a society. Each individual must honestly examine his or her own heart for instances of intentional or unconscious racist actions or attitudes, or times we have stood silent when in the face of racial injustice. We also must be aware of how the effects of racism and racist attitudes manifest in unjust social structures and are embedded in the practices and policies of social, political and economic institutions. The sin of racism is an attack on human life, the bishops write. They affirm that racism, which violates the dignity inherent in each person, is a life issue.

The responsibility for confronting the injustice of racism and healing its harms belongs to all the faithful. The bishops pledge to work nationally to promote dialogue, understanding and public policies that move us toward true equality. Locally, within Catholic parishes, schools, dioceses and organizations, they call for education, catechesis and intentional efforts to increase diversity in hiring and contracting. They also urge all the faithful to join them in "advocating and promoting policies at all levels that will combat racism and its effects on our civic and social institutions."

As Catholic health care, we can respond to this call by taking an honest and hard look at how racism affects health care in our country. Where do we see overt evidence of racism or find its vestiges playing out around us? And what can we do about it?

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Clear examples of individual racism in actions or words should be easy to identify and elicit a swift response. Racism that manifests as employment discrimination violates both civil rights law and Catholic moral ethics: internal employee policies and training should provide clear direction on what is and is not acceptable behavior. But that doesn't mean overt instances of racism don't occur in the health care workplace. For example, it is not uncommon for patients to refuse or demand treatment based on a physician's racial identity. This situation can present legal and ethical quandaries for providers and hospitals who have obligations

to follow the law, respect patients' rights and support physicians, who may be their employees.[1]

But our individual interactions also can be influenced by unconscious bias or a lack of cultural awareness. In the health care context this can mean caregivers may treat patients differently based on racial or ethnic characteristics without even being aware of it. That's why Catholic health facilities should share best practices and follow the examples of Bon Secours Mercy Health, Catholic Health Initiatives, Trinity Health and other systems that have adopted strategies to address the effects of unconscious bias.

We also must identify and confront the ways in which the effects of racism and racist attitudes have been embedded in health care structures. One way Catholic health care can start is by looking at who works for and runs our systems and hospitals. The health care community still has a lot of work to do when it comes to increasing the presence of traditionally underrepresented groups within leadership positions. According to the most recent benchmark survey by the Institute for Diversity and Health Equity, only 9 percent of hospital CEOs are minorities and 14 percent of board members, while minorities make up 32 percent of the patients at reporting hospitals and closer to 40 percent of the general population. Catholic health care institutions should make increasing the diversity of their senior management and governance bodies a priority, by intentionally seeking out diverse candidates and recruiting board members from among the communities they serve.

Racism plays a role in individual health outcomes and population-level health disparities. Studies have shown that people who report they have experienced instances of racism are at higher risk of adverse psychological and physical conditions. Some experts believe the long-term stress of anticipating and managing racial injustice in our culture can have harmful physiological effects, which may help explain why African-American mothers and infants have significantly worse birth-related outcomes.

Disparities in health outcomes and access to health care among racial, ethnic, geographic, socioeconomic and other groups are well-documented. There is growing recognition of the ways social factors such as economic status, education, employment, social support networks, neighborhood safety and adequate housing affect the health of communities and contribute to the existence of health disparities. Access to posi-

"We have a unique opportunity and responsibility in health care to be a part of solutions needed to address racism. By taking a daily stand against unconscious bias, discrimination and violence to people of color we set a tone in our health care settings that says, 'not here, we are operating sacred spaces of healing.' In doing so, we model that we are good stewards and hold in high honor the privilege to serve others in health care. It should break our hearts each time we see injustice to others. Let us not look the other way or become desensitized to this call to love God and all that He has created. To be silent on racism is to be complicit. Addressing racism requires action as individuals and collectively as a health care ministry which seeks to build healthier communities."

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tive social determinants of health are not evenly distributed amongst communities, and ongoing structural racism is one reason. The reality of generations of racial discrimination in housing, education and employment affects where people live, the kinds of jobs they have, and their ability to access family economic resources, all of which contribute to health status and the existence of health disparities.

These are just some of the ways we can begin to examine the relationship between racism and health. What can Catholic health care do in response?

First, we must take responsibility for acknowledging the health effects of racism and educating ourselves and others on how structural racism contributes to the existence of health disparities. Catholic hospitals also can commit to taking a leadership role in addressing and improving the social determinants of health in their communities. CHA has developed resources on social determinants of health and the Catholic tradition to help its members begin, such as *Healing the Multitudes: Catholic Health Care's Commitment to Community Health*. Many hospitals already are taking action through their community benefit process, which can be a powerful tool for addressing health disparities. As a ministry we can support local and national public policy efforts to address racism and its effects on health and make sure new policy proposals do not disproportionally harm minority communities or exacerbate racial inequity.

As a Catholic health ministry, we affirm our church's teaching that each individual possesses inherent dignity as a person created in the image of God. Racism is a direct and intolerable affront to that dignity and stands in direct opposition to the mission of Catholic health care and the Catholic social tradition. We are called to act with a firm and ongoing commitment to be an agent of change and healing.

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NOTE

1. The Summer 2017 edition of *Health Care Ethics USA* presented an analysis of how a Catholic health care entity should approach these situations, based on the principle of cooperation with evil to discern when it would or would not be licit to honor such a request. https://www.chausa.org/publications/health-care-ethics-usa/summer-2017.

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