

SOCIAL JUSTICE ■ AND CATHOLIC HEALTH CARE

Tzedakah, the Hebrew word often translated as “charity” in English, is derived from the Hebrew root צדק (Tzadi-Dalet-Kof), meaning *righteousness, justice, or fairness*. Even if we don’t use the Hebrew words, we aspire to *tzedek*, justice, which is why we respond to this broken world with acts of *tzedakah*.

In 2006, *Health Progress* will publish a yearlong series of articles examining various topics in relation to the social justice teachings of the Catholic Church. Each article will present a thorough and engaging discussion and analysis from a distinguished practitioner or thinker examining social justice and the attendant obligations on Catholic health care.

Professor Michael J. Naughton’s brief essay “Catholic Social Tradition: Teaching, Thought, Practice” serves as a useful headnote to the series. An excerpt from a new education tool developed in response to a need identified by CHA’s Ministry Leadership Development Committee, Naughton’s discussion illustrates the dynamic among the three dimensions of the Catholic social tradition—teaching, thought, and practice—reminding us that the purpose of the teaching is that we may know how to act. We seek to understand principles of social justice so that our actions will be just.

Practice can incarnate teaching and thought. The conclusion reached by Scott McConnaha in his article inaugurating this series is that practice is the reason to contemplate the teaching. McConnaha, a CHA editor and graduate student in health care ethics, makes clear that health care disparities are 100 percent real and that the social justice teachings of the church make those disparities unacceptable. He understands the social justice teachings as a “call to action,” and he prescribes with some particularity for Catholic health care:

The Catholic health ministry in the United States is perfectly positioned to lead by example in undoing the injustice of health care disparities. With the social justice teachings of the church urging them forward, health ministry leaders can and should equip themselves with an understanding of the health care disparities problem, identify its sources, and quickly be about the work of change.

Be quick now.

—DAVID WARREN, PhD