

# RACISM, POVERTY AND STRUCTURES OF SIN

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Pope John Paul II wrote forcefully of the existence of structures of sin and our responsibility to correct them. “Structures of sin,” he wrote in the encyclical *Sollicitudo Rei Socialis*, “are rooted in personal sin, and thus always linked to the concrete acts of individuals who introduce these structures, consolidate them and make them difficult to remove. And thus they grow stronger, spread and become the source of other sins, and so influence people’s behavior.”<sup>1</sup> The cumulative effects of personal sins contribute to the creation of structures of sin, leading to unjust institutions and relationships in society contrary to the common good.<sup>2</sup>

The personal sin lies not just in those who commit overt acts of sinful injustice but also in those “who are in a position to avoid, eliminate or at least limit certain social evils but who fail to do so out of laziness, fear or the conspiracy of silence, through secret complicity or indifference; of those who take refuge in the supposed impossibility of changing the world and also of those who sidestep the effort and sacrifice required, producing specious reasons of higher order.”<sup>3</sup>

## RACIAL INJUSTICE: A STRUCTURE OF SIN

The U.S. bishops have also called us to recognize how sin can become embedded in our social structures and institutions. In their November 2018 document, “Open Wide Our Hearts: The Enduring Call to Love, A Pastoral Letter Against Racism,” the bishops call us to awareness of how the effects of the sins of racism and racist attitudes manifest in unjust social structures and are embedded in the practices and policies of social, political and economic institutions. “Many of our institutions still harbor, and too many of our laws still sanction, practices that deny justice and equal access to certain groups of people.”<sup>4</sup>

In CHA’s Confronting Racism by Achieving Health Equity pledge, the Catholic health ministry acknowledges the effects of structural sin on the health of individuals and communities. This 2020 pledge by CHA members strengthened Catholic health care’s commitment to achieve eq-

uity in health systems, facilities and communities and advocate for systemic change.

We have an obligation to identify and address how the effects of racism and racist attitudes have been embedded in health care structures. CHA and the Catholic health ministry are committed to addressing the systemic causes of health disparities among underserved and vulnerable populations. We do this by looking at internal practices and how they may perpetuate health disparities or unjust outcomes; by advocating to end policies that exacerbate or perpetuate economic and social inequities; and by working in just relationship with our communities for sustainable change in the social conditions that result from and shore up systemic racism.

Poverty is one of the social inequities intertwined with racism. In an earlier pastoral letter on racism, the bishops began by stressing that racial and economic justice are inextricably linked.<sup>5</sup> To break the cycle of poverty and racism, in 1970, the U.S. bishops created the Catholic Campaign for Human Development (CCHD).<sup>6</sup>

## UNDERSTANDING THE CYCLE OF POVERTY

Poverty is not merely a lack of money. It’s a deeply complex and interconnected issue perpetuated by systemic barriers, such as limited access to quality education, stable employment, affordable health care and safe housing. Each factor reinforces the others, creating a self-sustaining

cycle that traps individuals and families across generations. Structural barriers in employment, housing, health care and education make it exceedingly difficult to break free. They disproportionately affect communities of color and other marginalized groups, deepening cycles of poverty and inequality.

Many urban and rural communities have also been overlooked when it comes to resources and opportunities. This ongoing lack of investment has left families facing significant challenges: struggling local economies, few employment opportunities, lack of quality and/or affordable housing, underfunded schools and limited access to health care. These structural barriers don't exist in isolation — they build on each other, creating a cycle that makes it harder for people to thrive and break free.

Policies like redlining, the discriminatory practice in which financial services are withheld in certain neighborhoods, have entrenched poverty in marginalized communities, particularly among communities of color. And poor neighborhoods are disproportionately located near industrial zones, landfills or other environmental hazards, exposing residents to pollutants that increase rates of chronic diseases.<sup>7</sup>

## **These structural barriers don't exist in isolation — they build on each other, creating a cycle that makes it harder for people to thrive and break free.**

These stressors create environments that hinder social mobility and economic progress. For example, children raised in poverty are less likely to graduate from high school or access higher education, reducing their future economic opportunities. These same families often remain trapped due to inadequate resources, lack of opportunity and systemic inequities.

The Catholic health care ministry is well familiar with the effects of poverty and racism on health. People with incomes at or near the poverty level are more likely to be uninsured or underinsured, especially in states that have not expanded Medicaid, as are Black and Hispanic adults, leading to delayed medical care, poor health outcomes and higher personal health care costs.<sup>8</sup>

Exposure to chronic stress from the effects of

poverty and racism can adversely affect mental and physical health. Studies have shown that people who report they have experienced instances of racism are at higher risk of adverse psychological and physical conditions.<sup>9</sup> 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.<sup>10</sup>

### **WORKING IN RELATIONSHIP WITH COMMUNITIES**

Through their community benefit work, and following the example of their founders, Catholic health care systems seek to meet the needs of the time among those they serve, especially the needs of those who are vulnerable and disenfranchised. This work is done in collaboration with the community by fostering and sustaining authentic, just relationships and working toward mutually agreed-upon goals.

CCHD, through its work as the national anti-poverty program of the U.S. Catholic bishops, also empowers local communities to advocate for policy changes, develop businesses and invest in local economic and social justice initiatives that tackle the systemic roots of poverty. These can include creating affordable housing through economic development programs like community land trusts and advocating for things like workers' rights and safer neighborhoods.

CCHD also funds economic development projects like worker-owned cooperatives, which empower communities to take ownership of local businesses and resources. Many CCHD-funded organizations focus on addressing the systemic disparities that disproportionately affect communities of color, ensuring that marginalized groups have a voice in decision-making processes.

Here are just a few examples of projects CCHD has supported:

■ The **Chicago Coalition to Save Our Mental Health Centers** is working to preserve and expand access to vital mental health services in underserved Chicago neighborhoods. Their work addresses mental health disparities by advocating for and reopening mental health facilities in underserved areas, including leading the passage of state laws allowing neighborhoods to fund mental

health through referendums.

■ **Centro de Trabajadores Unidos en la Lucha**, based in Minneapolis, seeks to protect worker rights by addressing wage theft and other workplace injustices and providing essential protections for both unionized and nonunionized workers.

■ **Together New Orleans' Community Lighthouse Project** transforms churches and other neighborhood institutions into solar-powered facilities where people can shelter when natural disasters, such as hurricanes, cause power outages. In addition, the program implements solar power training programs at community lighthouses while working with local government to reform regulations, thereby making solar power more available to low- and middle-income residents.

#### HEALING STRUCTURAL WOUNDS TOGETHER

Breaking the cycle of poverty requires a multifaceted approach that addresses structural issues such as racism, education, economic opportunities and health disparities simultaneously. CCHD is one way the Church in the United States works to address this through its commitment to systemic change, active grassroots participation and solidarity.

Through the work of CCHD, individuals and parishes can play a vital role in transforming communities and ensuring a future where all can thrive. Catholic health care also carries forward this work of the Church through clinical care, community benefit, advocacy and the Confronting Racism pledge.

CCHD and Catholic health care are two ministries leading the Church's efforts to end sinful structures of poverty and racism in our nation. Reach out to your local diocese to learn more about what CCHD is doing in your community, how your facility can support its work and how CCHD can draw on its own community connections to contribute to community benefit planning. Together, we can bring the healing power of Jesus to our country's structural wounds and elevate the flourishing of our sisters and brothers.

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#### NOTES

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