

# THE CHURCH AND DIVERSITY

## *Catholic Social Teaching Provides a Firm Basis for Following the Principle of Inclusion*

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Leaders of Catholic health care organizations, as they address the issue of diversity and work to build inclusive cultures, are often overwhelmed, perhaps stymied, by the immensity of the task ahead. Sponsors, board members, and senior executives search for ways to sort out the sometimes conflicting moral obligations concerning an issue such as affirmative action. Catholic social teaching is probably not the first place that perplexed leaders look for answers. However, Catholic social thought offers principles for reflection, provides criteria for judgment, and, in some cases, suggests guidelines for action. In fact, Catholic social teaching can uniquely inform an understanding of the health care ministry's need for greater diversity and inclusion.

It is useful, in coming to understand how the tradition applies to diversity and inclusion, to identify the potential scope of moral questions that fall under that rubric. As everyone notes, no consensus exists concerning the definitions of "diversity" and "inclusion." They vary with each interpreter. Nonetheless, when people think about the two words, they usually have practical questions in mind. Among these questions are:

- How does a health care institution go about creating a level playing field for job opportunities, and how far need it go in doing so?
- How does a health care institution go about balancing the need to repair past social injustices with the need to create a community of inclusion that leaves no one out?
- How does a health care institution ensure that its workforce mirrors differences found in the local population?
- How does a health care institution go about eliminating sexism, racism, ageism, and all the other isms from its workplace?

- How does such an institution foster acceptance of and reverence for the members of all races, ethnicities, religions, languages, genders and sexual orientations, and people affected by various conditions—economic (e.g., the poor), social (e.g., the undereducated), and mental and physical (e.g., those with disabilities)?

- How does a health care institution foster diversity and inclusion and, at the same time, meet its financial obligations?

These questions and the practical problems they represent—all of which are part of an expanding fabric of diversity and inclusion—concern not just employees but also patients, vendors, unions, and, in fact, anyone with whom a Catholic health care institution forms a relationship. How does a health care institution overcome and rectify barriers that have impeded inclusion? And how does such an institution create a culture in which its policies foster inclusion?

### **CATHOLIC SOCIAL TEACHING**

It is useful, before considering the particular details of diversity and inclusion, to consider first the origins, content, and importance of the relevant Catholic social teaching. The church's social teaching was developed during the 19th century, a period in which the Gospel encountered modern industrial society with its new structures for the production of consumer goods, its new concepts of state and society, and its new forms of labor and ownership. However, the roots of the social teaching are biblical: the Hebrew prophets announced God's special love for the poor and called God's people to a covenant of love and justice. The social teaching is also founded on the life and words of Jesus Christ, who came "to bring glad tidings to the poor . . . liberty to captives . . . recovery of sight to the blind" (Lk 4:18-19) and who identified himself with "the least of

these," the hungry and the stranger (Mt 25:45). As the theological tradition emerged from the truths revealed to us by God, it emphasized the triune God, whose very nature is communal and social in its interrelatedness. Therefore, we who are made in God's image share this communal, social nature.<sup>1</sup>

The social tradition covers an array of principles concerning practical moral issues, all of which affect humans in their social lives. There is no official list of the principles governing the social teaching, but one scholar has suggested that 10 principles essentially undergird the teaching. These are the principles of human dignity, respect for life, association, participation, preferential protection of the poor, solidarity, stewardship, subsidiarity, equality, and the common good. The number of the principles is not important; what is important is how they are used. The scholar who suggested them put it nicely: "Principles, once internalized, lead to something," he writes. "They prompt activity, impel motion, direct choices. A principled person always has a place to stand, knows where he or she is coming from and likely to end up. Principles always lead the person who possesses them somewhere, for some purpose, to do something, or choose not to."<sup>2</sup> Therefore, the principles of social teaching should act as a compass concerning the particular issues that Catholic health care institutions must address, including diversity and inclusion.

Over the past 150 years, Catholic social teaching addressed specific issues that fall under the umbrella of diversity, such as those concerning economic justice,<sup>3</sup> racism,<sup>4</sup> sexism,<sup>5</sup> and the dignity of the human worker.<sup>6</sup> Many, if not all, of the practical conclusions reached by the social teaching have counterparts in an ethics of common human morality that is accessible to all people. Catholic social teaching, emerging from Scripture and tradition, builds on common human morality.

In what follows, I will discuss diversity and inclusion as they are touched upon by three of the 10 social teachings: on human dignity, the common good, and the preferential option for the poor.

### HUMAN DIGNITY

The conviction that human dignity is innate because people are made in the image of God is one example of Catholic social teaching. This teaching addresses three realms of existence: personal, societal, and institutional. When one is assigning priorities in moral obligations, the promotion and protection of the personal realm should be first. The societal and institutional realms exist to protect the personal one; as Pope

Leo XIII noted in *Rerum Novarum*, "Persons precede the state." Injunctions to affirm the dignity of the human person are found throughout the social teaching and are unequivocal: Human dignity arises from who humans are, not from what they do or have. This transcendent view of human dignity is tied to the scriptural notion that all people are made in the image of God (Gn 1:27). "We believe that the person is sacred—the clearest reflection of God among us," write the U.S. bishops. "Dignity comes from God, not from nationality, race, sex, economic status, or any human accomplishment."<sup>7</sup> In *Pacem in Terris*, Pope John XXIII is emphatic: "It is not true that some human beings are by nature superior and others inferior. All persons are equal in their natural dignity."<sup>8</sup>

This faith perspective is not foreign to common human morality. The Declaration of Independence, for example, states that all people are created equal. This tenet—natural equality, implying the innate dignity of each citizen—is the foundation of a free society. Put negatively, the tenet suggests that when society tolerates unequal treatment for even one person, it may end by tolerating unequal treatment for all. Catholic social teaching builds on the equality/dignity perspective and bolsters reverence for persons because they are made in the image of God. Where inequality exists, Catholic social teaching is clear about the positive steps that should be taken to rectify it. "With respect to the fundamental rights of the person, every type of discrimination, whether social or cultural, whether based on sex, race, color, social condition, lan-

## A Texas Diocese on Diversity

In paragraph 11 of its *Synod Recommendations on Social Justice*, adopted November 21, 1999, and available at [www.dioceseofbmt.org/documents/documents.htm](http://www.dioceseofbmt.org/documents/documents.htm), the Diocese of Beaumont, TX, said:

The Church in Southeast Texas has great diversity. Among the things that make us different, one from the other, are ethnic and cultural heritage. We are: African Americans, Vietnamese, Filipinos and a rapidly growing Spanish speaking population as well as Caucasians of Cajun and Italian descent. We are not all identical, some of us are different personally, emotionally, physically. Some persons have like-gender sexual orientation. Some persons are unable to enter the mainstream of society and are jobless and homeless. Some persons struggle with addictions. Although we are all sisters and brothers, no one of us is identical to the other. Awareness of diversity can lead to supporting individuals and enriching the faith community or it can lead to prejudicial behaviors. . . . Our call to follow Jesus' example asks all of us to be open and accepting of the differences in others and to come together as a community of faith.

guage, or religion, is to be overcome and eradicated as contrary to God's intent."<sup>9</sup>

The U.S. bishops recommend further positive steps:

Discrimination in job opportunities or income levels on the basis of race, sex, or other arbitrary stands can never be justified. It is a scandal that such discrimination continues in the United States today. Where the effects of past discrimination persist, society has the obligation to take positive steps to overcome the legacy of injustice. Judiciously administered affirmative action programs in education and employment can be important expressions of the drive for solidarity and participation that is at the heart of true justice. Social harm calls for social relief. The nation should renew its efforts to develop effective affirmative action policies that assist those who have been excluded by racial or sexual discrimination in the past.<sup>10</sup>

Although the bishops say that society has a positive obligation to promote justice, they do not make it clear how far private institutions must go in the drive for true justice. Most people would agree that private institutions are responsible for rectifying harm they have caused, especially if the harm is the result of discrimination and the victims of it can be identified. Take, for example, Catholic Hospital A, which is situated in an area with a high concentration of poor people or minorities even though its historical pattern of services is directed to the affluent. Hospital A's leaders might want to examine whether they have an obligation to act with restorative justice by focusing services on those against whom their facilities' may have discriminated.

#### THE COMMON GOOD

Another keystone Catholic social teaching that sheds light on obligations of diversity and inclusion arises from notions of the common good. A common human morality, dating back to Aristotle, considers the existence of society—and the state in particular—as essential to human flourishing. "A state exists for the sake of the good life, and not for life only," Aristotle wrote.<sup>11</sup> The common good requires not only that individuals have life but that they also flourish.

The Catholic social tradition adds to this view of common human morality a definition of the common good as "the sum total of the conditions of social living, whereby persons are enabled to achieve their own perfection."<sup>12</sup> This means that a society should put in place structures that

aid the flourishing of all of its members, by, for example, eliminating structures that cause discrimination. The common good is only realized when the dignity of each person is realized.<sup>13</sup> Conversely, when the dignity of one individual is diminished, the potential for the flourishing of the common good is impeded.

We might cite here the example of Hospital B. This institution has not fully attended to ethnic differences in its patient population, which includes a high concentration of Indian Muslims. It is difficult to maintain, when differences of race, ethnicity, and religion are not attended to, and, as a result the special needs of Muslim female patients are slighted, that the common good is being promoted. And if Hospital B also retains subtle, historical barriers to advancement because of gender, race, or disability, it is difficult to maintain that the core value of the common good is truly protected and promoted.

#### PARTICIPATION

The concept of inclusion is woven into the principles of the common good and participation. In speaking directly of Catholic social teaching, the U.S. bishops recently said: "We believe people have a right and a duty to participate in society, seeking together the common good and well-being of all, especially the poor and vulnerable."<sup>14</sup> Unless a person enjoys full rights of participation, he or she will be unable to realize the benefits available from society's institutions. The human person has a right not to be excluded from participation in the institutions necessary for human fulfillment.

This principle applies in a special way to conditions associated with work. "Work is more than a way to make a living; it is a form of continuing participation in God's creation. If the dignity of work is to be protected, then the basic rights of workers must be respected—the right to productive work, to decent and fair wages, to organize and join unions, to private property, and to economic initiative."<sup>15</sup> Participation means, not merely inclusion in work, but, more importantly, being allowed to perform work that fits one's abilities. St. Augustine held that the common good ultimately reflects God's own self, and on that basis humans will never reach fulfillment in God until everyone is included. Diversity is a way of enriching the common good by increasing the number of elements or ingredients. To the extent that we exclude anyone from full participation, we weaken and thin the common good.

#### THE PREFERENTIAL OPTION FOR THE POOR

Knowing something about the Catholic social teaching on the preferential option for the poor is essential to understanding the moral obligations

of diversity and inclusion. The notion of a preferential option for the poor is solidly rooted in Scripture. God heard the cry of the oppressed and brought them out of bondage and slavery (Ex 8:1). Jesus' ministry brought "good news to the poor, to proclaim liberty to captives" (Lk 4:18-20). Jesus had a special concern for the rejected and outcasts of society— lepers, the crippled, and the sick.

The preferential option for the poor was given a modern interpretation in 1971 when the Synod of Bishops issued *Justice in the World*, a document that addressed all those of the world's population who are marginalized or in some way barred from participation in society's benefits. "Marginalization" was made a primary criterion in judging whether human dignity had been violated; the marginalized person was understood to be anyone who had been treated as a second-class citizen, such as women and minorities. In a 1990 speech, Pope John Paul II cautioned that the preference for the poor should not exclude people who had previously been favored by society.

An "option for the poor" has come to mean opposing structural injustice wherever it is, and includes solidarity and compassion that shares to some extent the plight of those left behind. For some commentators, the practical institutional applications of the option include:

- Conducting a careful analysis to understand the roots of the structural injustice
- Distancing oneself from collusion with the groups or forces that are responsible for the injustice
- Executing a carefully planned and concerted challenge to the injustice
- Designing realistic institutional alternatives to the unjust structures<sup>16</sup>

In the case of Hospital C, for example, this means that its leaders should seek to understand possible barriers to the full participation of minorities in the hospital workplace. In examining such barriers, the leaders might come to see that simple inertia is frequently among them. Having identified this and other barriers, Hospital C's leaders should develop, refine, and execute a careful plan to foster inclusion. Once that plan was carried out, Hospital C could truthfully claim that it had expressed the value of the preferential option for the poor.

The principles of Catholic social teaching articulated above should not be thought of as rules requiring conformance. Rather, they should be seen as goals toward which the health care ministry aspires. Catholic health care's mission is clear—namely, that it is a community of persons committed to being a transforming, healing presence in the communities served. As the Catholic social teach-

ing prophetically notes, being a transforming and healing presence is not limited to medical care and can be attained by protecting and promoting human dignity through a culture of inclusion.

As in all moral life, immediate change is often impossible in the face of structurally complex problems. But a Catholic health care organization that has expressed an intention to better align itself with those goals has already taken a significant step in the pursuit of our mission. □

## NOTES

1. See the National Conference of Catholic Bishops, *Sharing Catholic Social Teaching: Challenges and Directions*, U.S. Catholic Conference, Washington, DC, 1999, available at [www.nccbuscc.org/sdwp/projects/socialteaching/socialteaching.htm](http://www.nccbuscc.org/sdwp/projects/socialteaching/socialteaching.htm).
2. William J. Byron, "Ten Building Blocks of Catholic Social Teaching," *America*, October 31, 1998, available at [www.americapress.org/articles/byron.htm](http://www.americapress.org/articles/byron.htm).
3. National Conference of Catholic Bishops, *Economic Justice for All: Pastoral Letter on Catholic Social Teaching and the U.S. Economy*, U.S. Catholic Conference, Washington, DC, 1986, para. 13, available at [www.osjspm.org/cst/eja.htm](http://www.osjspm.org/cst/eja.htm); and World Synod of Catholic Bishops, *Justice in the World*, 1971, available at [www.osjspm.org/cst/jw.htm](http://www.osjspm.org/cst/jw.htm).
4. National Conference of Catholic Bishops, *Brothers and Sisters to Us: Pastoral Letter on Racism*, U.S. Catholic Conference, Washington, DC, 1979, available at [www.osjspm.org/cst/racism.htm](http://www.osjspm.org/cst/racism.htm).
5. National Conference of Catholic Bishops, *To Do the Work of Justice*, U.S. Catholic Conference, Washington, DC, 1978, available at [www.justpeace.org/nccb541978.htm](http://www.justpeace.org/nccb541978.htm).
6. Pope Leo XIII, *Rerum Novarum*, 1891, available at [www.osjspm.org/cst/rn.htm](http://www.osjspm.org/cst/rn.htm).
7. National Conference of Catholic Bishops, *Economic Justice for All*, para. 13.
8. Pope John XXIII, *Pacem in Terris*, 1963, para. 89, available at [www.osjspm.org/cst/pt.htm](http://www.osjspm.org/cst/pt.htm).
9. Second Vatican Council, *Gaudium et Spes*, 1965, para. 29, available at [www.osjspm.org/cst/gs\\_cos1.htm](http://www.osjspm.org/cst/gs_cos1.htm).
10. National Conference of Catholic Bishops, *Economic Justice for All*, paras. 73 and 167.
11. Aristotle, *Politics*, Trevor J. Saunders, trans., Penguin, London, 1980, para. 128b.
12. Pope John XXIII, *Mater et Magistra*, 1961, para. 65, available at [www.osjspm.org/cst/mm.htm](http://www.osjspm.org/cst/mm.htm); and Second Vatican Council, para. 26.
13. Pope John XXIII, *Pacem in Terris*, para. 9.
14. National Conference of Catholic Bishops, *Sharing Catholic Social Teaching: Challenges and Directions*, U.S. Catholic Conference, Washington, DC, 1999, p. 5.
15. National Conference of Catholic Bishops, *Sharing Catholic Social Teaching*.
16. See Donald Dorr, "Preferential Option for the Poor," in *The New Dictionary of Social Thought*, Judith Dwyer, ed., Liturgical Press, Collegeville, MN, 1994, p. 755.

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