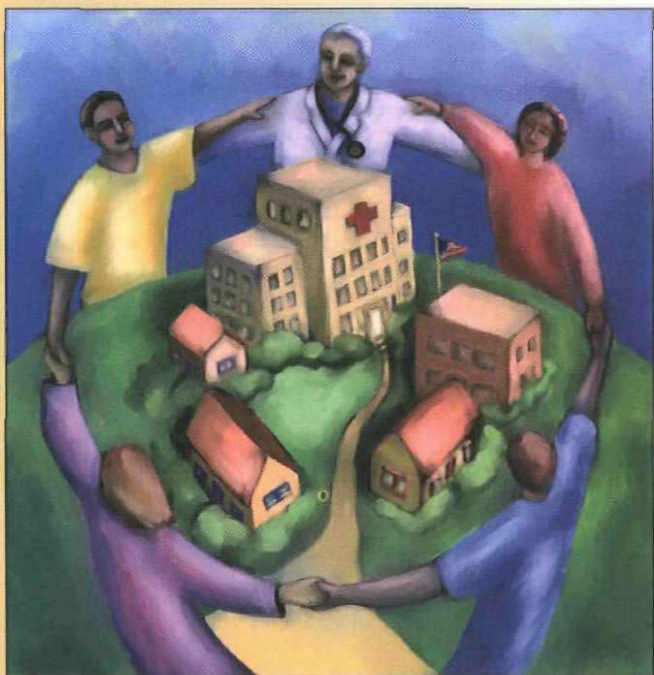


The Theology of Community Benefit

Our Tradition Obliges Us to Reach Out beyond Our Hospital Walls



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Since 1989, Catholic health care in the United States has engaged in a defined process to measure and report the benefit it offers to the communities it serves. Catholic health facilities relate to their communities as provider, employer, advocate, and citizen. Recognizing an obligation to report community benefit activities long before states began challenging the not-for-profit status of health care services, Catholic health care determined to evaluate and relate community benefit because it was the right thing to do. This obligation flows directly from Catholic health care's identity and the fact that our faith proclaims that we are a human community. Catholic health care commits itself to promote and defend human dignity, care for poor and vulnerable people, promote the common good, and steward resources—all vital aspects of benefit programs.¹

THE COMMON GOOD

Our faith reminds us that every person, having been created in God's image, is sacred and possesses inalienable worth. Catholic health care's mission, therefore, is to treat individuals, their families, and their various communities with profound respect and utmost regard, marshaling all of its considerable resources to advance the health and dignity of each person with whom it comes into contact. Jesus, in prayer to his Father, prayed that "they may be one . . . even as we are one" (Jn 17:21-22), thus grounding the faithful in profound interrelationship. All people, redeemed by the life and death of Jesus, share a common

God, a common human relationship that obliges us to be “our brother’s keeper” (Gn 4:9).

The human dignity of individuals finds expression and recognition within the context of community. The full achievement of human dignity is possible only within the context of membership and participation in the life of the human community.² In modern church teaching, there is perhaps no clearer explication of human dignity in community than in *Gaudium et Spes* (*Church in the Modern World*), promulgated on December 7, 1965, at the close of the Second Vatican Council. The council fathers remind us that by our very nature we are social beings. Indeed, unless we enter into relationship with others, we will fail to live or develop our innate human gifts.³ Arguing against the individualism of the modern age, *Gaudium et Spes* argues that the very fact that we are social beings shows an “interdependence between personal betterment and the improvement of society.”⁴

SPECIAL AFFECTION FOR THE POOR

Recognizing that Jesus had a special affection for and ministry to poor and vulnerable people, Catholic health care provides “service to and advocacy for those people whose social condition puts them at the margins of our society and makes them particularly vulnerable to discrimination.”⁵ This obligation arises not from noblesse oblige, but because all people—the healthy and the sick, the rich and the poor, the well-educated and those with little education—are children of the same loving God.

Virtually every social encyclical since *Gaudium et Spes* insists that the faithful, members of the human community, are called to contribute to the common good. “Every group must take into account the needs and legitimate aspirations of every other group, and still more of the human

family as a whole.”⁶ Catholic health care commits itself to this common good, “the sum total of social conditions, which allow people, either as groups, or as individuals, to reach their fulfillment more fully and easily.”⁷ The pursuit of the common good compels Catholic health care facilities to press their energies beyond charity care to advocacy for the poor and vulnerable, and preventive care for those who are well. Dedication to the common good encourages Catholic facilities, instead of simply waiting for the sick to come to their doors, to go out into their respective communities to seek those in need of health care.

Precisely because of the church’s commitment to the common good, promotion of community benefit (and the tracking of community benefit data) arises within Catholic health care from concern neither for not-for-profit status nor public perception, but rather from a deep and abiding sense of its identity as a healing ministry of the church. Community benefit is a viable expression of the church’s recognition that society as a whole is responsible for allowing each and every member to pursue life’s goods. ■

NOTES

1. U.S. Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*, Washington, DC, 2001, pp. 8-9.
2. Second Vatican Council, *Gaudium et Spes*, 1965, paras. 24-27.
3. Second Vatican Council, para. 12.
4. Second Vatican Council, para. 25.
5. U.S. Conference of Catholic Bishops, directive 3, pp. 9-10.
6. Second Vatican Council, para. 26.
7. Second Vatican Council.

SUMMARY

The Catholic health ministry’s concern for communities stems from the church’s belief that human dignity is most fully expressed and recognized within the context of community. We humans are social beings by our very beings, and unless we involve ourselves in relationships with others, we fail to develop our innate human gifts.

We who serve Catholic health care recognize that Jesus had a special affection for and ministry for the poor and

vulnerable. Our church calls on us to provide service and advocacy for people whose disadvantages put them at society’s margins.

This obligation arises from the fact that all people—the healthy and the sick, the rich and the poor, the well-educated and the untaught—are children of the same loving God. Sharing that God, we are our “brother’s keeper.”

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