



# Global Health and Catholic Social Commitment

BY LISA SOWLE CAHILL, PhD

Dr. Cahill is J. Donald Monan Professor, Theology Department, Boston College, Chestnut Hill, MA.

**T**he majority of the Earth's people lack what most Americans would consider the essentials of a healthy life. Half the people in the world—nearly three billion—live on less than \$2 a day. About 790 million people in the developing world, almost two-thirds of them from Asia and the Pacific, are chronically undernourished. Lack of access to clean water and basic sanitation are huge causes of disease and death, especially for young children. According to UNICEF, 30,000 children die daily from poverty; 1.8 million die every year from diarrhea.

It would take about \$9 billion in additional funds to provide water and sanitation for all in the developing world, \$12 billion to provide women with medical care needed for pregnancy and childbearing, and \$13 billion to cover basic health and nutrition. Now consider this: Europeans spend \$11 billion a year for ice cream. Americans spend \$8 billion a year for cosmetics. The United States and Europe combined spend \$12 billion for perfumes. We Americans and Europeans spend \$17 billion for pet food. And world military spending has risen to an incredible \$780 billion.<sup>1</sup>

## KEY TO CATHOLIC ACTIVISM

The key to Catholic activism for change in the current worldwide system of health care injustice is Catholic social teaching. Catholic social teaching is centered on the concepts of, first, the dignity of the person and, second, the common good. According to the modern papal social encyclicals, people have an inherently social nature, entailing both rights and responsibilities to others and to society.<sup>2</sup> Every person has a right to share in the benefits of the common good; but everyone also has a right and a duty to contribute one's share to the welfare of others, to the whole community, and even to the global community of humankind, especially the least well-off and most vulnerable.

Since the Second Vatican Council, the common good has been restated as the "*universal* common good." The common good belongs to "the entire human family," since everyone is made in the image of God and is entitled to "everything necessary for leading a life truly human."<sup>3</sup> Catholic social teaching stresses that there is an international political and economic responsibility to protect the common

good, a responsibility often tied to international government as embodied by the United Nations.<sup>4</sup>

But Catholic social teaching is not just a *theory*. Its values and ideals are embodied in a vibrant tradition of Catholic social *action*. It demands participatory and democratic political action aimed at improving the conditions of social life on which the common good depends. This means that, across all levels of society and politics, everyone committed to health care justice should become an advocate for more just national and international policies and practices. Such action includes empowering people in marginalized communities to become advocates on their own behalf.

In 2000, the United Nations Millennium Declaration set goals to improve the health picture for the world's poorest. It called world leaders to achieve, by 2015, a reduction by half of those living in extreme poverty or without access to safe drinking water. It aimed to reduce perinatal mortality by three-quarters and to reduce infant mortality by two-thirds. It called for a halt to the spread of HIV/AIDS, malaria, and other diseases of the poor, and for empowerment of women as a major way to combat poverty, hunger and disease for entire families and communities. Yet only five donor countries have thus far made significant levels of progress toward the aid promised to meet these goals. Although the United States has given the most in dollar amounts, that must be considered in view of the fact that, of the major donor countries, it has given the smallest percentage of its national income.<sup>5</sup>

## A SPECIAL RESPONSIBILITY

We who live in "developed" nations have a special responsibility to ensure that our own high quality of life—including access to high-tech and innovative medical care and general economic and cultural prerogatives—is not enjoyed at the expense of those around the world who lack access to the basic necessities of life. Pope John Paul II spoke out against the "unacceptable gap that separates the developing world from the developed in terms of the capacity to develop biomedical research for the benefit of health care assistance and to assist peoples afflicted by chronic poverty and dire epidemics."<sup>6</sup> To accept the status quo of poverty and exploitation, he said, is "to commit an injustice and fuel a long-term threat for the globalized world."

To avoid committing such an injustice, we must take a closer look at research dollars spent on tests and therapies that will benefit only those fortunate enough to live in rich

countries, or to have substantial incomes or good health insurance. We should also show an attitude of healthy criticism toward economic and military policies that serve our “national self-interest” but erode the living conditions of the developing world. We must make sure that U.S. policies do not define development or channel funds in ways that neglect education, nutrition, and health care for girls and women. Typically, women are responsible for conserving family resources; for providing food and water; and for care of children, the sick, and the elderly. The economic and social empowerment of women is one of the best ways to build up the health and resources of communities struggling to escape poverty.

Pope John Paul II makes a special point of holding up the example of Christ’s commitment to the poor and of exhorting societies as a whole (not just their Christian members) to practice the social virtue of “solidarity.” “Solidarity responds morally to the growing interdependence among all individuals and nations that is the hallmark of globalization. Solidarity is not a feeling of vague compassion or shallow distress at the misfortunes of so many people, both near and far. On the contrary, it is a *firm and persevering determination* to commit oneself to the *common good*; that is to say, to the good of each and every individual, because we are all really responsible *for all*.”<sup>7</sup>

**TOWARD GLOBAL HEALTH JUSTICE**

What does this “firm and persevering determination” look like in practice? At the international level, Catholic organizations such as Catholic Relief Services, Caritas International, an international Catholic organization called CIDSE (International Cooperation for Development and Solidarity), the lay organization Sant’Egidio, Jesuit Refugee Services, Maryknoll, and even the Vatican, are active in trying to provide health-related services and to change worldwide spending patterns and national and international policies. A key example is Catholic involvement in international activism around the AIDS crisis, both to provide services to

AIDS victims and to advocate making patented drugs available at lower prices for lower-income persons and nations. Although the Catholic Church is probably better known for

its opposition (which may be diminishing\*) to the use of condoms to prevent HIV transmission, it is equally true that the church is the single greatest provider of services to AIDS victims in the world. Vatican spokesmen have also publicly criticized international trade rules that prevent access to life-saving drugs for AIDS and other diseases.

Pope John Paul II appreciated that the common good includes health care and protection from risk of disease. He applied this specifically

to AIDS, saying “care and relief centers for AIDS patients” can “give everyone new reasons for hope and practical possibilities for life.”<sup>8</sup> Before most people realized the magnitude of AIDS as an international crisis, John Paul II asserted that:

AIDS threatens not just some nations or societies but the whole of humanity. It knows no frontiers of geography, race, or age or social condition. The threat is so great that indifference on the part of public authorities, condemnatory or discriminatory practices toward those affected by the virus or self-interested rivalries in the search for a medical answer should be considered forms of collaboration in this terrible evil which has come upon humanity.<sup>9</sup>

In 2004, a Vatican representative excoriated international pharmaceutical companies whose patents, protected by the World Trade Organization, keep the price of necessary drugs out of reach of the poor.<sup>10</sup>

A Catholic ethic for global health care must respect the



Courtesy of Hospital Sisters Mission Outreach

\*The African bishops’ conference, SECAM, published a 2003 pastoral letter, *Our Prayer for You Is Always Full of Hope*, in which it asserted that the use of condoms to prevent AIDS is a matter of conscience. Reportedly, Pope Benedict XVI has established a commission to reconsider the morality of condom use for the purpose of preventing infection.

dignity and empower the agency of all those affected by poverty and disease. It must involve local, regional, national, international, transnational, and global actors to act in solidarity with those who suffer. And it must mobilize Catholics at every level to act for the global common good by affirming health care as a Christian duty and a human right and by adopting the option for the poor as the first step toward global health justice. ■

## NOTES

1. "Poverty Facts and Stats," *Global Issues* ([www.globalissues.org/TradeRelated/Facts.asp](http://www.globalissues.org/TradeRelated/Facts.asp)), accessed February 1, 2007.
2. On the social encyclicals, see Kenneth R. Himes, ed., *Modern Catholic Social Teaching: Commentaries and Interpretations*, Georgetown University Press, Washington, DC, 2005.
3. "Gaudium et Spes," in Austin Flannery, ed., *Vatican Council II: The Conciliar and Post-Conciliar Documents*, vol. 1, Costello Publishing, Northport, NY, 1975, paras. 24-26.
4. Pope Paul VI, *Populorum Progressio*, 1967, paras. 76-78.
5. See UN Development Project, *Investing in Development: A Practical Plan to Achieve the Millennium Development Goals*, January 2005 ([www.millenniumproject.org/orunmp.forumone/eng\\_html\\_03.html](http://www.millenniumproject.org/orunmp.forumone/eng_html_03.html)) accessed June 2005.
6. Pope John Paul II, quoted in Catholic Health Association, *Genetics, Science, and the Church: A Synopsis of Catholic Church Teaching on Science and Genetics*, St. Louis, 2003, p. 7.
7. Pope John Paul II, *Sollicitudo Rei Socialis*, para. 38, in David J. O'Brien and Thomas A. Shannon, eds., *Catholic Social Thought: The Documentary Heritage*, Orbis, Maryknoll, NY, 1992, p. 421.
8. Pope John Paul II, *Evangelium Vitae*, 1995, para. 88.
9. Pope John Paul II, quoted in "Live and Let Live," a statement of the Catholic Agency for Overseas Development (CAFOD) for the World AIDS Campaign 2003-4 ([www.cafod.org.uk/public\\_policy\\_and\\_analysis/policy\\_papers/hiv\\_and\\_aids/live\\_and\\_let\\_live](http://www.cafod.org.uk/public_policy_and_analysis/policy_papers/hiv_and_aids/live_and_let_live)). The pope made the statement while on a trip to Tanzania in September 1990.
10. "Vatican Condemns AIDS Drug Firms," BBC News, January 29, 2004 (<http://news.bbc.co.uk/2/hi/europe/3442217.stm>).

# Global Health as a Factor in Economic and Social Stability

BY KARI STOEVER and AZALEA KIM

Ms. Stoever is director, and Ms. Kim is program coordinator, Global Network for Neglected Tropical Disease Control, Washington, DC.

As health care costs soar to new heights and the federal deficit continues to grow, it begs the question: With 47 million uninsured Americans, why does the U.S. government choose to allocate valuable tax dollars to fight diseases largely found in developing countries? In FY 2005, the President proposed and Congress approved spending \$89 million on malaria alone.<sup>1</sup> Yet, the all-too-familiar argument suggesting the moral imperative of the United States as one of the most prosperous, influential, and outspoken nations to lend a helping hand is not sufficient in this increasingly interconnected world. It is within the context of this interconnectedness that we must view the current global health crisis beyond unidirectional models of cause and effect. We must understand that the success of the global economy and international security are rooted in how we address poverty and poor health. We are at the critical point of needing to ask ourselves what we may lose by not address-

ing global health and poverty issues, and what can we do about this increasingly troublesome situation right now?

Despite the benefits of the globalization of economies and increased free trade, not all boats have risen with the tide, as evidenced in the rise in infectious disease epidemics and childhood mortality, specifically in developing countries. Of particular concern are children in poor communities who, according to UNICEF's State of the World's Children 2006 report, have been identified as an absolutely critical target in tackling the greater Millennium Development Goal agenda.<sup>2</sup> Within this new global economy, goods and infectious diseases are equally transmissible, as seen in the HIV/AIDS epidemic and the imminent threat of avian influenza. Moreover, the emergence of new diseases such as ebola virus and the reemergence of more historic, and presumably long-resolved human plagues like polio, are causes for alarm.

## THREATS TO SECURITY

Beyond the basic threat of disease transmission, infectious diseases, poor health, and poverty may also brew threats to security by promoting instability in developing regions. Social unrest and disparities in income and access to public goods and social services, including health care and education, may be underlying connections between hotspots for

extremism, which have challenged the security of the United States. Furthermore, good health directly affects the gross domestic product (GDP) by increasing the productivity of the worker. Poor health and continued disability and death promoted by infectious diseases pose a major threat to the long-term economic success of nations.<sup>3</sup> As Jeffrey Sachs has eloquently stated time and again, effective disease control promotes economic development, which, in turn, will have a positive impact on stability and goodwill.<sup>4</sup>

**RETURN ON INVESTMENT**

Given what we know about the importance of good health and effective disease control in our interconnected world, it is troubling that there remains so much to be done to adequately address global health needs. Doing so is absolutely critical if we are to avert the greater political, economic, and social train wreck that we know lies somewhere ahead in the not-so-distant future. Contributing to the frustration here is that we know how affordable disease control around the world can be. The potential return on investment for money spent to address health needs is tremendous. In 2002, the World Health Organization released figures that show how an investment of \$66 billion per year would return an economic benefit of more than \$360 billion per year by 2015-2020 throughout the world.<sup>5</sup> If the United States were to declare war on infectious diseases in developing countries, more than 13 million lives, the majority of which being children, could be saved annually.<sup>6</sup>

However, it is well known that 90 percent of the world's resources are spent on 10 percent of its diseases. Most investments in research and development go to treat Western, revenue-generating diseases such as cancer, neurological disorders, heart disease, and sexual dysfunction. We



Courtesy of Hospital Sisters Mission Outreach

have seemingly ignored the fact that tuberculosis, for example, is the number one infectious killer in the world, claiming more than 3 million lives annually. President Bush's President's Malaria Initiative and President's Emergency

Plan for AIDS Relief, both unveiled in 2005, are good steps towards addressing global health needs. Yet, in order to combat poor health, poverty, and consequential global instability, we need to do more. The irony of this situation is that most of the diseases suffered in the developing world, such as the neglected tropical diseases (NTDs)—which refer to a group of 13 major disabling and poverty-promoting conditions and are the most common chronic infections of the world's 2.7 billion poorest people—could be easily treated or prevented,

and as such would prove very cost-effective in reducing or preventing extreme poverty, loss of life, and economic and political instability. An integrated approach to the treatment and control of seven of the 13 NTDs, for example, has been utilized to great success by the neglected disease partnerships of the Global Network for Neglected Tropical Disease Control at a cost of only \$0.50 per person per year. In addition, the overarching gap in health care and research spending poses a threat to our ability to find long-lasting tools, such as vaccines, to eliminate diseases that cripple economies and nations.<sup>7</sup>

**WINDOW OF OPPORTUNITY**

So why is global health important for U.S. policymakers, and why should taxpayers be concerned about health care and infectious diseases beyond our borders? While the altruism and conscience of the American people is not in doubt, we must also recognize the benefit of a proactive, rather than our usual reactive, approach. In this increasingly interconnected world, the very threats that once seemed so far away are now looming on our doorstep. Furthermore, the relationship between social welfare and economic, social, and political stability—of a local, regional, and international kind—cannot be ignored. It would be a tragedy of historical and massive proportions if we fail to act firmly right away, especially since we know that solutions are available, accessible, and affordable.

The key toward achieving our goal of lasting peace and stability has been in front of us for quite some time. At this

The next installment of "Thinking Globally," to be published in the July-August issue of *Health Progress*, will feature the Hospital Sisters Mission Outreach, based in Springfield, IL. This program distributes donated medical equipment and supplies—much of it recycled from U.S. health care facilities—to clinics and hospitals in developing countries, expanding health care to people in need.

very moment, the American people and our leaders, in cooperation with leaders and peoples around the world, have a unique and critical opportunity. The price of letting this chance to improve the health of our brothers and sisters around the world pass us by will be far more costly than anything we could ever have imagined ■

For more information about the Global Network for Neglected Tropical Disease Control, visit <http://gnntdc.sabin.org>.

## NOTES

1. United States Agency for International Development (USAID) report on the President's Malaria Initiative funding for 2005. This report can be found online at [www.fightingmalaria.gov/funding](http://www.fightingmalaria.gov/funding).
2. United Nations Children's Fund (UNICEF), *State of the World's Children 2006*. This report can be found on the UNICEF website at [www.unicef.org/sowc06](http://www.unicef.org/sowc06).
3. National Intelligence Council, NIE 99-17D, *The Global Infectious Disease Threat and Its Implications for the United States* (January 2000). This report can be found on the Federation of American Scientists website at [www.fas.org/irp/threat/nie99-17d.htm](http://www.fas.org/irp/threat/nie99-17d.htm).
4. Jeffrey Sachs, "Sustainable Developments: The Neglected Tropical Diseases," *Scientific American*, January 2007.
5. World Health Organization (WHO), "Scaling Up the Response to Infectious Diseases," 2002. This resource can be found on the WHO website at [www.who.int/infectious-disease-report/2002/scaletext.html#ancre504248](http://www.who.int/infectious-disease-report/2002/scaletext.html#ancre504248).
6. Ruth Levine, *Millions Saved: Proven Successes in Global Health*, Center for Global Development, Washington, DC, 2004.
7. Peter Hotez, "Vaccines as Instruments of Foreign Policy," *EMBO Reports*, vol. 2, no. 10, 2001, pp. 862-868.

## THE POVERTY LINE

### One in six children lives like this.

Right here in America. In a family that's barely hanging on. Coming home to too little to eat. Losing hope. And too many people are doing nothing to help. You could change that. Join the numbers who care.

Go to [www.povertyusa.org](http://www.povertyusa.org) and get involved.



**Catholic Campaign  
for Human Development**

For a three person household,  
the poverty line is \$15,577.

