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Lessons from Medellín for Just Health Care: Catholic Ministry, Incarnation, and Participation

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Chapter 13

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The documents included in the *Conclusions* of the Second General Conference of Latin American Bishops held in Medellín, Colombia, from August 26 - September 6, 1968, mentioned nothing about health care[1], considering it as a topic to be debated individually. Considering the Brazilian edition of Medellín that I read, the word health (*saúde*) explicitly appears only once (*Justice*, n.14) to affirm that rural workers must have access to health [care]. Though the subject did receive attention at subsequent CELAM conferences, interest in the topic was minimal. In 1979, in Puebla, Mexico, the bishops affirmed that health care is a social human right (n.1272)[2]. In 2007, in Aparecida, Brazil, they dedicated a few paragraphs to health care and highlighted the precarious situation of many sick people in Latin America (n.417-421)[3].

Although the Latin American bishops did address some specific social concerns, such as education, population growth, and economic inequality, it was not their intention to suggest models for addressing all of the social issues affecting Latin American countries, but rather to examine the roots of social injustice and poverty that the people from these countries were facing.

Medellín had a double objective: 1) to receive the innovative teachings of Vatican II and adapt them in accord with the realities of Latin America, and 2) to hear and respond to the cry of the poor and marginalized throughout the continent. It was clear to the bishops who were at this conference that reflecting on issues and making them more evident was not enough. It was necessary to act. As the «Introduction» to the documents of Medellín states: «It is the moment to exercise creativity and imagination in inventing the action that must be performed and brought to term with the boldness of the Holy Spirit and the balance of God»[4].

1 The word *health* appears explicitly only once in Section 1.14 affirming that people living in rural areas should be afforded «the benefits of culture, health, recreation, spiritual growth, participation in local decisions ...». See Second General Conference of Latin American Bishops, *The Church in the Present-Day Transformation of Latin America in the Light of the Council, II Conclusions*, Official English Version, edited by Louis Michael Colonnese (Bogotá, Colombia: General Secretariat of CELAM/ Washington, DC: United States Catholic Conference —Division for Latin America, 1970), 64.

2 See Third General Conference of Latin American Bishops, Puebla, 28 January 1979.

3 See Fifth General Conference of the Bishops of Latin America and the Caribbean, *The Aparecida Document* (2013).

4 MEDELLÍN, *Introduction to the Final Documents of Medellín*, n.3.

The bishops realized that the grace of Medellín was not a mere reception and adaptation of Vatican II in Latin America[5]. Rather, this grace needed to be recognized as an unfolding example of construction and creativity in a portion of the universal church that opened her heart to the inspiration of the Holy Spirit and opened her ears to listen to the cry of the poor.

When Pope Paul VI visited Colombia and gave the opening address at Medellín, slightly more than year after the publication of his social encyclical *Populorum Progressio* (March 27, 1967), he was the first pope to put his feet down on Lain American ground. As a continent, it was colonized by Catholic empires and received thousands of European missionaries. Tragically, the work of preaching the faith and sharing the message of Jesus was identified far too often with the power of the sword rather than the Cross. The symbolic impact of Pope Paul VI's visit, coupled with the results of Medellín marked the history of the Catholic Church in Latin America and the world. Without a doubt, the ground of this land, saturated with the blood of many martyrs, created the conditions for the reception of the innovations of the Second Vatican Council go far beyond a mere process of adaptation to the Latin American reality. It was a creative construction in answer to the historical challenges of a land of faith in Jesus Christ and the crucified peoples[6] hanging on the cross of injustice and oppression.

Though Medellín occurred fifty years ago, many of its insights are still relevant today and extend beyond the confines of Latin America, its social realities and the church. Medellín does not belong to Latin America, but to the universal Catholic community. Its lights continue to shine upon the whole world church. Over time, it has become evident that the graces of Medellín were not poured out solely upon the people of Latin America, but upon the entire People of God. Whether Catholic or not, all people can learn something from Medellín. This can happen here, within the context of the United States, a reality that is very different from the one to which the bishops gathered in Colombia addressed themselves five decades ago. However, for this learning to be real and fruitful,

5 *Gaudium et Spes* and *Populorum Progressio* were the magisterial documents most often cited in the documents of Medellín, appearing 66 times. The *Conclusions* of Medellín had sixteen parts paralleling the sixteen documents of Vatican II.

6 The «crucified people» is a concept created by Ignacio Ellacuría, SJ, which refers to the people who have been victims of poverty and oppression in Latin America, including state persecution by military regimes. See ELLACURÍA Ignacio, «The Crucified People: An Essay in Historical Soteriology» in LEE Michael, *Ignacio de Ellacuría: Essays on History, Liberation and Salvation*, Orbis Book, Maryknoll, New York 2013, 196-224.

the documents of Medellín must be read in the same spirit in which they were written: a spirit of creativity that gives rise to an awareness of the urgency to promote liberation and justice.

Although the documents of Medellín do not dedicate a specific section to health care, they do provide lessons for our social awareness and actions to just health in this country. Such insights hold the potential for bringing about a movement of social transformation in health care as well as Catholic practice and advocacy in health care in the United States. This movement ranges from health care delivery provided by Catholic institutions to socio-political participation in health care debates and public policies. Based on my research and knowledge, this is the first time that insights from Medellín have been applied to health care within the context in the United States. For this reason, I will endeavor to be creative in taking insights from Medellín and applying them to the health care context in the US To this end, I hope this essay, understood as an experiment and a work in progress, can serve as a starting point for new dialogue and a resource for inspiring creative ways to deliver health care in a manner that a people-centered and attentive to the perspectives of the poor and marginalized.

1

Catholic health care in the USA and the legacy of Medellín

Historically, the role of the Roman Catholic Church in health care in the United States is extremely significant[7]. Currently, the Catholic Health Care Association (CHA) comprises «more than 600 hospitals and 1,400 long-term care and other health facilities in all 50 states (...) The Catholic health ministry is the largest group of nonprofit health care providers in the nation»[8]. According to the CHA, «every day, one in six patients in the US is cared for in a Catholic Hospital»[9]. There are many Catholic health systems in the US that serve this country based on the ministry of Jesus and the teachings of the Catholic Church. One of these systems, Ascension Health, declares itself to be «the largest nonprofit

7 See KAUFMANN Christopher, *Ministry and Meaning: A Religious History of Catholic Health Care in the United States*, Crossroad Publishing Company, New York 1995.

8 See CATHOLIC HEALTH ASSOCIATION, «Mission Statement» (https://www.chausa.org/about/about).

9 See CATHOLIC HEALTH ASSOCIATION, «Mission Statement» (https://www.chausa.org/about/about).

health system in the US and the world's largest Catholic health system»[10]. Ascension Health has facilities in twenty-three states, employing thousands of people to serve hundreds of thousands of people who seek its services for a wide range of health care needs ranging from health education and disease prevention to a wide range of treatments and highly complex surgeries.

In describing its mission, Ascension Health provides the following statement:

> Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually-centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words[11].

The mission statement of Ascension Health gives voice to the values and characteristics that are found in almost every Catholic health system in this country. First, Catholic health care services are rooted in *Jesus' loving ministry of healing the sick*. Second, they provide special care for *the poor and the vulnerable*. Third, they advocate for *justice*. Another important element is that Catholic health ministry has a holistic vision which involves not only caring for the needs of individuals, but also those of communities. As the Catholic Health Association (CHA) states: «The mission of CHA is to advance the Catholic health ministry of the United States in caring for people and communities»[12]. This call to serve communities is answered and affirmed in vision statement of Ascension Health: «We will ensure service that is committed to health and well-being for our communities»[13].

Catholic health care services have a tradition spanning millennia. Tracing their origins to the healing ministry of Jesus and the activities of first Christian communities, caring for the sick, especially the destitute, has been a part of Catholic health ministry throughout the history of the church. Over the course of centuries, through its caring for the destitute and sick poor, the Catholic Church has borne witness to the Gospel mandate embodied first by Jesus and

10 See ASCENSION HEALTH, «About», (https://ascension.org/about).

11 ASCENSION HEALTH, «Mission, Vision, and Values», (https://ascension.org/our-mission/mission-vision-values).

12 CATHOLIC HEALTH ASSOCIATION, «Mission Statement».

13 ASCENSION HEALTH, «Mission, Vision, and Values».

then entrusted to his disciples: «As you go, make this proclamation: The Kingdom of God is at hand! Cure the sick, raise the dead, cleanse lepers, drive out demons. Without cost you have received; without cost you are to give» (Matthew 10:7-8). Even when members of the church's hierarchy and ecclesial elites distanced themselves from the poor and the sick, the Spirit inspired people like Francis of Assisi and Camillus of Lellis to care for those in need and to embody the Gospel mission of the church.

The health care services that Catholic institutions provide in the USA are extremely significant. Surely, the United States could not provide the kind of health care that is in place today without the assistance offered by Catholic health care systems. The reality of health care in the United States takes place within an extremely complex context and it is far from perfect. While my intention here is not to present a study of health care issues and inequalities in this country, it is necessary to mention a few common knowledge facts in order to address them in light of the lessons of Medellín. Health care within the United States is provided within the context of a market system which views health care assistance as a commodity. The United States is the only high-income country without a national public health system and universal coverage for its citizens. On one hand, health care in the United States is renowned for having the best medical technology and cutting edge treatments in the world. Yet, one the other hand, this care is only accessible to those who can afford it. Generally, health care systems in the United States are independent, isolated, and operate according to the rules of the free market. Federal legislation such as the Affordable Care Act[14], without ever directly addressing market dependency, tried to provide health care for millions of people with no insurance. However, powerful political attacks on the ACA have been unrelenting. In 2017, presidential orders enacted by the Trump administration and recent congressional legislation have weakened the ACA. While the movement to repeal and replace ACA has taken many turns, it has eroded public confidence in the long term viability of the ACA[15]. In addition, the delivery of health care services in the United States, for the most part, is focused on healing and tertiary care that is hospital-based. Individuals in need of

14 MCDONOUGH John, *Inside National Health Reform*, Berkeley: University of California Press, Milbank Memorial Fund., New York 2012.

15 See for example the executive order issued on October 12, 2017: («Promoting Healthcare Choice and Competition Across The United States», https://www.whitehouse.gov/the-press-office/2017/10/12/presidential-executive-order-promoting-healthcare-choice-and-competition).

health care services are treated as separate entities unconnected to the communities to which they belong. This approach ignores the most recent research studies based on experiences in other parts of the world, all of which demonstrate the efficacy of systems that place a strong emphasis on primary care and community-based approaches to delivering health care[16]. These facts and realities bring us to the question: *Where do Catholic health intuitions locate themselves within this national context?*

Answering this question is not easy; it likely has several answers and it is not my intention to provide a definitive response. However, as a Brazilian, trained in both public health and social ethics, and teaching within the context of the United States, I do have a few observations worth sharing. Catholic health systems operate in accord with the rules of the US health care market. Although the mission of Catholic health care systems is to embody Jesus's ministry to the sick and his special attention to the poor and the vulnerable, Catholic health systems must deal with the health market, the instability of American health legislation, and the dominant perspectives regarding access to health care. In the history of this country, Catholic health institutions (together with other Christian groups) have been the main force behind serving the destitute in need of health care services. Today, the demand for such services is no different.

Serving the poor is a complex endeavor, especially when this service must be rooted in Jesus' loving ministry for the destitute sick. As Pope Francis has said, the Catholic Church is not a «well-organized NGO»[17]. All of the services provided by Catholic institutions and organizations must be meaningful and their meaning must be rooted in the healing and liberating ministries of Jesus. Jesus regarded the poor as the privileged recipients of the good-news (Luke 4:16-18). For Catholic health organizations, this requires going beyond *providing* mere philanthropic aid for the poor. It demands that such care and accompaniment in the company of the poor must be rooted in a commitment that goes beyond charity by advancing acts of justice and liberation. As the documents of Medellín affirm, «Christ, our Savior, not only loved the poor, but rather "being rich He became poor", He lived in poverty»[18].

16 See KIM Kiyounghae, *et al.*, «Effects of Community-Based Health Worker Interventions To Improve Chronic Disease Management and Care Among Vulnerable Populations: A Systematic Review» in *American Journal of Public Health* 106: 4 (April 2016): e3-e28. DOI: 10.2105/AJPH.2015.302987 (accessed November 6, 2017).

17 POPE FRANCIS, «Church as a Mother Not a NGO» on *Vatican Radio* (06/17/2014).

18 MEDELLÍN, *Poverty of the Church*, n.7.

Insights from Medellín lead us to see the ways in which the US health care system and the operational activities of Catholic health ministry function within the very economic structures that routinely deny the agency of the poor and their autonomy to flourish as agents of social transformation. Given the enmeshment of US health care with the market system, it shares some degree of responsibility for creating and sustaining countless forms of violence against poor and marginalized communities that are economically and politically vulnerable. Medellín identified such violence as *institutionalized violence* because of the structural ways in which economic and political forces consolidate powers that disregard and violate fundamental human rights. According to Medellín, this situation requires «all-embracing, courageous, urgent and profoundly renovating transformations»[19]. With reference to education, the bishops who gathered at Medellín proposed the need for a liberating education that would empower people, especially the poor, «"to be more", in the joy of their realization»[20]. They then affirmed the need for a democratic form of education that would place economics at the service of human beings. In short, the bishops took a stand against common practices throughout Latin America that were in direct opposition to their proposal[21]. One might ask: *Could not the same type of proposal be advanced with regard to promoting a liberating and democratic form of health care?*

Key ideas born from these insights of Medellín reveal much about health care in the United States and challenge Catholic leadership and institutions involved in health care ministries. Coming to terms with the fact that US health care is part of a larger economic and political structure that perpetuates and collaborates in the exclusion of the poor from one of their fundamental rights. The right to health care, as established by the Universal Declaration of Human Rights[22] and endorsed by the Catholic Church in the magisterial teaching of Pope John XXIII[23] must be upheld and advanced. To the extent that US health care is designed for the wealthy, those who can afford it are guaranteed priority precisely because their ability to access to economic resources drives up the profit margins of the health care market. Given the realities, Catholic institutions have

19 MEDELLÍN, *Peace*, n.16.

20 MEDELLÍN, *Education*, n.4.

21 MEDELLÍN, *Poverty of the Church*, n.4 and 6.

22 See UNITED NATIONS, «Universal Declaration on Human Rights» Article 25, December 10, 1948.

23 See POPE JOHN XXIII, *Pacem in Terris: On establishing universal peace in truth, justice, charity, and liberty*, April 11, 1963.

to operate within this system of exclusion because they worry about their economic survival and stewardship. It is only through philanthropy that a Catholic health system can serve the health care needs of the sick poor, undocumented immigrants and under-insured elderly, to name but a few groups who find themselves on the margins. The consequences of such institutional violence in the lives of the excluded also impose limitations on charitable services inasmuch as there will never be enough resources to meet the existing needs. Ultimately, such realities force Catholic institutions to comply with many of the rules of the market system in order to avoid being compelled by financial constraints to cease their activities and terminate their delivery of services.

At Medellín, the bishops declared that institutionalized violence idolizes the economic markets, consequently, making the human being a servant of the economy. Human beings are not the primary concern. Rather, the foremost concern is economic growth, the benefits of which are increasingly concentrated in the hands of a millionaires. When the bishops at Medellín emphasized the importance of liberating education, they simultaneously placed the human being at the center of everything, thereby re-orienting society's reading of the social reality, namely that *economic markets exist to serve men and women*, not the other way around. Today, health care in the United States is in need of such liberation. Health care here is a faithful servant of the idolized health market. One simple example of this idolatry is the main focus of health care services: it is toward those services that generate more profit and not those for creating population health.

In 1987, in his encyclical *Sollicitudo Rei Socialis*[24], Pope John Paul II presented solidarity as a social virtue. This had significant importance for the church because this magisterial teaching challenged *all* Catholics to expand their understanding of the virtue of solidarity by connecting it to action on behalf of social justice and the preferential option for the poor. It is important to note that this encyclical was the first to include the concept of *preferential option for the poor* in in official Catholic social teaching[25]. It also is important to observe that two decades earlier, the bishops at Medellín affirmed solidarity as a social virtue as they made a clear and unambiguous option for the poor in their pastoral decision to act in solidarity with the poor for their liberation. As the document states: «We ought to sharpen the awareness of our duty of solidarity with the poor, to

24 See POPE JOHN PAUL II, *Sollicitudo Rei Socialis*, n.38.

25 POPE JOHN PAUL II, *Sollicitudo Rei Socialis*, n.39.

which charity leads us. This solidarity means that we make ours their problems and their struggles, that we know how to speak with them »[26].

Seen from the perspective of Medellín, the poor are not objects of our solidarity, but rather, partners in our common struggle for human liberation. The necessity to guarantee the *participation* of the poor in the process of liberation and the creation of justice in society cannot be denied. They must be empowered to be agents of their own development[27] with an authentic social consciousness[28] and through liberating practices[29]. The bishops spoke of «intermediary structures» involving an active role for the poor in mediating their reality and economic-political powers in order to guarantee democratic access to «the benefits of culture, health, recreation, spiritual growth, participation in local decisions, and in those which have to do with the economy and national politics»[30]. To contribute to this process of social consciousness with its liberating practice, the bishops then encouraged Catholics (as an initial experience) to gather and form *comunidades de base*: a space of education and celebration in which «the community will develop to the degree that its members have a sense of belonging that leads them to solidarity in a common mission, and accomplishment of common active participation, conscientious and fruitful, in liturgical and community living»[31].

Looking to the example set by the bishops at Medellín, Catholic health ministry in the United States has something to learn from the socio-political consciousness and liberating practices stressed by the bishops in 1968. First, such practice begins from *within* the community where everyone, most especially the poor, are made to feel welcome and at home. Solidarity with those who are sick must have the participation of the poor as its starting point. Catholic health institutions can work as intermediary structures to engage the poor in both the decision-making processes and the structural processes of expanding their access to health care. Medellín highlighted that the ministry of the church among the poor embodies a ministry that not only gives food to the hungry, but also works to change the structures responsible for creating hunger. Therefore, solidarity is not limited to those who are suffering, but solidarity encompasses the

26 MEDELLÍN, *Poverty of the Church*, n.10.
27 Cfr. MEDELLÍN, *Education*, n.3.
28 Cfr. MEDELLÍN, *Education*, n.18.
29 Cfr. MEDELLÍN, *Lay movements*, n.2.
30 MEDELLÍN, *Justice*, n.14.
31 MEDELLÍN, *Pastoral care of the masses*, n.13.

call to work with the poor in their process of coming to consciousness, experiencing human liberation and gaining access to social goods. Medellín noted: «The poverty of so many brothers cries for justice, solidarity, testimony, commitment, effort, and overcoming [injustice], for the complete fulfilment of the salvific mission entrusted by Christ»[32]. Medellín's perspective encourages Catholic health ministry to not only provide health care assistance to those who are destitute and in need of services, but also to act *with* the poor in creating and sustaining system of health care that is just.

2
The christology of Medellín and the health care ministry

As I said above, almost all Catholic health institutions in the United States ground their mission in the healing ministry of Jesus. As the US bishops have affirmed:

> The church has always sought to embody our Savior's concern for the sick... The mystery of Christ casts light on every facet of Catholic health care: to see Christian love as the animating principle of health care; to see healing and compassion as a continuation of Christ's mission; to see suffering as a participation in the redemptive power of Christ's passion, death, and resurrection; and to see death, transformed by the resurrection, as an opportunity for a final act of communion with Christ[33].

Catholic health ministry is based upon a Christological foundation that serves to inspire, motivate and sustain Catholic health ministry. As the American theologian, Theresa Lysaught observes when highlighting this foundation: «Theologically, Catholic health care draws its identity from Christology. Jesus has always been eminently present in the consciousness and practice of Catholic health care»[34]. When we look at Catholic health care institutions, this claim seems obvious. However, the way that this Christological ministry is understood and embodied determines different perspectives and practical priorities. The tendency, especially in the Northern Hemisphere, is to see Jesus Christ on his glo-

32 MEDELLÍN, *Poverty of the Church*, n.7.

33 See US Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*, 5th ed. USCCB Press, Washington, DC 2009, 3.

34 LYSAUGHT Therese, *Caritas in Communion: Theological Foundations of Catholic Health Care*, CHAUSA Press, St. Louis MO 2014, 25.

rious throne with a few small drops of human blood as reminders of his crucifixion. Such a Christology, which focuses solely on Jesus, the Lord of Glory, leads Catholic ministry to embody solidarity as an action to feed the poor without attacking the reasons for poverty. It restricts the theological imagination that is needed for mission and an embodied practice of Catholic health care. This Christology and the pastoral practice to which it leads must include a fuller vision of the humanity of Jesus. Thus, as the bishops at Medellín affirmed: «The church —that continues the work of Jesus who "being rich became poor for us, to enrich us with his poverty" (2Corinthians 8:9)— will present the world a clear and unmistakable sign of the poverty of the Lord»[35].

Catholic health care ministry cannot forget that Jesus lived with the poor, made them the privileged recipients of the Gospel, denounced systems of injustice, and died as a criminal on a cross. Lysaught recognizes this reality when she states: «To root Catholic health care in the person and work of Jesus requires a balanced Christology that understands Jesus both "from below" and "from above", that attends to both Jesus' human and divine natures»[36].

Foundational to the documents of Medellín is an incarnate Christology that provides the balance that is needed for Catholic health ministry. Medellín was revolutionary in this aspect inasmuch as it went beyond the theology developed in Europe and incorporated the innovations of Vatican II. As the Latin American theologian, Eduardo E. Sota notes:

> Medellín returned to the anthropological and hermeneutical shift that had begun in the Catholic world since the Second Vatican Council, and did not approach the mystery of Jesus from a dogmatic perspective influenced by a christology from above... But now Medellín approaches the facts revealed in the Scriptures. It advances the historical person of Jesus and his preaching on the kingdom of God. All of this considers that the recipient of the message in Latin America is a person who is a believer, poor, and victim of a situation of deep injustice[37].

35 MEDELLÍN, *Poverty of the Church*, n.18.

36 LYSAUGHT Therese, *Caritas in Communion: Theological Foundations of Catholic Health Care*, CHAUSA Press, St. Louis MO 2014, 25.

37 See SOTA Eduardo, «Consecuencias sociales de una cristología: Medellín como inicio de una transformación possible» in *Voces: diálogo misionero contemporáneo* 16:31 (2008) 15-16.

Medellín has an incarnate Christology, with a Jesus who identifies himself with the suffering of the poor. Jesus' teachings, which were embodied by his actions, provide more than a spiritual motivation for the church's pastoral practice. They also provide an historical example to be followed through concrete actions that have a social impact. As Medellín states: «It is the same God who, in the fullness of times, sends his Son in the flesh, so that He might come to liberate all men from the slavery to which sin has subjected them: hunger, misery, oppression and ignorance, in one word, injustice that originates in human egoism (John 8:32-34)»[38].

Medellín's Christology provided a vantage point from which to see the reality of Latin America with millions of marginalized and oppressed people living in dehumanizing conditions because of «inadequate and unjust structures»[39]. Encountering Jesus in the face of the poor made the bishops who gathered in Colombia *recognize* the actions of the historical Jesus among the poor as an evangelical obligation: «The particular mandate of the Lord, who requires the evangelization of the poor, must lead us to a distribution of efforts and apostolic staff in order to give preference to areas having more poor and needy»[40]. The preferential option for the poor originated in Medellín's Christology, and was explicitly stated and developed by the Conferences of Puebla[41] and Aparecida[42]. As Sota argues: Medellín introduced a «principle of partiality» for the poor and poverty[43]. And, as Leonardo Boff has said many times: «The option for the poor is an option for the poor against poverty»[44].

A Catholic health ministry which fails to be embodied in the midst of the poor, working *with* them for their liberation, is an incomplete ministry. It runs the risk of being a social ministry which fails to make a social impact because it neither touches nor denounces the structures of injustice responsible for the existing health care inequalities in the current health care system. In addition, this lack of incarnate presence among the poor in the ministries of Catholic health care can lead Catholic health intuitions to be complacent in maintaining the current system —or worse, being complicit in supporting a system which

38 MEDELLÍN, *Justice*, n.3.
39 MEDELLÍN, *Joint Pastoral Planning*, n.1.
40 MEDELLÍN, *Poverty of the Church*, n.9.
41 PUEBLA, n.1153.
42 APARECIDA, n.391.
43 SOTA Eduardo, «Consecuencias sociales de una cristología: Medellín como inicio de una transformación possible» in *Voces: diálogo misionero contemporáneo* 16:31 (2008) 16.
44 Cfr. BOFF Leonardo, *A cruz nossa de cada dia*, Vozes, Petrópolis RJ 2012, 37.

both marginalizes and excludes the poor. Catholic health care ministry, at its best, gives visibility and voice to a compassionate prophetic action. It cares for the immediate needs of the destitute sick who are in need of health care services and confronts the scandal of poverty through just health.

3

Just health and community: Participation and action from below

Continuing the historical mission of Jesus through prophecy and solidarity among the poor is surely one of the greatest legacies of Medellín. This legacy requires creativity and courage, if it is to be translated into the health care context of one of the world's wealthiest nations that is disgraced by health inequalities, but also marked by a significant Catholic health ministry. First of all, Medellín teaches us that Catholic health ministry cannot be restricted to a philanthropic perspective, in which Catholic institutions offer free and/or inexpensive health care services to the poor, while failing to address the socio-economic and political causes of poverty and health inequalities. Dismissing or ignoring this second aspect of Catholic health care is, even without intending to do so, contributing to the current institutionalized violence in health care and using the injustice of a market-based system to reap its benefits for the institution. Embodying Jesus' healing ministry means continuing his historical mission among the poor for their integral development[45].

Second, both community *and* participation were essential in Medellín. There was a deep collegial and ecclesial sense that was enriched by a consciousness of social reality and an acute awareness the need of the poor women, men and children to participate in the process of their liberation. From the ecclesial community, the process of social consciousness begins. The same community, that is grounded on the reality of the poor, engages in liberating actions. Pastoral ministry may be simple or it may involve a political or economic impact, but it will always be rooted in Jesus' ministry and have historical implications for the lives of community members. Gustavo Gutiérrez called it: «the irruption of the

45 Following *Populorum Progressio*, integral development was a perspective constantly emphasized in Medellín. An integral development is necessary for the realization of love, justice and the construction of peace. See, for example, n.2.14, 11.7.

poor in history»[46]. Medellín wanted the poor to be agents of their own development and not only passive recipients of philanthropic generosity. Among the poor, the church subsists in its poverty as a «humble servant of all men [sic]»[47].

Medellín emphasized a participatory community of worldly actions rooted in the Incarnate Jesus and the reality of the poor from below. Theologically, this perspective goes hand in hand with studies demonstrating the importance of a community-based approaches to health care[48], especially if the ultimate goal is maintaining population health, for establishing a just health care system includes integrating the poor in the decision-making processes and ensuring that they have access to health care delivery. This perspective challenges Catholic health systems to create intermediary structures that integrate the participation of the poor and marginalized groups in the USA. Working with parishes may help to create structures of participation and communities where Catholic social ministry in health care can begin.

Finally, in 1968, the Conference of Latin American Bishops was a prophetic voice of the Catholic Church for their time and context. The vigor of this prophetic voice continues to be heard in our time and context. The development of Catholic theology and ministry after Medellín was substantial and the Conferences of Puebla, Santo Domingo, and Aparecida demonstrated this growth. It is important that our reading of the documents of CELAM do not stop with Medellín, but rather, that we continue to reflect upon the subsequent conferences and include the words and witness of Pope Francis, who has emphasized an incarnate Christology that listens to the cry of the poor[49]. Pope Francis also elevates the preferential option for the poor to the status of an ethical imperative[50].

Recalling the statement with which I began this essay, it is a fact that Medellín did not say anything directly about health care; still the grace-filled legacy of Medellín does offer insights that challenge us to rethink the entirety of Catholic health ministry in the United States and the «ethical imperative» of a preferential option for the poor. These insights surely support what this ministry has done. But they also challenge us to be prophets among the poor for just health.

46 See GUTIÉRREZ Gustavo, *We Drink from Our Own Wells: The Spiritual Journey of a People*, 4th ed, Orbis books, Maryknoll, New York 2003, 1-5.

47 MEDELLÍN, *Poverty of the Church*, n.18.

48 See ARXER Steven and MURPHY John (eds.), *Dimensions of Community-Based Projects in Health Care*, Springer International Publishing, Cham Switzerland 2018.

49 POPE FRANCIS, *Evangelii Gaudium*, n.198.

50 POPE FRANCIS, *Laudato Si'*, n.158.