

## Article

# A Case for a Eucharistic Approach to Healthcare According to the Social Teachings of the Catholic Church

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**Abstract:** The Christian message evokes the motif of abundant life for all. It is a summon to take seriously the holistic approach to life that has meaning and that is relational in all its expressions and manifestations. It is on this note that one has to appreciate the link between healthcare and the social teachings of the Catholic Church. Such a link is grounded in a pneumatological turn that mandates the Church to explore ways that the common good can be expressed through affordable healthcare for all persons. This work makes a claim that a eucharistic consciousness is the proper way to understand the link between healthcare affordability and the social teachings of the Church. It is eucharistic because the theology of the eucharist is a summon for the Church to be a church for others while upending individualism. Also, a eucharistic disposition is what constitutes the vision of the social teachings of the Church. Thus, if the Church is to offer its own wisdom on how healthcare ought to be understood in our times, it necessarily must be rooted in a eucharistic stance that defines its vision of the common good.

**Keywords:** abundant life; affordability; common good; eucharist; flourishing; healthcare; social teachings of the Catholic Church; solidarity

## 1. Introduction

To have compassion for another person in a time when they are in most need of such tender presence and support speaks to a calling that goes beyond the simple embrace of a job. A calling or vocation entails the giving of oneself to all that the situation demands of the person. It compels one to constantly read the signs of the times so that the demands of the moment can be fully met. In fact, Trudy Conway makes the case that “compassion connects persons to each other, allowing for the intermeshing of their lives” (Conway 2009, p. 170). Such intermeshing grounds both the one expressing compassion and the one receiving it in a world of connections and the instantiation of fellowship that leads to abundance of life. From an onto-praxis level, Martha Nussbaum argues that compassion “is conceived of as our species’ way of hooking the interests of others to our own personal good” (Nussbaum 1996, p. 28). Compassion is not something external to the human person as though it is a skill that one goes to school to acquire. Rather, it is a constituent marker of the human person. Emmanuel Levinas speaks of compassion, understood as an altruistic response to the suffering of the other, as the foundation of an “awakening, beyond knowledge, to an insomnia or watchfulness (*Wachen*) of which knowledge is but one modality it is. . . an awakening coming from the other—whom the Other person is—that ceaselessly puts the priority of the same into question” (Levinas 1998, p. 87). Stated boldly, “To suffer by the other is to take care of him, bear him, be in his place, consume oneself by him. . . From the moment of sensibility, the subject is *for the other*: substitution, responsibility, expiation” (Levinas 2006, p. 64). Consequently, only through the altruistic response to the suffering



Received: 27 June 2024

Revised: 22 January 2025

Accepted: 31 January 2025

Published: 3 February 2025

**Citation:** Aihokhai, SimonMary Asese. 2025. A Case for a Eucharistic Approach to Healthcare According to the Social Teachings of the Catholic Church. *Religions* 16: 172. <https://doi.org/10.3390/rel16020172>

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of the other can subjectivity arise. A distinction is made to differentiate between useful suffering and useless suffering. As noted by Y. A. Kang, in Levinasian thought, personal suffering that does not arise from the other is in the domain of useless suffering because it does not evoke an embrace of a vocation in which the other helps to make concrete in the subject (Kang 1997, pp. 485–86). The suffering of the other that confronts the subject who encounters them compels in the subject an ethical response that reveals not just their subjectivity, but their subjectivity as a vocation of care, responsibility, and substitution for the other.

What has useful suffering as the grounds for the instantiation of an altruistic turn that leads to the attainment of subjectivity have to do with healthcare in our times? In this work, I intend to show how a eucharistic humanity can be the grounds for the praxis of healthcare in our times. In doing this, I intend to show how a theology of the eucharist is itself a relevant aspect of the social teachings of the Catholic Church that can be appropriated by the healthcare profession within the United States. This focus is itself a prophetic response to the current emphasis on profit at all costs by some sections of the healthcare profession in the country. In a capitalist society such as the United States, where, sometimes, a person's worth is measured by how much wealth or power they have over others, there is the tendency to forget that the correct engagement with the pneumatological reading of the signs of the times calls for a holistic way of viewing the human person as one who transcends material wealth and political power. The correct approach involves an embrace of the human person in all its expressions in society. In the context of healthcare, those who practice this profession have the opportunity to embody an altruistic consciousness, which is described as a eucharistic way of living and encountering others who are in need. I am intentional at making the case that the social teachings of the Church are grounded in an anthropological vision that is rooted in an ethical commitment to the wellbeing of others that is eucharistic all the way.

## 2. The Eucharist as an Anthropological Statement

Christian theology offers a rich insight into the meaning, whether spiritual or cultural, of the eucharist. At its basic understanding, the eucharist is understood as Christ's gift of himself in his divine–human embodiment to his followers as a source of fellowship in their embrace of discipleship, which the Christian way of life helps to instantiate. Citing Pseudo-Dionysius, Gennadios Limouris notes that the eucharist is the “sacrament of sacraments (*teleton telete*)” (Limouris 1986, p. 402). For the early followers of Christ, the eucharist constituted the Church to be a community that was “a living fellowship of love that linked together all members in a brotherly fellowship, which found expression in mutual help, shared sufferings and to a certain extent in common ownership” (Küng 1967, p. 110). It is on this note that one can conclude that there is “no Church without the Lord's Supper [eucharist]” (Küng 1967, p. 211).

As noted by Nancy L. Eiesland, “Receiving the Eucharist is a body practice of the church. The Eucharist as a central and constitutive practice of the church is a ritual of membership. Someone who can take or serve communion is a real Christian subject” (Eiesland 1994, p. 112). The eucharist is not just a meal intended for discipleship. Rather, it is a meal of transformation that evokes in the ones who partake of it a transformative experience that leads to an embodiment of being Christlike. It is this transformative turn that evokes a summon to be altruistic as a mode of being in the world. Also, the turn to altruism also helps to facilitate the transformative process into being Christlike. In other words, the partaking of the eucharist serves to initiate a transformative process while also instantiating a process of discipleship that is conditioned by altruism, which in turn leads back to being fully an image of Christ. This turn to altruism initiates in the one who

embodies discipleship a keen awareness to embody care for others and to read closely the signs of the times that facilitate the proper response to care for those in need.

The eucharist offers the Church an anthropological vision that speaks to the type of human one becomes by eating the body and blood of the incarnate Christ. Hence, one can argue that “to be a member [of the Church] involves internalizing the community and being responsible within it, for it, and to its ideals. . . The church shapes the member’s view of the world and existence” (Haight 2008, p. 109). All the ritual movements in the eucharist speak to this fact. From the gathering of the believers of Christ to the offering of gifts made from human labor and gifted to the faith community by nature, down to the sending forth of the members of the assembly to the communities they come from, the eucharist centers a vision of the type of humanity Christ has given humans and commanded them to embrace if they are to fully become Christ’s followers. In the eucharist, a Christian discovers herself/himself as a member of the community of believers. It is not just a mere discovery. Rather, it is a discovery of a subjectivity that is oriented towards altruistic care for others. All this is carried out within the praxis of being a church in the world. As Karl Rahner skillfully notes, “the very thing which we are from God is mediated in the concreteness of history by what we call church. And it is only in and through this mediation that it becomes our own reality and our own salvation in full measure” (Rahner 1978, p. 389). In other words, individualism is rejected as a form of identity marker within the context of eucharistic identity. Rather than an embrace of individualism, an ethical turn to radical solidarity is preferred by the eucharistic summons. Hence, each person comes to the space where solidarity and community are enacted on multiple levels. With one voice, and embracing collective gestures of gratitude, thanksgiving, repentance/contrition, and petition, all pray to the Trinitarian God of fellowship. It is on this basis that the Church rightly states that at its core is the spirit of *koinonia* (communion). In other words, the Church, in its constitutive essence, is a community. In a more precise manner, to speak of the Church is to speak of a community of persons that are oriented to embody “a Christian social anthropology in the most existential way of conceiving it” (Haight 2008, p. 57). This social anthropology is not reduced to the level of ontology alone as though embodying the new humanity in Christ is all that is needed for being a member of the Church. Rather, it goes beyond that. Hence, Roger Haight reminds one of the existential levels where being a member of the Church entails a praxis, a way of being in the world, one that evokes a particular meaning-making process that centers the abundant life of God as the vision of a new humanity that the Church and its members can gift the world with (Haight 2008, pp. 219–20).

Consequently, individualism is rejected because it instantiates the fragmentation of life that sin introduced into the world. As communion, the Christian life both within and outside the Church entails being one with Christ, just as the Trinitarian life of God points back to the unitive nature of God as divine. Does this mean that difference is eradicated? The answer is no. Difference is not to be seen as a tool for division. Rather, difference is embraced as a tool to further and foster the communion of persons. Hence, Trinitarian theology states that in God’s relationships as persons, difference is upheld, but in God’s nature as divine, unity is sustained. In relation to the Church, as individuals, each person brings to the assembly their unique traits as persons living in different socio-cultural contexts, but as a community, they embody one heart and one soul in Christ who is the source of their unity (The New American Bible 1998, Acts 4:32). Whether unity or difference is emphasized, none of these categories eliminate a turn to otherness. Unity is always unity for the good of the other. The difference is always a difference that accentuates the good of the other. Thus, in the life of God whether in the fellowship of the three natures or in the economy of divine encounter with creation, the flourishing of otherness is always a mode of being for God. The same can be said of creation. The

human person, in its constitutive makeup as a person is always oriented towards the flourishing of the other. Insularity as a mode of existence is not just anti-human, it is also unnatural. The correct way of being in the world is to instantiate a relational harmony among beings. This is not a new fact. Science teaches us that a healthy world demands that all species live harmoniously while maintaining the appropriate connection among themselves (Sachan and Singh 2010, pp. 519–22).

At the heart of the eucharistic ritual is an understanding that the current state of the human condition is in need of healing and this healing can only be mediated by the gift of a new humanity that is grounded in God, hence, God becoming human. The God–human reality is the condition of wholeness. One who embodies this new humanity receives the state of wholeness that befits the vision of God for the instantiation of the human condition. As noted by Hans Küng, the eucharistic gift is not the mere utterance of words by Jesus. Rather, “as he [Jesus] speaks he gives gifts to be eaten and drunk. . . By not only speaking the blessing, but giving to his disciples the broken bread and the red wine as his flesh and blood, for them to eat and drink, Jesus was indicating that he was giving them a share in his sacrificed body and outpoured blood, a share in the power of his death to make atonement and establish the new covenant, a share in the saving work of his death” (Küng 1967, p. 214). Furthermore, this new humanity is itself a gift that goes beyond the giver and the receiver. In other words, the gift of the eucharistic humanity is an awakening into transcendence that facilitates fellowship with otherness. Just as God becomes human in Christ for the benefit of humanity (understood properly as creation), one who receives this new humanity in Christ becomes that for others as well. One is to live always with the intention of improving the condition of others. This is the key marker of a eucharistic humanity. It is not an identity for the self. Rather, it is an embodiment of the flourishing of all. This point is well expressed by Pope Saint John Paul II when he writes:

Man cannot live without love. He remains a being that is incomprehensible for himself, his life is senseless, if love is not revealed to him, if he does not encounter love, if he does not experience it and make it his own, if he does not participate intimately in it. This, as has already been said, is why Christ the Redeemer “fully reveals man to himself”. If we may use the expression, this is the human dimension of the mystery of the Redemption. In this dimension man finds again the greatness, dignity and value that belong to his humanity. In the mystery of the Redemption man becomes newly “expressed” and, in a way, is newly created. He is newly created! (John Paul II 1979, #10)

John Paul II’s emphasis on the new creation that manifests itself in Christ, which the Christian receives by becoming a member of the Church as well as embodying a praxis of church in the world, entails a prophetic critique of all that diminishes life. Consequently, the newly created humanity is a humanity for justice and solidarity with those at the margins of society. Hence, this new humanity is a humanity that embodies “the Other-in-the-Self.” In this way, the new humanity is a humanity that is characterized by two existential movements or pulls: “trans-ascendence and trans-descendence” (Hofmeyr 2015, p. 285). The former reflects a constant pull to encounter God and to go beyond the limitations of the self. It is as it were, a living beyond the self. It is saturated with freedom. But this freedom is not abstract. It demands an expression in the concrete world. In the words of Rahner, freedom “is not the power to be able to do this or that, but the power to decide about oneself and to actualize oneself” (Rahner 1978, p. 38). The actualization of oneself is never mediated by a turn to individualism. Rather, it entails being a creature that is realized through his or her actions as a historical being. This way, one becomes a subjective being that is not finished but always becomes through their ethical actions that are grounded in freedom and responsibility (Rahner 1978, p. 42). The latter entails “a movement downwards and

inwards, reconfiguring the very ontological structure of the I: a denucleation whereby the fundamental self-interestedness of the I is turned outward to face its responsibility towards the other person, trans-ascending its very conatus" (Hofmeyr 2015, p. 285). I would argue that these two movements are not separate from each other. In fact, trans-ascendence leads to the existence of trans-descendence, which evokes a care for the other who needs wholeness. Similarly, care for the other, as a ritualization of trans-descendence, is itself the pathway of realizing trans-ascendence (Rahner 1978, p. 42).

Hope is central to the eucharistic. However, it is hope in action. By this, I mean that such hope is ritualized in the active acts or intentions that the one who embodies such a humanity brings to the world of encounters with those in need of its content. In the context of sickness and healing, the content of hope for the sick is that they become whole again. For those who have the gift of healing or the remedies for healing the sick, the content of hope is the actual realization of bringing healing to the sick ones they encounter. Thus, a eucharistic anthropology entails an embodiment of healing and comfort that is brought to all encounters so that the transformative grace of healing can be experienced by those who are in need of it. In the words of James Keating, "The Eucharist is the encounter with He who does not will anything but mercy and healing. Such an encounter is by its nature ordered toward the healing of interior suffering and, at times, physical cure. We cannot be in union with Christ at the Eucharist without receiving the effects of His virtue, His power to heal, mend, and restore" (Keating 2021). Hope is not just a statement or a belief. It entails a way of living that evokes a conscious reading of the signs of the times to allow for a transformative response to structures and systems that diminish life in the social world (O'Brien and Shannon 1992, p. 608). This way of living demands that we "know how to discern well, everywhere, . . . the breaking through of the possible into the impossible, of grace where it would seem that sin has eroded all trust" (Francis 2024).

Again, it is important to note the following: the eucharistic humanity that is instantiated in Christ and ritualized through discipleship demands of the recipients a keen turn to the Spirit who invites one to embody the grace of reading the signs of the times. To read the signs of the times is to be held captive by the cries of those who are in need of healing. Only through the ethical response to such cries can one fully embody the eucharistic humanity. In other words, the eucharistic humanity is a gift that comes to one in Christ who resides in those in need of healing and care. In the words of Noirín Lynch, "Eucharist is not about safety or going back. It is a moment of recognition that Christ who was present at Creation, at the Last Supper, Calvary and in the garden with Mary of Magdalene—this Christ is fully present here. This means that we are not separate from the world's challenges when we meet; we mediate the world in and through Eucharist; we understand who we are, and who we are called to be: Christ's hands and feet in this time and place" (Lynch 2018, pp. 85–86). In other words, to understand who a Christian is demands that the Christian takes seriously the pneumatological summon of reading the signs of the times in such a manner that the ethical obligation of caring for the other is realized.

### 3. Reading the Signs of the Times

The role of an institution, secular or faith-based, is to constantly read the signs of the times. But what does this phrase mean? In response to this question, I turn to Donal Dorr who writes: "The phrase refers rather to important political, social or economic events or developments which are widely known—but whose full significance may not be widely understood" (Dorr 2008, p. 547). Thus, this discernment is intended to help individuals, institutions, or societies to act in a morally just manner that can help address the consequences of such events. For faith-based institutions, reading the signs of the times is itself a pneumatological orientation to the world that allows them to hear the

cries, lamentations, hopes, and joys of those around them, especially those in need of transformative encounters in their lives. It involves being open to the promptings of the Holy Spirit who inspires and educates all to be more aware of the issues facing our world in a manner that demands an ethical response. In other words, “these events or trends in the world are *signs*. A sign is something more than an event. It is a means of communication between intelligent beings. When we speak of ‘the *signs* of the times’ we are suggesting that God is sending us a message through these historical events. This means that, if we read the ‘signs of the times’ correctly, we are being enabled by God to *interpret* more accurately what is really going on in the world, behind the superficial appearances. Having come to understand something of the deeper significance of the situation we are then in a position to make our decision and to *respond* to what is going on” (Dorr 2008, pp. 547–48).

To read the signs of the times is to be oriented to the social world. It is to go beyond an insular existence and focus on how systems, structures, and events affect human beings in their socially connected lives. Dianne Bergant gets it right when she writes about this orientation to otherness in light of the summons to all Christians by the Second Vatican Council. In her words:

One of the most exacting challenges from the Second Vatican Council was its summons to read the “signs of the times.” It was a call to reflect deeply on the events unfolding before our eyes and to respond to them out of mature faith. This was difficult, because many of us were accustomed to react to life rather than interact with it, and few of us possessed what today might be called mature faith. We probably knew the teachings of the church and were well grounded in genuine devotion, but we were passive rather than actively involved in critical thinking about faith. (Bergant 2003)

Reading the signs of the times is not just an option for believers in Christ or anyone who embraces a vocation that brings life to all they encounter through their calling. Rather, it is a summons, one that inherently is linked to a sense of being in the world. In other words, to read the signs of the times is to be faithful to one’s calling in life. That means it involves taking concrete actions or inactions to address the current situation. But the meaning derived from the reading of the signs of the times does not reside solely in the past by comparing what we already know to see how the new experience fits with that past. This is where I disagree with the conclusion made by Donal Dorr who concludes that this process entails using our past understanding of God and our experiences to read meaning into the current experience (Dorr 2008, p. 551). While the process begins there, it does not end there. For the process of reading the signs of the times to allow for new ways of being in the world, the question must be asked, how is this new experience or event speaking to us in ways that allow us to find new meanings that can reflect this experience? This question allows those involved in the process “not to settle for fleeting comfort of the present or the nostalgic memory of the past. The future must be embraced as a possibility of surprises and creative opportunities for all” (Aihiokhai 2024, p. 25).

Though the concept of reading the signs of the times was articulated fully and given a theological framework during the Second Vatican Council, its embrace and usage in the life of the Church predates the Council. In fact, one can argue that it is rooted in the Gospels (The New American Bible 1998, Matthew 16:3; Dorr 2008, p. 547). The mission of Christ is oriented towards the reading of the signs of the times. The Johannine Gospel locates the ministry of Christ within the matrix of life-giver: “I come so that they may have life and have it more abundantly” (The New American Bible 1998, John 10:10). Being attuned to the human condition as one in need of redemption, God becomes one with it in all things except sin in order to journey with humans, suffer with them, and liberate them from all

that holds them captive, especially that which diminishes human life in God's world ([The New American Bible 1998](#), Philippians. 2: 5–11).

In the context of healthcare, one can also make the claim that reading the signs of the times calls for a close observation of one's world. It is this close observation that led Dr. Martin Luther King, Jr. to offer the following insight on 25 March 1966 at a press conference in Chicago just before his speech at the convention meeting of the Medical Committee for Human Rights (MCHR): "We are concerned about the constant use of federal funds to support this most notorious expression of segregation. Of all the forms of inequality, injustice in health is the most shocking and the most inhuman because it often results in physical death" ([Galarneau 2018](#)). To read the signs of the times is to be conscious as well as to how to apply the Hippocratic Oath to one's sense of duty that speaks to one's context. The Oath is not some rigid document that transcends time and era. Rather, its content is intended to locate one not just in one's profession to care for others, but to care for them in a manner that conforms with the knowledge of the day. If the Oath were rigid, then future healthcare practitioners would simply end up offering sacrifices to the gods and deities of the Greeks ([NOVA n.d.](#)). Consequently, the Oath is a summon to those in the healthcare profession to take seriously their obligations and duties of being agents of life to those who suffer from bodily ailments. Just as Jesus Christ's mission is rooted in his agency as a source of life for all, so also is one who takes on the tenets of the Oath. Among the obligations in the Oath is the demand for the healthcare practitioner to "work for the benefit of the sick and to abstain from every voluntary act of mischief" in such a manner that the interactions the practitioner has with the sick person will hopefully lead to restoration of health ([The Editors of Encyclopaedia Britannica 2022](#); [Arras and Steinbock 1995](#), p. 54).

Reading the signs of the times is a key aspect of the healthcare profession. It is not just an orientation towards otherness, rather, it is what constitutes the profession. In other words, healthcare involves an active engagement with events, situations, and conditions playing out in the here and now. A response to these events is not just the application of past knowledge. Rather, an efficient healthcare system entails studying current events to see if there are new conditions or realities that need new insights. Even the application of past knowledge to address the current situation also means that one has to study how the outcomes play out. All of these are the guiding principles behind healthcare research ([Nass et al. 2009](#), pp. 112–19). To truly embrace one's calling as a healthcare professional, one must orient oneself towards the world of encounters where the other becomes the source of the gift of awareness and one is summoned to be ethically responsible for all that one does. In other words, it is a litmus test for how one practices the profession. This way of being forces one to reject all forms of passivity in the face of suffering, especially when such suffering is caused by structures of evil operating in one's social context. In a 2018 article for the *Miami New Times*, while citing healthcare data from the Commonwealth Fund, Jerry Iannelli notes that the "State of Florida ranked 49th overall—third-worst in America" in matters related to healthcare "'access and affordability,' 'prevention and treatment,' and the disparity between rich and poor'" ([Iannelli 2018](#)). The article further explains that the "State ranked 47th in the nation when it came to adults who are without healthcare coverage due to its cost; and 45th in the nation for 'adults without a usual source of care;' 44th for disparity in rich/poor adults who report poor health; 50th for hospital readmissions and Medicaid reimbursements per person; and 51st for gap in rich/poor hospital readmissions (that is, people going to the hospital, leaving, and then needing more care later because they weren't cured)" ([Iannelli 2018](#)).

Furthermore, according to the non-partisan website, USAfacts.org, in 1987, 87.1% of Americans were covered by either public or private health insurance. In 2020, the percentage rose to 91.4% ([United States Census Bureau 2020](#)). Also, in 1987, 75.5% of

Americans had private health insurance. The number fell to 66.5% in 2020 (United States Census Bureau 2020). As it pertains to public health insurance, in 1987, 23.3% of the population had government-sponsored health insurance. Whereas, in 2020, it rose to 34.8% (United States Census Bureau 2020). For the population without health insurance, in 1987, it was 12.9% of the country's total population. In 2020, the number fell to 8.6% (United States Census Bureau 2020). When it comes to race and ethnic demographics, the data are not consistent because there are no data for some racial groups before 2002. However, in 2002, 90.6% of Whites who are non-Hispanic had government-sponsored or private health insurance; in 2020, it rose to 94.6%. In 2002, 83% of the Asian population had government-sponsored or private health insurance; in 2020, it was 94.1%. In 2002, 81.2% of Blacks had government-sponsored or private health insurance; in 2020, it rose to 89.6%. In 2002, 69.2% of Hispanics (any race) had government-sponsored or private health insurance; in 2020, it rose to 81.7%. This report shows that good policies that focus on the common good, in this case, the wellbeing of the citizens of a nation, tend to yield better results. Nonetheless, one has to also wonder why the nation has not yet achieved 100% insurance coverage for all its citizens. Courage to do good and grounding public policies on the principle of the common good leads to a satisfied citizenry. As noted by Andrea Vicini, "the common good allows the *ultimate realization of individual and social capabilities*. It aims at *individual and collective flourishing* by emphasizing all social goods (i.e., spiritual, moral, relational, and material), for all human beings" (Vicini 2019, p. 2).

Following Vicini's argument, healthcare is not something that exists in isolation from other social realities that define the human condition. The fact that the human person needs proper education to understand their experiences, access to healthy food to develop a healthy body and mind, and have proper and affirming relationships to build a good sense of self and live a stress-free life means that any attempt to make concrete the common good must also necessarily lead to accounting for the social realities defining the human person as well (Voll 2019). A brief engagement with some of the social realities is worth exploring here.

In the context of the United States, poverty is still a big issue. The statistics on poverty in the country show that in 2019, 33.98 million Americans were living in poverty (Shrider et al. 2021). Also, in 2019, 6.55 million American families were living in poverty (Shrider et al. 2021). These numbers make up 7.8% of the total percentage of American families (Shrider et al. 2021). In 2020, 11.4% of the United States population was living in poverty (Shrider et al. 2021). These statistics do not yet reflect the effect of the COVID-19 pandemic on the nation's economy.

Poverty is itself a structural sin. It is human-made. It comes from a false sense of self that is crafted at the expense of the wellbeing of others. Steve Barton states it better when he writes: "In the case of poverty, social sin operates through false shared beliefs" (Barton 2018). As noted by Deepa Narayan, poverty is a socio-political tool weaponized to strip its victims of their own existential power and to render them voiceless (Narayan 2000). One can also conclude that poverty is also given validation by theological and religious claims that tend to equate poverty to religious piety without first probing whether the choice to be poor is voluntary or imposed on one by those who uphold the structures that produce poverty. In the words of Elsa Tamez, "if we make the poor and the pious synonymous then real economic oppression and God's concern for this very class of people are lost." With this in mind, "the rich become the piously poor and the poor rich in piety, and the economic order and the unjust power stay as they are" (Tamez 2002, p. 36; Teklu 2024).

The practice of healthcare should always address issues dealing with poverty. The weaponization of poverty as a political tool for control has health and healthcare implications. When poverty is structurally produced and politically weaponized, one's



resiliency and hard work will not be able to address it unless such structures and political weaponization are abandoned. It is with this in mind that Jamila Michener made the following observation on the politically manufactured poverty in the State of New York while addressing the State's Senate in 2023. In her words, "No matter how independent, hardworking or industrious any person is, all New Yorkers are embedded in these sets of overlapping systems that indelibly structure their vulnerability to poverty. . . And no one can stand alone and unassisted in the face of sickness, unexpected tragedy, unavoidable job loss, a volatile and unforgiving economy, human frailty, onerous care responsibilities, and so much more" (Dean 2023). When poverty is politically weaponized, its victims experience harm as a result of not being able to provide for themselves. This leads to an enduring culture of sickness and death. The body does not only exist within webs of relationships, some good and some bad, it also remembers the past. For example, "American Indians and Alaska Natives (AIAN) throughout North America suffer devastatingly high rates of health disparities, many of which are linked to land loss, cultural devastation, and a lack of access to healthy environments. AIAN poor health is manifested in disproportionately high rates of chronic and communicable diseases coupled with inadequate living conditions, insufficient nutrition, and exposure to high levels of environmental contaminants" (Walters et al. 2011, p. 179). Human bodies are bodies of history. In the words of Oliver J. T. Harris and John Robb, "the body is central to how we conduct our lives on a daily basis" (Harris and Robb 2013, p. 2. In fact, "bodies carry. . . histories with them, in the way we move, exercise, sleep, eat and act in general. The body is. . . something emergent through history. The body is in history; indeed, the body is history" Harris and Robb 2013, p. 4). Our bodies reveal our pasts, including those pasts we may not want to be conscious of. A focus on healthcare should begin with an attempt to understand how our collective histories have played out. To ignore the past is to allow ourselves to perpetuate further the enduring traumas. All this said, in the next section of this work, I want to explore how the social teachings of the Church can serve as a tool for embracing a holistic approach to healthcare.

#### **4. Reading the Social Teachings of the Church as an Invitation to Embrace a Eucharistic Vision of the Human Person in the Context of Healthcare**

The realities of the Industrial Revolution that brought to light the conflict between labor and capital led the Church to discern closely the signs of the times. As it were, it allowed the Church to seek "solutions to unfamiliar and unexplored problems" (Pontifical Council for Justice and Peace 2004, p. 29). The solution offered by the pontiff, Leo XIII, in his papal encyclical, *Rerum Novarum*, offers an anthropological vision that is intended to correct the notion of scarcity inherent in the new realities of our era that tends to present the relationship between the economic factors of demand and supply as one radically defined by scarcity. This notion of scarcity has at its core a bankrupt anthropology; in the sense that the human person is forced into an existential competition with other forces, including other human beings in order to have access to goods that will bring about their flourishing. In other words, this rendition of scarcity, as inherently defining the economic system that the human person is thrown into, allows for tensions and struggle for domination between those considered to be agents of capital and those who are labeled producers of labor. Such a struggle is thus given an ethical validity because it is seen as a natural disposition of human life in society. Hence, Leo XIII offers the following insights in his encyclical as a response to this type of social anthropology:

The great mistake made in regard to the matter now under consideration is to take up with the notion that class is naturally hostile to class, and that the wealthy and the working men are intended by nature to live in mutual conflict. So irrational

and so false is this view that the direct contrary is the truth. Just as the symmetry of the human frame is the result of the suitable arrangement of the different parts of the body, so in a State is it ordained by nature that these two classes should dwell in harmony and agreement, so as to maintain the balance of the body politic. Each needs the other: capital cannot do without labor, nor labor without capital. Mutual agreement results in the beauty of good order, while perpetual conflict necessarily produces confusion and savage barbarity. (Leo XIII 1891, par. 19)

One can make the bold claim that at the heart of the Church's social teaching is a growing vision of the human person intended to bring about the flourishing of all humans. To buttress this claim, one has to look closely at some of the encyclicals that fall under the Church's social teachings. For example, in the papal encyclical, *Quadragesimo Anno*, Pope Pius XI makes the following claim:

...with all our strength and effort we must strive that at least in the future the abundant fruits of production will accrue equitably to those who are rich and will be distributed in ample sufficiency among the workers—not that these may become remiss in work, for man is born to labor as the bird to fly—but that they may increase their property by thrift, that they may bear, by wise management of this increase in property, the burdens of family life with greater ease and security, and that, emerging from the insecure lot in life in whose uncertainties non-owning workers are cast, they may be able not only to endure the vicissitudes of earthly existence but have also assurance that when their lives are ended they will provide in some measure for those they leave after them. (Pius XI 1931, par. 61)

Here, Pius XI insists that the duty of institutions, including the Church itself, is to promote the common good and the flourishing of all persons. His summons to all in the world to be in solidarity with each other in a manner that each human being is given the opportunity to flourish is renewed by the conciliar document, *Gaudium et Spes*.

In *Gaudium et Spes*, the Church makes a bold statement by moving away from a paranoid state of existence that characterized it since the Reformation, when it saw itself as being under attack by the ideologies playing out in the world and its vision of the world as a world radically defined by sin (Burns 1990, pp. 1123–52). *Gaudium et Spes* is the hermeneutic pathway for the Church to open itself to all that is in the world. In fact, the world is presented as inherently good because it is the stage where the drama of salvation plays itself out, as well as the continuous embrace of the mission of the Spirit to sustain God's people and all of creation until the end of times. Consequently, the conciliar document, *Gaudium et Spes*, reiterates an anthropological vision that is rooted in the transformative solidarity of believers in Christ with all of humanity in such a manner that both the followers of Christ and those they are in solidarity with will experience their humanity as a gift that comes from God and one that is inherently oriented towards otherness: a being that is constituted ontologically as being-with-others. Lest the followers of Christ forget their calling and the new humanity they embody in Christ through the waters of baptism, the document begins with the following insights:

The joys and hopes, the griefs and anxieties of the men [people] of this age, especially those who are poor or in any way afflicted, these are the joys and hopes, the griefs and anxieties of the followers of Christ. Indeed, nothing genuinely human fails to raise an echo in their hearts. For theirs is a community composed of men [humans]. United in Christ, they are led by the Holy Spirit in their journey to the kingdom of their Father and they have welcomed the news of salvation which is meant for every man [person]. That is why this community realizes that it is truly linked with mankind [humankind] and its history by the deepest of

bonds. . . Therefore, the council focuses its attention on the world of men, the whole human family along with the sum of those realities in the midst of which it lives; that world which is the theater of man's [humankind's] history. . . (Second Vatican Council 1965, pars. 1–2)

The following points ought to be stressed as they pertain to the above quote from the document: first, the gift of salvation is grounded in solidarity between the new community of the followers of Christ that constitute the Church. Applying this point to what I have stated above, the false notion of scarcity that is used to define the economic order is then used to justify unhealthy competition between the rich and the poor while upholding the praxis of manipulation and avarice as virtues to be embraced in the social order and the economic system playing out in it; the conciliar position of the Church is to state clearly that solidarity involves the total embrace of one community by the other without exemption. Hence, the rich, the healthy, and the powerful all have to find their purpose of being only through solidarity with the poor, the sick, and the weak in society. To be human-in-society is to embrace radical solidarity. This view is not limited to the conciliar teaching of the Church. One finds it expressed in the African praxis of *Ubuntu*. To be a person, in African cultural thought, is to be in radical solidarity with others. Others refer to all of creation. In African thought, everything is alive and only has a purpose of being when it is seen as being in solidarity with other beings. Harvey Sindima and Placide Tempels both capture this view in their respective insights. Sindima writes: "All life—that of people, plants and animals, and the earth—originates and therefore has an intimate relationship of bondedness with divine life; all life is divine life" (Sindima 1990, p. 144). Tempels, while writing about the Bantu People of Sub-Saharan Africa, notes the following: "The Bantu cannot conceive of. . . the human person as independent standing on his own. Every human person, every individual is as it were one link in a chain of vital forces: a living link both exercising and receiving influence, a link that establishes the bond with previous generations and with the forces that support his own existence. The individual is necessarily an individual adhering to the clan" (Bujo 2001, p. 86). Solidarity, as understood within the social teachings of the Church and in African cultural thought goes beyond a mental openness towards the other. Rather, it involves using one's gifts and talents to help others succeed and flourish in life. Relating this to healthcare, solidarity entails using one's skills and talents to help those who are sick to experience wholeness. It involves putting the wellbeing of others over the desire to make a profit. At the end of the day, nothing is more ethical than helping a human being to flourish in life, especially when the person is in need of healing.

Second, salvation goes beyond the spiritual realm. It is radically inclusive of all persons and all of creation, both the sacred and the profane. The Johannine Gospel puts the following words in the mouth of Jesus: "I came so that they might have life and have it more abundantly" (The New American Bible 1998, John 10:10). With this in mind, salvation is radically concretized in the flourishing of life by God's creatures. To speak of salvation is to instantiate the wellbeing of the human person in community with other beings. It is to work towards the flourishing of all of God's creatures. It is to take seriously and to address all that limit the flourishing of life, whether human-made or infused in an error of nature that can be corrected through human intelligence without directly or indirectly affecting the common good. Simply stated, salvation is holistic in all its expressions. It is not coincidental that the Latin word for salvation—*salus*—is the same word for healing. Spiritual salvation is not devoid of bodily healing. The link between the healing of the spirit and that of the body allows for salvation to be understood through a liberational lens. Jesus did not come to save just the soul or spirit of fallen humans. Rather, Christ came to be a voice for the healing of all who experience disease, whether spiritual, social, or bodily. Consequently, the healthcare profession is a vocation that is aligned closely with the vision of Christ

for all—being agents of abundant life for all. Without appealing to religion, a healthcare professional ought to constantly ask themselves the following question: how do I show up as an agent of life to ensure that all whom I encounter experience healing and thus flourish? This question involves being aware of and actively working against the structures of death that play out in society. A healthcare practitioner cannot sit on the fence while structures of death define the lives of people around them. They must always embrace the prophetic if they are to be true to their calling. By prophetic, I mean an intentional engagement with the issues affecting society and working towards the dismantling of structures of marginality playing out in society.

Third, the content of salvation is itself a gift, one that comes from outside of the one receiving the gift. Though not stated clearly, reading the opening words of the conciliar document, *Gaudium et Spes*, one immediately sees an appeal to otherness as the locus for the discovery of oneself either as a person or as a collective group like the Church. In other words, to understand what the Church is and its mission in the world, one must look beyond the horizon towards the other. Otherness is the locus of identity and mission both for the Church and for each person in the world. Emmanuel Levinas states this succinctly when he argues that subjectivity is inherently found in “a going outside of oneself that is addressed at the other, the stranger. . . . Thinking the other person is a part of the irreducible concern for the other. Love is not consciousness. It is because there is a vigilance before the awakening that the *cogito* is possible, so that ethics is before ontology. Before the arrival of the human there is already vigilance for the other. The transcendental *I* in its nakedness comes from awakening by and for the other” (Levinas 1999, pp. 97–98). In the context of healthcare, the skills and talents that a healthcare professional has are only relevant because of the other who is in need of them. No gift, talent, or skill has any value or significance unless it serves the wellbeing of others. Healthcare is radically about being there for others. With this understanding, a sense of gratitude and hospitality ought to define how healthcare practitioners relate to their patients.

Returning again to solidarity that is enacted in and by the eucharist, eucharistic solidarity goes beyond the anthropocentric focus. It is cosmological all the way. As the gathered assembly offers prayers to God in preparation for the altar and the gifts for consecration, gratitude is shown to God who has blessed the land and human hands for the labor that has led to the production of the bread and wine that is to be offered to God (United States Conference of Catholic Bishops 1985, pp. 370–71). Eucharistic identity not only goes beyond the context of human-to-human solidarity; rather, it speaks to the solidarity inherent in all of creation. Thus, to embody a eucharistic identity is to take seriously the oneness and interconnectedness of life. Consequently, to diminish one life is to diminish all life. This understanding becomes a prophetic summon for the community to constantly look out for anyone whose life is diminished by the structures of sin and evil in the world and to help restore them back to wholeness. This point is key to the anthropological vision embraced by the Church in its articulation of *Gaudium et Spes*. Through the articulation of the role of the Church in the social world, which Pope John XXIII called for in his opening address to the conciliar members, the Second Vatican Council was forced to articulate a vision of the human person that is in the real world and not in some ideological concept. Thus, the following questions need to be addressed: “What is the church such that it can have a pastoral relation to ‘humanity’ in the contemporary world? What is ‘humanity’ such that it is in need of such a relation? And what kinds of practices can possibly be designed and facilitated in the space of this relation, given precisely that ‘humanity’ is considered as that which forms part of, but which also exceeds, the church” (Bennett 2016, p. 64). By grounding its responses to these questions in the domain of the relationship of the Church to the human vocation, the Church was affirming the role of

solidarity as the pathway for its own self-realization as the Church for and of God's people in the world (Bennett 2016, pp. 77–78).

In the context of healthcare, solidarity involves being radically aware of what is going on in the community and in the lives of its members. It involves seeing the human person as part of the larger matrix of life playing out in the community and working to enhance human life through all the factors shaping that life. Healing is by itself cosmos-focused, even if it is directly focused on the sick person. The person is always within and existing in and through webs of relationships. A sick person cannot get better when their environment reflects and perpetuates illness. To heal the sick person, one must also address the environment.

In a prophetic manner, Pope Francis has called attention to the need for solidarity in our world to help address health issues that affect humanity, especially the poor ones in our world. As he writes,

a worldwide tragedy like the Covid-19 pandemic momentarily revived the sense that we are a global community, all in the same boat, where one person's problems are the problems of all. One more, we realized that no one is saved alone; we can only be saved together. . . . 'the storm has exposed our vulnerability and uncovered those false and superfluous certainties around which we constructed our daily schedules, our projects, our habits and priorities. . . . Amid this storm, the façade of those stereotypes with which we camouflaged our egos, always worrying about appearances, has fallen away, revealing once more the ineluctable and blessed awareness that we are part of one another, that we are brothers and sisters of one another. (Francis 2020, #32)

Solidarity is a summon to be prophetic through being a neighbor to all of creation. By neighbor, I mean an active embrace of the other with the intent to share life in such a manner that the other and the subject experience the fullness of life together. This view is not lost on Francis in his insistence on calling for healthcare reform and to never forget how the world's embrace of consumerism and a culture of individualism has led to the crisis of viewing human life as hierarchical, where some are more valuable than others (Francis 2020, #35). Solidarity entails a covenantal praxis of connection with others. By covenantal, I mean solidarity creates a bond between the parties involved in the relationship. As Agbonkhanmeghe E. Orobator notes, "covenant is not an impersonal pact: it is deeply inter-personal and eminently relational" (Orobator 2018, p. 121). Speaking of solidarity in relation to the ecological other, Orobator also notes that "what affects us [humans] affects our environment and vice versa" (Orobator 2018, p. 121). Thus, solidarity is itself existential because it points to the very core of our humanity as creatures radically connected to and dependent on each other. Should the other be diminished, we will also be diminished. Should the other flourish, the same will apply to us. An African adage explains this perfectly well: solidarity is like one being invited to a feast and given a six-foot-long spoon to eat. No one can feed themselves unless they feed others while also allowing others to feed them. This is the bond that is enacted in the eucharist when Christians embrace the communal identity that is enacted in and through Christ who is the source of their unity.

The eucharist speaks to the gift of life Christians partake in Christ the life-giver. Being aware of oneself is only realized through the encounter with others that the eucharist mediates. Hence, the subject realizes their subjectivity only within the encounter with others. This realization points not to a subjectivity constituted of individualism; rather, it points to a subjectivity for the other—an ethical summon to work and live one's life in such a manner that the other also experience the fullness of life. In this case, the gifts and talents that the subject possesses are all meant to ensure the flourishing of life of others. This is why at the end of the eucharistic gathering, the members of the assembly are invited to

go to their respective communities and reenact the fellowship of life they have become part of through the eucharistic meal. There is nothing private about the eucharist. The joys, the hopes realized, the healing experienced, and the promise of new life that God has proclaimed over them through Christ become the examples to be emulated as the members of the gathered community encounter others in the world. The world is the communal space where this life of God is to be shared and experienced by all. In other words, a eucharistic identity is all about taking seriously the responsibility of being an agent of life for all who exist in the world. In the context of healthcare, it entails using one's gifts and talents to help the sick to regain their health and to help foster a culture of healthy living for all. The need for altruistic consciousness in healthcare is most relevant today as healthcare has become a profit-making system (Koul and Singh 2024, p. 229).

The eucharist is all about healing. However, healing is not a private experience. If the human person is at its core a relational creature that is interconnected to others, then healing is always a communal reality. This fact has shaped the shift occurring today from trauma-informed care to what is referred to as a healing-centered approach. As Shawn Ginwright notes, "healing centered engagement is akin to the South African term 'Ubuntu' meaning that humanness is found through our interdependence, collective engagement and service to others. Additionally, healing centered engagement offers an asset driven approach aimed at the holistic restoration of young peoples' well-being. The healing centered approach comes from the idea that people are not harmed in a vacuum, and well-being comes from participating in transforming the root causes of the harm within institutions. . . ." (Ginwright 2018). A turn to altruistic consciousness in healthcare must also take seriously the social realities shaping the lives of the sick. Consequently, authentic healthcare must also be social justice-oriented. "To assure that everyone has the opportunity to attain their highest level of health, we must address the social determinants of health AND equity" (American Public Health Association (APHA) n.d.).

Pharmaceutical companies do not always factor in the poor and the common good in their work as producers of medications needed to restore people to wholeness. For example, India, which is traditionally known for producing generic drugs that developing countries can afford, was recently under political pressure from the European Union to adopt policies that would make it impossible to continue to produce affordable generic drugs (Reid-Henry and Lofgren 2012). When profit is not regulated, the poor suffer. The recent increase in the price of insulin in the United States is another example of how the poor are taken advantage of by pharmaceutical companies (Tseng et al. 2020, pp. e50–e51). To buttress the fact that good leadership can make a difference, both the Trump (CMS News 2020) and the Biden (Gonzalez 2022) Administrations worked actively to help reduce the cost of this medication. As of 2022, the percentage of Americans with diabetes was 11.3% (Centers for Disease Control and Prevention 2022). The common good is about the flourishing of all life in society. However, for this to happen, the social structures and institutions that humans partake in, for example, the government, ought to be the caretaker and preserver of the common good. Each person is also tasked with the responsibility of being a caretaker of the common good. Healthcare practitioners have a prominent role in preserving the common good. Their ability to see the issues that affect members of the community allows them to be important agents of life and the conscience of society when society strays away from what is considered a healthy way of being.

## 5. Conclusions

Again, healthcare practitioners have a moral responsibility to promote the common good. For them to live up to this responsibility, they have to constantly reflect on the following question: how do we use our skills as healthcare practitioners to bring about the

flourishing of life for those we encounter in our profession? As social creatures, humans are oriented towards the wellbeing of each other because their collective wellbeing is intricately linked together. Healthcare is itself a profession that is oriented towards others and grounded in the vision of bringing about the flourishing of others. The mere fact that healthcare is a profession that is oriented towards the wellbeing of others speaks to the fact that one who embraces it ought to constantly reflect on the signs of the times. This means that the ills that plague society ought to be the concern of healthcare practitioners. Thus, a prophetic disposition is always needed in order to best serve the community.

To be prophetic is to be in solidarity with all. In other words, to pay close attention to the struggles of the members of society is to share in their pain and be willing to offer one's skills in such a manner that such pains will be addressed or eradicated. This is at the core of solidarity, which is also eucharistic. As Dieter T. Hessel argues, "the poor deserve the best the rich have to offer. They have a right to share in the possession of the earth. . . Those who need have a right to assistance; those in a position to help have a duty to assist. Not only those who need, but also those who respond will be blessed" (Hessel 1979, p. 254). Healthcare offers humans the opportunity to be eucharistic in how they live their lives in the shared spaces their bodies occupy. To be prophetic is not simply about calling out the issues that plague society. Rather, it involves being involved in the process of bringing healing to the community. Just as the Church embraces its prophetic vocation to be a source of healing for all who suffer brokenness in our world, those who embrace the healthcare profession have the responsibility to be the voice of justice, the bearers of life, and the source of wisdom for the world. To do this effectively, healthcare professionals and society in general, especially such individualistic societies as that of the United States, ought to heed the advice of Francis when he writes the following: "Unless we recover the shared passion to create a community of belonging and solidarity worthy of our time, our energy and our resources, the global illusion that misled us will collapse and leave many in the grip of anguish and emptiness" (Francis 2020, #36).

**Funding:** This research received no external funding.

**Data Availability Statement:** No new data were created or analyzed in this study. Data sharing is not applicable to this article.

**Conflicts of Interest:** The authors declare no conflicts of interest.

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