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Leonardo D. Mendoza
Loyola Marymount University

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Say Something Theological: The Student Journal of Loyola Marymount University Theological Studies

**The Right to Healthcare –
Does the Social Doctrine of the Catholic Church Assist
or Inhibit the Implementation of Universal
Healthcare in the United States?**

By Leonardo D. Mendoza

Abstract: In recent years, American society has placed an emphasis on the right to healthcare. In the American political arena, the debate over healthcare has caused division between the political left and right. It has created factions within political parties and social movements. The healthcare debate was one of many prominent issues in what is perhaps the most consequential election in modern American history. This paper will focus on the right to healthcare from the perspective of the Catholic Social Tradition. It will evaluate the ways in which the Catholic tradition can influence the public discourse on the right to healthcare and whether it can provide a pathway to universal healthcare in the United States.

Keywords: Healthcare, Catholic Social Teaching, United States

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In recent years, American society has placed an emphasis on the right to healthcare. In the American political arena, the debate over healthcare has caused division between the political left and right. It has created factions within political parties and social movements. The healthcare debate was one of many prominent issues in what is perhaps the most consequential election in modern American history. President Biden has vowed to keep the Affordable Care Act but has advocated for some minor adjustments to the law. The incumbent seeking reelection has vowed to repeal and replace it at the first possible opportunity.

The Catholic Church and the American prelates have been relatively quiet on the matter and therefore this inaction begs the question, what is the role of the church in advocating for adequate healthcare? What role will the church play in terms of ensuring the right to healthcare for the people in the United States? Will the church play an active or passive role in this public debate? The focus of this paper will be to examine the right to healthcare in light of Catholic social teaching, determine if there is a basis for the right to healthcare, and subsequently advocate for meaningful action that will ensure that all persons in the United States are guaranteed their right to healthcare.

Clark E. Cochran's 1993 article titled, "Sacrament and Solidarity: Catholic Social Thought and Health Care Policy Reform," claimed that the American healthcare system is structured in an unjust and unfair manner which renders it incompatible with the social doctrines of the Catholic Church.¹ Cochran basis his argument of the incompatibility between the American healthcare system and Catholic Social Teaching on factors that include the ways in

¹ Clark E. Cochran, "Sacrament and Solidarity: Catholic Social Thought and Health Care Policy Reform," *Journal of Church & State* 41, no. 3 (Summer 1999): 476.

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which healthcare is assessed and managed, the quality of care received, and the amount and kinds of persons who have access to healthcare.²

According to Cochran, American experts rely on cost effective medical care, the quality of care provided by hospitals, and lastly, the access to healthcare. In the context of the American healthcare system, he believes that the system of measurement used to by medical experts to determine the overall quality of healthcare in the American system is what renders it incompatible with Catholic Social Teaching because there are millions of persons in the United States who are uninsured or underinsured and are therefore unable to receive adequate medical care.³ Cochran is in effect arguing that the main aspect that renders the healthcare system in the United States is broken and incompatible with Catholic Social teaching is rooted in the belief that healthcare is a right to which all persons are entitled to.

The healthcare system in America is organized in such a way that it is run as a for profit business rather than a service to provide care and healing to persons in need of treatment.⁴ This method of organization creates a disparity in the cost and quality of care that disadvantaged persons are able to receive. Cochran argues that this creates a “two-tier system” of healthcare, that makes the poor and disadvantaged “second class citizens.”⁵ By creating a two-tier system and depriving persons who need medical care from receiving medical care of a decent quality at an affordable price the principle of justice is violated. More importantly, the rights and dignity of persons are denied and violated.

This denial and violation of peoples right to healthcare require the voice of religious institutions and leaders in the public square. The role that religion, particularly the Catholic religion ought to play in this discourse, is that of a prophetic role, by this, Cochran means that the voice of religion is needed to call out the injustices being perpetuated by the structures in the American healthcare system.⁶ In doing so, they would be entering the public discourse on the right to healthcare not as an NGO or a partisan organization but rather as a desperately needed voice of ethical and moral reasoning. Cochran goes on to cite modern papal encyclicals,

² Cochran, “Sacrament and Solidarity,” 476.

³ Ibid., 476.

⁴ Ibid., 483.

⁵ Ibid., 483-484.

⁶ Ibid., 479-481.



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magisterial documents, and teachings from regional bishops' conferences to make the case for the right to healthcare.

Cochran states that John XXIII and John Paul II have made statements declaring healthcare as a human right, most notably in the encyclical letter *Pacem in Terris* and *Laborem Exercens*.⁷ These encyclical letters stated unequivocally that human beings have a right to that which will allow them to flourish. Healthcare was declared as an aspect that will allow human beings to flourish and is therefore a right.

The bishops of the United States have also written on the need for healthcare reform and the right to healthcare their 1993 report, *A Framework for Comprehensive Health Care Reform: Protecting Human Life, Promoting Human Dignity, Pursing the Common Good*. In their report, the American bishops observe that the costs of healthcare and the quality of healthcare are unequal. The bishops cite the plights of persons who cannot afford medical care due to being uninsured or underinsured, they also note that the rich can and do receive quality care, thus making it clear that quality healthcare is not scarce, it is just made available to those that have insurance or can personally cover the costs of medical care.⁸ If medical care of good quality is not scarce, why then does the American healthcare system not make it available to all persons? The answer is found in the way in which the American healthcare system is structured, it relies on private healthcare packages to cover all or most of the costs associated with medical care. These private healthcare packages are funded by employers and are made available to employees; however, these employees do not tend to be low-income workers. Moreover, socio-economically disadvantaged persons are often charged more than their better off counterparts by insurance providers, this in turn means that they are greatly financially impacted for a healthcare plan that provides less coverage than those provided by employers.⁹

In response to the disparity between the rich and the poor, the insured and the uninsured, Cochran states the Roman Catholic position on healthcare as a right by claiming that healthcare should be reoriented to respect and uphold human dignity and the preferential option for the

⁷ Ibid., 482-483.

⁸ National Conference of Catholic Bishops, *A Framework for Comprehensive Health Care Reform: Protecting Human Life, Promoting Human Dignity, Pursing the Common Good* (Washington, D.C.: United States Catholic Conference, 1993). 1.

⁹ Tom L. Beauchamp and James Childress, *Principles of Biomedical Ethics*, 7th ed. (New York: Oxford University Press, 2013), 270-271.

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poor.¹⁰ Cochran argues that the poor, the weak, the vulnerable young and old have the right to healthcare. His claim is rooted in the concepts of human dignity and the preferential option for the poor. Human dignity is the idea that each person is made in the image and likeness of God and is thereby entitled to be treated with respect, the life of the person is to be cared for, and that they be guaranteed the rights that will allow them to flourish. The Catholic Church has understood the preferential option for the poor as a biblical mandate found in the beatitudes and has emphasized the need to give the poor the resources needed to live a good life.¹¹

Cochran and the American prelates are not alone in their argument for the right to healthcare, the prelates of England and Wales have also voiced their take on the matter. In a report written by the Catholic Bishops' Joint Bioethics Committee, the bishops of England and Wales state their position on the right to healthcare in accordance with the tradition of the Roman Catholic Church. Their report states that Catholic Social Teaching has provided the fields of ethics, social ethics, and bioethics with a firm foundation on issues related to healthcare. The report also articulates issues related to the right to healthcare that include but are not limited to poverty, racism, single parent households, immunocompromised individuals, and persons with pre-existing conditions.¹²

The bishops contend that their say on access to healthcare is warranted, they state in their report that, "healthcare allocation is a theological matter every bit as much as it is an issue for philosophy, medicine or public policy." Their claim is based on the interrelationship between the "dignity of the human person, the nature of community, and right relations between has a unique healthcare, people under God."¹³ The bishops voice on this matter is rooted in their obligation as pastors to carry out their pastoral duties as it relates to the work of God. That work is rooted in the hope that their work may bear fruit "in this life and extend into the completed kingdom and family of God in heaven."¹⁴

¹⁰ Cochran, "Sacrament and Solidarity," 485-486.

¹¹ *Catechism of the Catholic Church*, 2nd ed. (Vatican City: Vatican Press, 1997), 1908.

¹² The Catholic Bishops' Joint Bioethics Committee, "Catholic Social Teaching and the Allocation of Healthcare," in *On Moral Medicine: Theological Perspectives on Medical Ethics*, ed. Therese M. Lysaught, Joseph Kotva, Stephen Lammers, and Allen Verhey (Grand Rapids: William B. Eerdmans Publishing Company, 2012), 232.

¹³ The Catholic Bishops' Joint Bioethics Committee, "Catholic Social Teaching and the Allocation of Healthcare," 232.

¹⁴ *Ibid.*, 232-233.



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Cochran and the prelates of the United States, England, and Wales have provided the point of view of the social doctrines of the Roman Catholic Church. However, as Cochran notes, the language used by theologians is different from the language used by those tasked with the creation of public policy.¹⁵ The difference in language between policy makers and theologians make it difficult to find common ground on the question of healthcare. In “The Marginalization of Religious Voices in Bioethics,” Stephen Lammers holds the position that in the public square, the religious voice has been prevented from partaking in the conversation by controlling the language used to discuss issues in the field of bioethics.¹⁶ The language used by policy makers differs from the language used by theologians or religious scholars. According to Stephen Lammers, the language used in policy circles is framed in a way where concepts and principles are articulated in a secular – pluralistic manner, thereby making it acceptable to the majority. Whereas the language used by theologians and religious scholars tends to be nuanced, precise, and absolute.¹⁷ Those in policy making positions require language to be inclusive and broad to be acceptable to most of the population. This of course means that by their very nature, theological and religious contributions are dead on arrival in policy making conversations.

This lack of dialogue can be reconciled if religious leaders learned to speak in the language of policy makers in such a way where the meaning and weight of the Catholic social doctrines are also conveyed.¹⁸ Policymakers and healthcare experts in turn should be open to expand their thinking. Lammers contends that those in the fields of healthcare and public policy are not solely to blame for their lack of knowledge on the contributions of religious ethics in the public square. Lammers places part of the blame on the lack of knowledge on, the Academy. He writes that the literature published on bioethics or other aspects of medicine only offer one side of the story and that they ignore the questions and challenges of religious voices. Such an omission according to Lammers has resulted in healthcare professions carrying out their work without knowing that there are opposing viewpoints in bioethics, alternative points of views, and

¹⁵ Cochran, “Sacrament and Solidarity,” 489.

¹⁶ Stephen Lammers, “The Marginalization of Religious Voices in Bioethics,” in *Religion and Medical Ethics: Looking Back, Looking Forward*, ed. Allen Verhey (Grand Rapids: W.B. Eerdmans Pub. Co, 1996), 24-26.

¹⁷ Lammers, “The Marginalization of Religious Voices in Bioethics,” 26.

¹⁸ Cochran, “Sacrament and Solidarity,” 489-491.

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as a result of the sidelining of religious voices, medical professionals cannot properly craft policy or implement meaningful reforms.

In “Religious Perspectives in Bioethics” Christopher Tollefsen and Joseph Boyle reiterate the position of the magisterium of the Church on the right to healthcare.¹⁹ Tollefsen and Boyle also note that while the Church has declared healthcare as a human right, it has not formulated a concrete model for universal healthcare it has left it up to the state and healthcare professionals to decide how to provide healthcare for every person.²⁰ In the context of the United States, the state has been unable to reform and overhaul its healthcare system in order to provide medical coverage to its citizens. In large part, this is due to questions regarding the role the government has in relation to regulating and providing healthcare.²¹

With the apparent roadblocks between faith and reason, language and vocabulary, theory and practice, how can Catholic social teaching provide a way forward in the discussion regarding the right to healthcare? For a plausible pathway forward, a discussion between the meaning of human rights and liberation theology is needed. The United Nations declaration on human rights and the social doctrines of the Catholic Church have made it clear that healthcare is a human right. On their own, both have also failed to provide the state with a clear path forward to make universal healthcare a practical reality for its citizens. However, if the contents, meanings, and specification of the UN Declaration of Human Rights and liberation theology were to be juxtaposed with one another, perhaps the social doctrines of the church would be able to provide some clarity on how to proceed with the implementation of universal healthcare in the United States.

The international movement for the advancement of human rights claims that it has the capacity to enshrine the rights of each person around the world. However, as Simeon O. Ilesanmi writes in “Human Rights,” “there is no universal format by which to classify human rights.”²² The initiatives and treaties ratified by the United Nations and the relevant signatory countries are ineffective in ensuring that human rights are actually respected. For example, the UN

¹⁹ Christopher Tollefsen and Joseph Boyle, “Religious Perspectives in Bioethics,” in *Religion and Medical Ethics: Looking Back, Looking Forward*, ed. Allen Verhey (Grand Rapids: W.B. Eerdmans Pub. Co, 1996), 15.

²⁰ Tollefsen and Boyle, “Religious Perspectives in Bioethics,” 15-16.

²¹ Beauchamp and Childress, *Principles of Biomedical Ethics*, 271.

²² Simeon O. Ilesanmi, “Human Rights,” in *The Blackwell Companion to Religious Ethics*, ed. William Schweiker (Williston: John Wiley & Sons, Incorporated, 2005), 507.

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Declaration of Human Rights lists healthcare as a human right. Yet, the United States, a signatory of the declaration has yet to ensure that all of its citizens have healthcare coverage.

Ilesanmi goes on to make an insightful remark, “A far more controversial question is whether we should give priority to some rights over others. The question is raised because rights do conflict, not only because of competing human interests but also because of finite human and societal resources to adequately satisfy all human rights.”²³ Do other rights, particularly economic rights of nations, corporations, and individual persons negate or take priority over other rights? The liberation theologian would respond that this is precisely the problem with international treaties laced with ambiguous language and definitions. If the signatory countries are left free to decide what the terms and condition are on the international treaties made by and with the United Nations, then nothing changes. The structures that keep the poor and the sick from receiving adequate care will remain unchanged.

This provides the theology of liberation with an entry way into the discussion on the right to healthcare. Some may ask, what can the Latin American theological perspective provide the American healthcare system? How can the perspective of the third world provide the first world with a roadmap for the overhaul and reform of the healthcare system? In “Health, Healing, and Social Justice: Insights from Liberation Theology,” Paul Farmer states that “The most glaring of these deficiencies emerges from intimate acquaintance with the suffering of the poor in countries that are signatory to all modern human rights agreements.

Farmer anchors his argument in the realities lived by the poor around the world. When children who are living in poverty die of measles, gastroenteritis, and malnutrition, and yet no party is judged guilty of a human rights violation, liberation theology finds fault with the entire notion of human rights as defined within liberal democracies.”²⁴ The plight of the poor in Latin America can be compared to the plight of the poor in the United States in the following way, first, medical coverage and adequate healthcare is available but only if one is able to pay for it. This means that the poor are left without medical care that is essential to live a normal and healthy life. Second, the structures that prevent the poor from receiving healthcare coverage is

²³ Ilesanmi, “Human Rights,” 507.

²⁴ Paul Farmer, “Health, Healing, and Social Justice: Insights from Liberation Theology,” in *On Moral Medicine: Theological Perspectives on Medical Ethics*, ed. Therese M. Lysaught, Joseph Kotva, Stephen Lammers, and Allen Verhey (Grand Rapids: William B. Eerdmans Publishing Company, 2012), 246.

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also due in part, to the failure to act by the national government. Rather than acting on behalf of its people, governments often do the bidding of pharmaceutical companies and insurance companies.

Farmer goes on to argue that liberation theology has the capacity to make universal healthcare a tangible reality, at least in the first world. His argument is based on a bottom-up approach to medicine. Farmer believes that if the American “healthcare for all” movement truly encompasses all persons and that medical professionals begin to ask the hard questions concerning rising costs of medical care which make it difficult and in many cases impossible for the poor to obtain access to medical care then one can hope that it sparks a reform so that the structures in place, structures that keep the poor sick, structures that in effect deliver a death sentence to those that do not have medical coverage are torn down and replaced by a just system that is rooted in the preferential option for the poor.²⁵

Other Latin American theologians share in Farmer’s perspective to create just systems when those already in place are oppressing the poor. In “Systematic Christology: Jesus Christ, the Absolute Mediator of the Reign of God,” Jon Sobrino addresses the issue and urges theologians and other members of society to develop a pastoral response that is rooted in the poor as its locus theologicus.²⁶ Sobrino bases this pastoral response on the preferential option for the poor. The purpose of this approach to develop a pastoral response to give those in an impoverished a tangible experience of the “reign of God.”

The “reign of God” should be understood as the liberation from sin, personal and structural. Moreover, it is a liberation of the sinner, a liberation from the sin, and is thus a liberation that has mercy as its end.²⁷ The “reign of God” is the centerpiece of the theology of liberation. It seeks to make the Gospel message a reality in the present with a hopeful forecast for the life to come.

Liberation must be understood as the victory over oppression centered in historical realities such as the Exodus and Crucifixion and Resurrection in the bible but it is certainly not

²⁵ Farmer, “Health, Healing, and Social Justice: Insights from Liberation Theology,” 254-255.

²⁶ Jon Sobrino, “Systematic Christology: Jesus Christ, the Absolute Mediator of the Reign of God,” in *Systematic Theology: Perspectives from Liberation Theology*, ed. Jon Sobrino and Ignacio Ellacuria (Maryknoll: Orbis Books, 1993), 144.

²⁷ Sobrino, “Systematic Christology: Jesus Christ, the Absolute Mediator of the Reign of God,” 138.



limited to those parameters.²⁸ While the scriptural accounts of the work of God in relation to the liberation of peoples, there are other historical realities that also reflect the liberative aspect. Initiatives by Christian peoples and people of good faith who work towards a more just world and society for the sake of the poor and marginalized also count as historical realities of liberation.

In the context of the American healthcare system, liberation would come in the form of a tangible manner, namely the access to universal healthcare. The access to healthcare would be liberative in the sense that individuals would not be kept away from medical treatment that they have been deprived of by the lack of insurance, inadequate coverage, or the lack of financial resources needed to pay for medical expenses such as prescription medicines or medical procedure that in some cases are needed to live.²⁹

Liberation theologians are acutely aware that the structural problems that prevent the poor from living healthy lives is not only due to the lack of healthcare coverage. That is just a factor in a broader systemic problem. The access to other goods and services such as proper nutrition and education are also factors that have contributed to the lack of proper health. When persons lack the resources necessary to buy food that is nutritious and healthy, it results in starvation or at best malnutrition. When persons lack resources to education, particularly physical and mental health education, they do not have the information needed to determine whether they should attempt to seek medical help.³⁰

The understanding of the realities faced by the affected communities are a requisite for any liberation theologian. On the one hand it demonstrates that they too have shared in the same struggle for liberation. On the other hand, it demonstrates that the liberation theologian has taken into account and has integrated the reflective aspect that forms a critical component of the theology of liberation. This reflective methodology is what has the capability to provide the American healthcare system with a moral compass to restructure itself so that it may serve the

²⁸ Ibid., 140.

²⁹ Here I am thinking more towards insulin for diabetics, eyeglasses for low-income people, and dental procedures that often go untreated due to lack of resources and as a result become significantly worse.

³⁰ Farmer, "Health, Healing, and Social Justice: Insights from Liberation Theology," 257-258.



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needs of the poor who need medical care but are precluded from receiving it due to a lack of financial resources.

The argument that Cochran brings up in his article, “Sacrament and Solidarity: Catholic Social Thought and Health Care Policy Reform,” rings true in my own experience. The American healthcare system is oriented as a market driven entity rather than a service for healing. Those who lack financial resources to seek medical treatment at the hospital very often seek care at low-cost clinics that are understaffed and overwhelmed. The care received in such facilities is of very low quality and very often, the patient is not given the necessary attention needed to make a good diagnosis. Thus, the claim that Cochran makes about “two-tier healthcare” and “second class citizens” is true.

Those that lack the resources to pay the reduced fee at low-cost clinics sometimes are forced to look for alternative remedies or ask relatives or friends for medicine. In the Hispanic community this happens a lot with diabetics who cannot afford the prescription medicine metformin or lack the financial resources to see a doctor and get their prescription filled out. In any case, this may lead to other issues such as self-medication which in turn have the capacity to produce greater health problems down the line.

The 1993 document produced by the National Conference of Catholic Bishops³¹ titled, *A Framework for Comprehensive Health Care Reform: Protecting Human Life, Promoting Human Dignity, Pursing the Common Good*, provides great insights about the need for urgent reforms that are needed in the healthcare system. However, the American bishops have not written a similar letter since 1993, as a matter of fact the USCCB’s latest document regarding healthcare was a formal complaint regarding a mandate in the Affordable Care Act which called for the subsidizing of reproductive care in private healthcare plans.

The 1993 document still has relevant points. For example, in the United States healthcare is still disproportional. Millions of people living in the United States are either uninsured or have inadequate healthcare coverage. It is still true that those who can afford or receive private healthcare coverage are among the wealthiest classes in the country. People in the United States who cannot afford medical treatment are either seeking treatment they need and are ending up in thousands if not millions of dollars in debt or they are not receiving much needed medical care

³¹ Now known as the United States Conference of Catholic Bishops (USCCB).



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and are therefore suffering in the shadows because the market driven healthcare system dictates that they do not have right to medical care.

While the report produced by the Catholic Bishops' Joint Bioethics Committee in England and Wales does provide significant insights, it is not fair to contextualize their insights into the current situation of the American healthcare system because the United Kingdom provides its citizens with universal healthcare coverage. The commonwealth has defined the right to healthcare and has implemented the right to healthcare while the United States has yet to determine if healthcare is a right.

Perhaps, if the American bishops took the "prophetic" mantle that their English and Welsh counterparts embraced, then maybe the discussion on how to develop a practical implementation of healthcare for all could take place. The "prophetic" voice of the church would not resemble a partisan rhetoric for the kinds of things that should or should not be covered under a universal healthcare option. Rather, the church would assume the "prophetic" role it can play by calling out the injustices perpetuated by a healthcare system that prioritizes profits over people, money over care.

However, such a role is unlikely to be undertaken by the current leadership of the USCCB, especially in an election year due to the divisive partisan politics that are currently present in the public square. This hesitancy makes the institutional church complicit in the plight of those who do not have access to medical care. As an institution with the capacity to influence the public discourse, the church must do everything within its power to speak up for those who cannot defend themselves. Especially for those who cannot speak up because they are suffering from illnesses that are worsening due to the lack of proper access to healthcare and adequate medical care.

The leaders of the American church ought to cast aside its fear of being branded as partisan or socialist. Advocating for quality and affordable medical coverage for the poorest among us neither partisan nor socialist. It is simply the humane and just action to take. No one should go without the necessary medical services needed to live a life that is healthy. This is especially true in countries and regions that have the capacity to provide those services to all or the majority of its people but do not do so out of a desire to rake in profits.

Can liberation theology offer a feasible approach to the religious-ethical discourse on the right to healthcare? Can it offer a tangible solution to the plight of many Americans who cannot access the medical resources available in hospitals? The answer to the previous question may be

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answered by the development of a preferential option for the poor in the healthcare system that is rooted in the realities of life faced by the poor and marginalized persons amongst us. The Church in the United States must also do its part to use its voice and power to influence policymakers to reform the healthcare system and make it just so that all people can have access to the care they need.

If religious leaders, experts in the healthcare professions and corporations would come together in an open and honest dialogue. Such a dialogue would require tangible actions to take place. For example, liberation theology would seek an approach that gives the poor greater attention, especially when their needs are urgent. Healthcare experts in their desire to keep costs low would seek to prevent a surge in individuals seeking medical care would ask for a framework to determine the kinds of treatments and procedures that would be made available to the poor. Corporations and corporate leaders would undoubtedly seek to keep costs low but profits high, liberation theologians and medical experts interested in the well being of the poor and committed to providing the poor with their right to healthcare would seek to create an understanding that would be fair and just between corporations and medical providers.

The structure of this dialogue and its projected goals are just an estimate, and a hopeful one at that. This is due in part to the way that the Church has failed to endorse a particular way or model to ensure that every person has access to healthcare. The state has also been complicit in the lack of coverage that most of its citizens have. The leaders of the state have failed to adequately provide their people with a standard of care that provides a just system to healthcare that so many of its people need. Moreover, the state in the context of the United States is more comfortable doing the bidding of special interest groups, pharmaceutical companies, and insurance providers, rather than advocating for the better interests of the people they are elected to represent.

Healthcare in the context of the United States ought to be a guaranteed right for the people, especially those who are most vulnerable, the poor, the chronically ill, and the immunocompromised persons. The right to healthcare must never consider one's ability to pay for services provided. The social doctrine of the Church makes it clear, the human person, made in the image and likeness of God, is to be treated with dignity. The rights of persons should not be violated to protect corporate interests or business models. The human person must be allowed to access the necessary treatments to live a life that is capable of flourishing.

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The focus of this paper was to determine whether or not the American people have the right to healthcare, the role that the church would play, the role the church should play, and the advocacy for meaningful reforms to guarantee the right to healthcare for the American people. As a result of this theological – ethical inquiry, it has been demonstrated that the Catholic social tradition does in fact support the right to healthcare. However, the Catholic social tradition fails to articulate a framework or model that demonstrates how nation states ought to implement the right to healthcare for its citizens.

The church and the American prelates should use their voices and influence to shape the public discourse on the right to healthcare. In doing so, they would not be engaging as partisan entities but as shepherds caring for their flock. Catholics involved in policymaking decisions ought to develop a preferential option for the poor to ensure that the vulnerable members of society receive access to medical coverage that may make the difference between life and death, sickness and good health.

Lastly, the church must always be free to voice its opposition to unjust practices that affect the lives of those that very often go ignored or are cast aside by a market driven economy and healthcare system. It must use every tool at its disposition to ensure that the rights of each and every person is never violated or deprived.

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