Editorial

Health and Healing: Ethical, Theological, and Pastoral Perspectives

At the core of the ministry and mission of Jesus was healing the sick. Healing and lifting those who are down with sickness and all kinds of ailments is the vocation of all Christians. The word, salvation, *soteria,* was not originally a term applied to religion. It was a medical term, meaning, to heal and was related to health. Health in such a view is the health of the whole person: in spirit, and mind, both conscious and unconscious, in body and soul.

The Church exists to heal. In the words of the United States Conference of Bishops, "In faithful imitation of Jesus Christ, the church has served the sick, suffering, and dying in various ways throughout history. The zealous service of individuals and communities has provided shelter for the traveler; infirmaries for the sick; and homes for children, adults, and the elderly. ...Modeling their efforts on the gospel parable of the Good Samaritan, these communities of women and men have exemplified authentic neighborliness to those in need (Lk 10:25-37)."[1] Given this central importance of health and healing in the church, the need for a theology of health and healing cannot be over-emphasized. Such is the perspective of **Madeline Jarret** who argues that a hermeneutic of disability must infuse our readings of healing stories in the bible, leading to what she terms "disabled hope."

The task of developing a theology of health, healing and a pastoral care of accompaniment is more urgent today because of the new context in which we live today following the outbreak of COVID-19. This is because the mission of healing the sick and understanding what makes for health and what it means to have health has grown more complex during the period of the pandemic and beyond. As **Stan Chu Ilo** writes

in his contribution to the issue, churches and faith-based organizations need to gear up for future pandemics. Communication, the building of trust, and a basic acceptance of the scientific community, its methods and proposals for human health must be part of the education of parish communities. The future is uncertain beyond this pandemic, and no one knows when the next pandemic or epidemic will hit the world again. There are new emerging infectious diseases every day that we don't often hear about, and old infections become more complex because of mutation and resistance to available therapies. Whereas the world has significantly made an epidemiological transition in many societies, most societies in the Global South are burdened by the double tragedies of infectious and non-infectious diseases. Many poor people in many parts of the world are still dying from preventable and treatable diseases and more are dying from manageable non-infectious diseases because of where they were born or where they live. **Valentina Isidoris** and **Susan Nedza** in their essays present case studies of Western-based Catholic medical assistance to Africa and Latin America respectively and contribute as practitioners of justice-based healthcare. Doctors with Africa (CUAMM), based in Italy and the Olancho Aid Foundation (OAF) based in the United States were founded on a strong sense of solidarity with the sick and suffering. Isidoris tracks how in the past seventy years, there has been a transition from the charity model to more justice-based ones in Africa and Nedza speaks to the wholistic forms of interventions in the Honduras which not only looks at health markers, but also accompanies the people by supporting agriculture, food production, education, and access to water.

In this light, the Church must rethink her current model of healthcare, health intervention, health systems from the charity model to a social justice model. This is the strong emphasis of **M. Therese Lysaught** whose essay highlights three practices crucial for shifting Catholic health care to a social justice model. Using Pope Francis and Paul Farmer as models, Lysaught argues that the "throwaway" culture of the neoliberal model for healthcare is profoundly dehumanizing and destructive. Pope Francis' "culture of encounter" and Farmer's framework for resocializing medicine as remediation are the foundations of her argument. The social justice model goes beyond prevention, treatment, and humanitarian response, to a more proactive and integrated approach to health protection

and health improvement. It also seeks to advocate for the rights of the poor in health system development and implementation. While focusing on community empowerment through an asset-based approach to health and healing and advancing the agency of the poor and addressing some of the social, commercial, and religious determinants of their health, the essay challenges US healthcare executives to incorporate accompaniment models into their policies.

In the same vein, theologians and ethicists, just like the churches, must rethink their current theologies of health, and healing. Current trends in bioethics have revolved around the ethics of cure and access to quality care, and the adequacy of pastoral accompaniment of the sick and holistic health. Addressing the social location of the sick, the asymmetrical power relations between the sick and those who provide care, and the abuses in the healthcare sector and health inequity in societies and global health inequity is an urgent theological quest. **Tanisha Sparks**, an African American theologian, writes passionately about her experience with health care in the United States which continues to discriminate against Black women. Similarly, **Cory Mitchell** drawing a striking parallel between some of the principles of Catholic Social Teaching (CST) and Critical Race Theory (CRT) argues for implementing healthcare reform in the US. The mutually reinforcing strands of CST and CRT can impel the urgent corrective needed to protect African American lives.

Finally, two essays in this issue address the problem of Unseen Sickness. They explore a deeper understanding of some of the invisible sicknesses facing people, including physical health issues that escape easy medical diagnoses, mental health issues, and interior wounds of the spirit. **Samantha Ropski** in her essay presents the issue of unseen disability and its crippling effects, even when others who are more "visibly disabled" are provided some measure of inclusion and acceptance. Invisible conditions can only come to light in embodied narrative encounter (a resonance with other essays in this issue that argue for cultures and theologies of encounter). Finally, **Elizabeth Antus**, a scholar whose work has focused on mental health, especially around the pervasive presence of suicidality among vulnerable populations asserts that the stigmatizing ignorance around suicidality necessitates encounter, dialogue and accompaniment. These attitudes of compassion moreover are also enactments of political

and theological significance.

Finally, our forum essay by **Juan José Tamayo** fittingly celebrates the lives of three recently passed Latin American thinkers whose work has deeply influenced Latin American theology: Franz Hinkelammert, Víctor Codina and Enrique Dussel. As Tamayo asserts, these theologians were not afraid of encounters, especially with multiple disciplines and discourses, precisely because those intellectual and spiritual encounters deepened the call for liberation in Latin America and the world. The forum essay draws multiple strands together in the issue: the call to accompaniment, encounter and respectful presence is deeply Catholic as it is Latin American. Indeed, the theological greats who have gone before us have left us with the mandate to heal and liberate the world from its many forms of suffering.

Susan Abraham and Stan Chu Ilo

Notes

1 USCCB, Ethical and Religious Directives for Catholic Health Care, 6.