

injustice; (3) executing a carefully planned and concerted challenge to the injustices; and (4) designing realistic institutional alternatives to the unjust structures (Dorr, 1994). In the case of Hospital C, for example, this would mean understanding the barriers to full participation of minorities in the workplace. After investigating barriers to inclusion, Hospital C would quickly see that studies show that simple inertia is frequently such a barrier. With this and other barriers identified, Hospital C would need to develop, refine, and execute a careful plan to foster inclusion for it to truthfully claim that it had expressed the value of preferential option for the poor.

The principles of Catholic social teaching articulated above should not be thought of as rules to which we must conform. Rather the principles should be seen as goals to which our mission aspires. CHE's Mission statement is clear: "Catholic Health East is a community of persons committed to being a transforming, healing presence within the communities we serve." Catholic social teaching prophetically holds out to us the goal of transforming and healing presence by protecting and promoting human dignity through a culture of inclusion. As in all moral life, immediate change is often impossible in the face of structurally complex problems, but a will to better align oneself is a significant step in pursuing our mission.

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The Church (in Southeast Texas) has great diversity. Among the things that make us different, one from the other are ethnic and cultural heritage. We are: African Americans, Vietnamese, Filipinos and a rapidly growing Spanish speaking population as well as Caucasians of Cajun and Italian descent. We are not all identical, some of us are different personally, emotionally, physically. Some persons have like-gender sexual orientation. Some persons are unable to enter the mainstream of society and are jobless and homeless. Some persons struggle with addictions. Although we are all sisters and brothers, no one of us is identical to the other. Awareness of diversity can lead to supporting individuals and enriching the faith community or it can lead to prejudicial behaviors. "Prejudice starts with the simple perception of difference, whether that difference is physical or psychological" (*Pastoral Statement of U. S. Catholic Bishops on Persons with Disabilities*, p. 2). Our call to follow Jesus' example asks all of us to be open and accepting of the differences in others and to come together as a community of faith.

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CATHOLIC HEALTH EAST

## Catholic Social Teaching: Thinking through Diversity and Inclusion

*As a Catholic Health System that is committed to our Mission and Values, we call ourselves to develop a culture that welcomes, embraces, and is enriched from individual differences and similarities. Our goal is to create a system that integrates the principles of inclusion and diversity as essential elements of a mission centered, high performing organization.*

### Catholic Health East's Vision for Inclusion and Diversity

Catholic Health East's Core Values are an expression of, and grounded in, Catholic social teaching. All values-based decisions within CHE benefit from looking at Catholic social thought which offers principles for reflection, provides criteria for judgment, and in some cases, suggests guidelines for action. The following case study on diversity and building a culture of inclusion is an examination of how Catholic social teaching can influence our understanding of the need for greater diversity and inclusion in our ministry.

Before considering the particulars related to diversity and inclusion it is useful to consider the origin, content, and importance of the Catholic social teaching. The social teaching of the Church developed in the nineteenth century when the Gospel encountered modern industrial society with its new structures for the production of consumer goods, its new concept of state and society, and its new forms of labor and ownership. The roots of the social teaching however are biblical: the Hebrew prophets announced God's special love for the poor and called God's people to a covenant of love and justice. It is also a social teaching founded on the life and words of Jesus Christ, who came "to bring glad tidings to the poor . . . liberty to captives . . . recovery of sight to the blind"(Lk 4:18-19), and who identified himself with "the least of these," the hungry and the stranger (Mt 25:45). As the theological tradition emerged from the truth of what God has revealed to us, the tradition came to know that the triune God's very nature is communal and social, in its interrelatedness. Therefore, we who are made in God's image share this communal, social nature (*Reflections of the Bishops*, 1999).

The social tradition covers an array of principles and practical moral issues that affect humans in their social life. There is no official list of the principles that govern

the social teaching, but some have proposed that there are roughly ten principles that undergird the teaching. These include principles of human dignity, respect for life, association, participation, preferential protection of the poor, solidarity, stewardship, subsidiarity, human equality, and the common good. The number of principles is not important; what is important is how they are used. The scholar who proposed the ten principles put it nicely. "Principles, once internalized, lead to something. They prompt activity, impel motion, direct choices. A principled person always has a place to stand, knows where he or she is coming from and likely to end up. Principles always lead the person who possesses them somewhere, for some purpose, to do something, or choose not to." (Byron, 1998). Therefore, the principles of social teaching should act as a compass for the particular issues that CHE must address, including diversity and inclusion. They should lead to activity and choices.

To understand how the tradition applies to the particular issue of diversity and inclusion, it is useful to identify the potential scope of moral questions that fall under the rubric of diversity and inclusion. As everyone notes, no consensus exists about the definitions of diversity and building a culture of inclusion. (They vary with each interpreter.) Nonetheless when people think about diversity and inclusion they have practical questions in mind, such as:

- How does a healthcare institution make a level playing field for job opportunities and how far does an institution need to go to make a level playing field?
- How does a healthcare institution balance the need to repair past social injustices and create a community of inclusion that leaves no one out?
- How does a healthcare institution's workforce mirror differences found in the local population?

- How does a healthcare institution eliminate all forms of “isms” in the workplace, such as sexism, racism, and agism?
- How does an institution foster acceptance and reverence for all races, ethnicities, religions, languages, gender and sexual orientation, and economic (e.g., those who are poor), social (e.g., education), and physical conditions of life (e.g., persons with mental or physical disabilities)?
- How does a healthcare institution foster diversity and inclusion in the midst of other important financial obligations?

These practical problems are part of an expanding fabric of diversity and inclusion, and concern not only co-workers, but also patients, vendors, unions, and all those with whom CHE partners. Framed as a challenge, how does a healthcare institution overcome and rectify barriers that have impeded inclusion? And, how does a healthcare institution create a culture where its policies and its employees’ choices foster inclusion?

Catholic social teaching over the past 150 years has addressed specific issues that fall under the umbrella of diversity, such as issues of economic justice, racism, sexism, and the dignity of the human worker. Many, if not all of the practical conclusions that the social teachings address, find counterparts in an ethics of common human morality that is accessible to all people. Catholic social teaching builds on common human morality in that the former offers bolstering motivations that emerge from scripture and tradition. The conviction that human dignity is assured because persons are made in the image of God is one example.

### Human dignity

Catholic social teaching addresses three realms of existence: personal, societal, and institutional. When considering priorities in moral obligations, promoting and protecting the personal realm takes priority. Societal and institutional choices should be aimed at protecting the personal realm. As Pope Leo XIII stated in *Rerum Novarum*: “Persons precede the state.” This affirmation of the dignity of the human person is found throughout the social teaching and is unequivocal: human dignity arises from who humans are, not from what humans do or have. This transcendent view of human dignity is tied to the scriptural notion that all people are made in the image of God (Genesis 1:27) .... “We believe that the person is sacred—the clearest reflection of God among us. Dignity

comes from God, not from nationality, race, sex, economic status, or any human accomplishment” (*Economic Justice* # 13). Pope John XXIII in *Pacem in Terris* is more emphatic about what views the dignity of persons excludes: “It is not true that some human beings are by nature superior and other inferior. All persons are equal in their natural dignity.” (#89)

This faith perspective is not foreign to a common human morality. The US Constitution, for example, states that all people are created equal. This tenant of dignity-as-equality is the foundation of a free society; stated negatively, where there is toleration of unequal treatment of one person there remains the possible toleration of unequal treatment of all. Catholic social teaching builds on a dignity-as-equality perspective and bolsters reverence for persons because they image God. Where inequality exists, the Catholic social teaching is clear about the positive steps that should be taken to rectify it. “With respect to the fundamental rights of the person, every type of discrimination, whether social or cultural, whether based on sex, race, color, social condition, language, or religion, is to be overcome and eradicated as contrary to God's intent.” (*Church in the Modern World*, # 29.)

The US Bishops recommend further positive steps. “Discrimination in job opportunities or income levels on the basis of race, sex, or other arbitrary stands can never be justified. It is a scandal that such discrimination continues in the United States today. Where the effects of past discrimination persist, society has the obligation to take positive steps to overcome the legacy of injustice. Judiciously administered affirmative action programs in education and employment can be important expressions of the drive for solidarity and participation that is at the heart of true justice. Social harm calls for social relief. The nation should renew its efforts to develop effective affirmative action policies that assist those who have been excluded by racial or sexual discrimination in the past.” (*Economic Justice*, # 73, 167).

While the Bishops are clear that the society has a positive obligation, they do not make it clear how far private institutions must go in the drive for true justice. At minimum, agreement exists that private institutions are responsible for rectifying harm that they have caused, especially if the victims of the discrimination can be identified. If, for example, Catholic Hospital “A” is situated in an area where there is a high concentration of the poor or minorities, but if its historic pattern of services is directed to the affluent, then the hospital might want to

examine whether it has an obligation to act with restorative justice by focusing services on those against whom it may have discriminated.

### The common good

Another keystone of Catholic social teaching that sheds light on obligations of diversity and inclusion arises out of notions of the common good. A common human morality dating back to Aristotle considered the existence of society and the state in particular, as essential to human flourishing. “A state exists for the sake of the good life, and not for life only” (*Politics* 128b). The common good requires not only that individuals have life but also that they flourish. The Catholic social tradition, especially in the documents around the Second Vatican Council, adds to this view of common human morality. The common good is defined as “the sum total of the conditions of social living, whereby persons are enabled to achieve their own perfection.” (*Mater et Magistra* # 65; *Gaudium et Spes* # 26). This means that society puts in place structures that aid the flourishing of all individuals, for example, by eliminating structures that cause discrimination. The common good is only realized when the dignity of each person is realized (*Pacem et Terris*, # 9). Conversely, when the dignity of one individual is diminished, the potential for the flourishing of the common good is impeded. In cases of diversity and inclusion, we can take for example, Hospital B that might not fully attend to differences in its patient population with a high concentration of Indian Muslims. When the differences of race, ethnicity, and religion are not attended to and woven into the special needs of Muslim female patients it is difficult to maintain that the common good is promoted when care of the whole person has been neglected. Again, if within the healthcare workplace there remain historical and subtle barriers to advancement based on gender, race, or disability, it is difficult to maintain that the core value of the common good is truly protected and promoted.

### Participation

The concept of inclusion is woven into the principles of the common good and participation. In speaking directly about Catholic social teaching the bishops recently stated: “We believe people have a right and a duty to participate in society, seeking together the common good and well-being of all, especially the poor and vulnerable” (*Reflections*, p. 5). Without participation, the benefits available to an individual through any social institution cannot be realized. The human person has a right not to be excluded from

participation in those institutions that are necessary for human fulfillment. This principle applies in a special way to conditions associated with work. “Work is more than a way to make a living; it is a form of continuing participation in God's creation. If the dignity of work is to be protected, then the basic rights of workers must be respected—the right to productive work, to decent and fair wages, to organize and join unions, to private property, and to economic initiative” (*Reflections*, p. 5). Participation means, not merely inclusion in work, but more importantly, inclusion of each person according to his or her abilities. St. Augustine held that the common good ultimately reflects God's own self, and on that basis humans will never reach fulfillment in God until everyone is included. Diversity is a way of enriching the common good by increasing the number of elements or ingredients. To the extent that we exclude anyone from full participation, we weaken and thin the common good.

### Preferential option for the poor

The Catholic social teaching on preferential option for the poor is an essential notion to understanding the moral obligations of diversity and inclusion. The notion of preferential option for the poor is solidly rooted in the scripture. God hears the cry of the oppressed and brings them out of bondage and slavery (Ex 8:1). Jesus’ ministry brought “good news to the poor, to proclaim liberty to captives” (Lk 4:18-20). Jesus had special concern for the rejected and outcasts of society—the lepers, crippled, and sick. The preferential option for the poor gained a modern interpretation in the not too distant past when the 1971 Synod of Bishops issued *Justice in the World*, which addressed persons worldwide who were marginalized or lacked participation in the benefits of society. Marginalization became a primary criterion for judging whether human dignity had been violated, and the marginalized person was seen to be anyone who had been treated as a second class citizen, such as women and minorities. Pope John Paul II in a 1990 speech cautioned that a preference for the poor should not exclude those who were previously included.

An option for the poor has come to mean opposing structural injustice wherever it is, and it includes solidarity and compassion that shares to some extent the plight of those left behind. For some commentators the practical institutional application of this would include: (1) conducting a careful analysis to understand the roots of the structural injustices; (2) distancing oneself from collusion with the groups or forces that are responsible for the