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Incarnate Grace:
*Perspectives on the Ministry
of Catholic Health Care*

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1.2 CHRISTOLOGY AND THE ESSENCE OF CATHOLIC HEALTH CARE

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IN HIS INSPIRING MEMOIR, *TATTOOS ON THE HEART*, the Jesuit priest Gregory Boyle reflects on his ministry to gang members in Los Angeles and repeatedly acknowledges that virtually every aspect of his work defies conventional wisdom. His parish's willingness to welcome gang members, no questions asked, strikes most people as an invitation to violence; his relentless efforts to hire formerly incarcerated men from rival gangs to work at Homeboy Industries seems like a recipe for disaster; and his managerial penchant for second, and third, and fourteenth chances would get him laughed out of any self-respecting business competition. Noting the juxtaposition with most definitions of common sense, Boyle simply admits, "Not much in my life makes any sense outside of God."¹ It is a profound and moving confession, and I love sharing it with my students because I think Boyle's statement captures something of the essence of what it means to be a follower of Christ in this world. I bring it up here because I also think it says something significant about the essence of Catholic health care — a point Boyle himself suggested in his keynote address at the Catholic Health Association's 2016 Catholic Health Assembly.

1 Gregory Boyle, *Tattoos on the Heart: The Power of Boundless Compassion* (New York: Free Press, 2010): 21.

Now, I am fully aware of the economic and social pressures affecting Catholic health care, and I know there are many ways in which Catholic health care institutions meet the traditional expectations of the health care industry. After all, they are judged by the same standards of efficiency and patient satisfaction as their non-Catholic peers. But that is not the essence of Catholic health care. These characteristics are incidental attributes, not the core identity. The heart of Catholic health care lies in the little things and major commitments that make this ministry unique, such as charity care, outreach to vulnerable populations, a focused attention on the common good and the prioritization of Catholic ethical guidelines that permeates all manner of health care services. At this essential level, there really is not much that makes sense outside of God.

In order to understand Catholic health care, then, we need to understand something about God. In the Catholic tradition, the most complete understanding of God is available only in Christ, whom the Second Vatican Council identified as “the fullness of revelation.”² Consequently, Jesus Christ is the key to a true appreciation of the essence of Catholic health care. This is as it should be, especially in light of the sacramental understanding of Catholic health care institutions that Richard Gaillardetz has articulated elsewhere in this volume. As Gaillardetz explains, church institutions (including Catholic health care institutions) share in the mission of the church, which is to witness to “the practices and values associated with the reign of God.”³ Since those practices and values are expressed in the person of Christ, the primordial minister of the reign of God, we can fairly say that Catholic health care institutions embody this mission whenever they make Christ present in the world. Christology — the study and interpretation of Jesus Christ — is therefore one of the most important theological foundations for Catholic health care because one’s understanding of Christ directly influences one’s interpretation of what it means to make

2 *Dignitatis Humanae* (Nov. 18, 1965), 2. Available online at: http://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_const_19651118_dei-verbum_en.htmlhttp://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_const_19651118_dei-verbum_en.html.

3 Richard Gaillardetz, “Theology of Institutions,” 263 – 264 .

Christ present in health care settings. Yet because God is a mystery, there is no single exhaustive account of Christ, and there are, instead, multiple Christologies.

In light of these realities, the purpose of this chapter is to explore how different Christological models can help explain the essence of Catholic health care so that we might better defend those distinctive features of the Catholic health care mission and identity that, much like Fr. Gregory Boyle's choices, do not make sense apart from God. To this end, I would like to suggest that we can go a long way toward reaching a fuller understanding of our essential task if we augment our typical "Christ-the-healer" model of Christology with the "Christ of solidarity" model found in contemporary liberation theologies.

CHRIST THE HEALER: A VISION FOR HOLISTIC HEALING

In many ways, the most obvious parallel for linking contemporary Catholic health care with the person of Jesus Christ is found in the healing miracles of Jesus recounted in the Gospels. There is no question that this was a central feature of Jesus' life, especially as the early Christian community commemorated that life in their initial accounts. Across all four Gospels, there are vivid stories of Jesus healing men, women and children from all manner of afflictions, including deadly fever (Jn 4:46-54), paralysis (Mk 2:1-12), blindness (Lk 18:35-43), hemorrhaging (Mt 9:20-22), leprosy (Mk 1:40-45), demonic possessions (Lk 26-39), and even death itself (Jn 11:38-44). Judging by the number of times the Gospels inform us that people came to see Jesus expressly to be cured (see Mt 4:23-25; Mk 1:32-34; Lk 6:17-19), we can surmise that Jesus had quite the reputation as a healer. As a result, it is entirely legitimate to speak of a Christ-the-healer Christology that emphasizes the healing work of God incarnate in Jesus Christ. Indeed, Matthew's Gospel uses one of his unique "fulfillment quotations" to suggest that Jesus' impressive work as a healer partially confirmed his identity as the Christ, for in accordance with Isaiah's prophecy about the suffering servant, "He took our infirmities and bore our diseases" (Mt 8:17; cf. Is

53:4).⁴ For all these reasons, the account of Christ the healer offers a viable Christological model for articulating the essence of Catholic health care, and we ought to take it seriously. I will, therefore, discuss the ways that this Christology might help explain those features of Catholic health care that are incomprehensible without reference to God. I will also describe the limitations of this approach because, in the end, this model needs a complement if we wish to capture the fullness of Catholic health care today.

In my view, a Christ-the-healer Christology has two key benefits for those who wish to define and defend the unique approach of Catholic health care as a ministry of the church: its logical simplicity and its description of a distinctive way of healing. The first of these advantages is fairly straightforward. The image of Christ the healer is immediately recognizable to those who have heard about Christ in almost any context. In fact, Jesus is described as a miraculous healer in other religious traditions, most notably Islam.⁵ Christ the healer therefore provides a readily accessible link between Christology and Catholic health care, allowing one to say simply that Catholic health care makes Christ present by healing, just as he did while on earth. The equation requires no mental gymnastics because it unites one of the most familiar features of Jesus Christ with one of the most obvious aspects of health care ministry. In addition, this Christological link presents a no-nonsense response for the elements of Catholic health care that would seem to defy common sense. Like the “just say no” campaign, this Christology allows one to change the terms of the conversation and refute would-be critics with a nice statement of one’s convictions — in this case: He healed, so we heal. Given the clarity of that reasoning, not much more would need to be said.

Yet other things can be said, because a Christ-the-healer Christology reveals more than just the basic fact *that* Jesus healed; it also tells us something about the *way* Jesus healed. This leads to the second key benefit of this Christology as a theological foundation for Catholic health care, because Catholic health care does not merely make Christ present by engaging in a

4 On Matthew’s use of fulfillment quotations, see Daniel J. Harrington, *The Gospel of Matthew* (Collegeville, MN: Liturgical Press, 1991): 38 – 39, 116 – 17.

5 Warren Larson, “Jesus in Islam and Christianity: Discussing the Similarities and the Differences,” *Missiology* 36, no. 3 (July 2008): 327 – 341, at 331.

healing ministry in general. Instead, it truly makes Christ present by trying to heal in the particular way that Jesus healed. By building on the Christology of Christ the healer, then, we can define and strengthen the distinctive approach to healing that sets Catholic health care apart from its secular counterparts. We can do this most effectively by attending to the implications that Jesus' healing miracles would have had in his historical context.

The first thing to note about Jesus' historical context is that most of his ministry occurred in Galilee at a time when the ruling political authorities were demanding higher payments from the area's rural workers in order to fund ambitious growth for urban areas.⁶ As a result, "there were no medical 'safety nets'... Debilitating illness, or disability resulting from an accident while working, could mean descent into poverty and an untimely death."⁷ Illness therefore brought stress and fear along with its somatic symptoms, as most victims had to worry about the long-term consequences of their poor health. Furthermore, illnesses in Jesus' time also included social consequences. A number of biblical scholars have noted the distinction in medical anthropology between disease (as a biological reality with pathological causes) and illness (as a psychosocial reality with cultural causes) in order to insist that the illnesses Jesus confronted in his healing miracles were not merely biological problems but also inherently social ones as well.⁸ John J. Pilch explains how leprosy serves as a paradigmatic example because the actual (biological) disease of leprosy does not seem to have been present in Galilee at the time Jesus lived, yet Jesus' contemporaries certainly identified a certain kind of skin condition as the illness of leprosy, imposing specific social sanctions on those who exhibited symptoms of this condition.⁹ Most of these sanctions resulted from the "purity system" that associated certain illnesses, including leprosy, with impurity, with the implication that other healthy people should avoid those who were sick and

6 Eric Eve, *The Healer from Nazareth: Jesus' Miracles in Historical Context* (London: SPCK, 2009), 125 – 27.

7 Harold Remus, *Jesus as Healer* (Cambridge: Cambridge University Press, 1997), 2.

8 See, for example, John Dominic Crossan, *The Birth of Christianity: Discovering What Happened in the Years Immediately after the Execution of Jesus* (San Francisco: HarperOne, 1999), 293 – 94; Pilch, *Healing in the New Testament: Insights from Medical and Mediterranean Anthropology* (Minneapolis, MN: Fortress Press, 2000): 13 – 14, 24 – 25.

9 Pilch, *Healing in the New Testament*, 39 – 54, 142.

impure lest they also become impure by contact and association.¹⁰ Thus, in Jesus' day, illness meant not only physical affliction but also social isolation.

Given this context, Jesus' healing was both a transformation of physical symptoms and a response to social rejection. According to Pilch, this is the significance of the fact that Jesus so often healed by touch, for "in these instances...Jesus' touching is a concrete way of demonstrating that the individual is a full member of the community as Jesus understands it."¹¹ The distinctive value of his healing miracles — at least from the perspective of the ones healed — was the remarkable combination of physical restoration alongside the possibility of returning to social life without any stigma. Consequently, we might say that Jesus healed in a way that restored and reintegrated people, both individually and communally.¹² Frankly, this effect of Jesus' healing should not be surprising, because "Jesus insisted that his message of the kingdom of God was acted out in his miracles and exorcisms."¹³ Since the reign of God is defined, in the words of John Dominic Crossan, as "a divinely mandated and nonviolent resistance to the normalcy of discrimination, exploitation, oppression, and persecution," it makes sense that we would see in the Gospel healings a reversal of social marginalization.¹⁴ The model of Jesus' ministry, therefore, amounts to a distinctive way of healing, because his commitment to the reign of God points to a more holistic form of healing than simply curing sickness and disease.

In light of the historical implications of Jesus' healing miracles, we can imagine how a Christ-the-healer Christology might helpfully legitimate a similarly distinctive way of healing in contemporary Catholic health care. Wendy Cotter explains that Jesus' healings indicate the concerns that should

10 Eve, *The Healer from Nazareth*, 139.

11 Pilch, *Healing in the New Testament*, 52.

12 For more on the social impacts of Jesus' healing miracles, see Keith Warrington, *Jesus the Healer: Paradigm or Unique Phenomenon?* (Waynesboro, GA: Paternoster Press, 2000): 3 – 6.

13 Graham Stanton, "Message and Miracles," in *The Cambridge Companion to Jesus*, ed. Markus Bockmuehl (Cambridge: Cambridge University Press, 2001): 56 – 71, at 57.

14 Crossan, *The Birth of Christianity*, 317. For a more comprehensive overview of the scholarly understanding of the reign of God and its significance in Jesus' ministry, see Lisa Sowle Cahill, "Kingdom of God," in *Global Justice, Christology, and Christian Ethics* (Cambridge: Cambridge University Press, 2013): 76 – 121.

animate his disciples, who, she contends, “must be ready to abandon a cautious cultivation of public honor by conformity to social strictures and obedience to social norms in their outreach to others... [so that all] petitioners are received with the same equanimity, respect, and concern, no matter their background or status.”¹⁵ Thus, a dedication to imitating Christ the healer would certainly justify the common commitment to caring for the poorest and most vulnerable populations despite the obvious business challenges accompanying this decision. At the same time, this Christological model would also helpfully orient Catholic health care to the importance of holistic healing. Just as Jesus responded to physical symptoms and social consequences, Catholic health care can make Christ the healer present by attending to all aspects of a patient’s holistic well-being, not just his or her physical maladies. In a context where “modern professional health care tends to treat disease but not illness,”¹⁶ this attention to both phenomena would definitely qualify as a distinctive element of Catholic health care that does not fully make sense according to conventional standards. With the Christology just described, however, it would certainly be reasonable in light of Christ.

We can now see the advantages of describing Catholic health care with reference to a Christ-the-healer Christology. First, the visibility of this aspect of Jesus’ ministry offers an easy explanation for the fact that Catholic health care exists at all. Second, the specifics of Jesus’ work as a healer justify Catholic health care’s distinctive commitments to underserved populations and to holistic care. While these benefits are significant, there are also important limitations that accompany this Christological model, which undermines its potential as an exclusive theological basis for mission and identity in contemporary Catholic health care. Consider what I called the most obvious advantage of a Christ-the-healer Christology: its emphasis on healing. This does provide a clear link between the work of Jesus and the work of Catholic health care, but, for all its clarity, this connection is dangerously narrow. Yes, healing is an important aspect of Catholic health care, and a focus on holistic healing is even more essential, but responding

15 Wendy J. Cotter, *The Christ of the Miracle Stories: Portrait through Encounter* (Grand Rapids, MI: Baker Academic, 2010): 255.

16 Arthur Kleinman and Liliias H. Sung, “Why Do Indigenous Practitioners Successfully Heal?,” *Social Science and Medicine* 13B, no. 1 (1979): 7 – 26, at 8.

to symptoms — even when those symptoms are defined broadly — is not all that Catholic health care does. Preventive care is another major component of Catholic health care that is increasingly vital in today's context, and yet this aspect of the mission is not easily captured by an emphasis on healing. Granted, if we expand Jesus' healing to include not only diseases and illnesses but also sicknesses (i.e., the social conditions that increase risk factors for diseases), then there might be an argument for some elements of preventive care, especially when that care is directed to vulnerable populations.¹⁷ Even this does not go far enough though, because preventive care is a requirement for all and population health must address the concerns of everyone in a given community, so this Christological model can only justify a portion of Catholic health care's essential tasks.

Another potential shortcoming in the Christ-the-healer Christological model is its inability to account for the finite nature of human health care. Christ healed by the power of God, and so the Gospels attest to an utterly successful healing ministry. There were no illnesses that Jesus could not overcome. As we know all too well, though, this is not the case for us today. Even when we set aside preventive care and focus exclusively on those patients who do come to Catholic health care seeking help with symptoms, there are conditions, diseases, and even illnesses we are powerless to cure or improve. While this is not an insignificant problem for medicine in general, it is an even bigger concern for Catholic health care, where long-term care facilities greatly outnumber hospitals, meaning that much of our health care ministry is directed at those patients who are unlikely to find medical healing.¹⁸ When we attempt to justify the work of Catholic health care primarily on the basis of a Christ-the-healer Christology, we also leave this significant portion of Catholic health care mission unaddressed.

For all these reasons, a Christ-the-healer Christology is a natural and beneficial model for Catholic health care, but it is not comprehensive

17 For the distinctions between disease, illness, and sickness, and their connections to healing ministry, see Crossan, *The Birth of Christianity*, 293 – 95, 302.

18 According to the Catholic Health Association, there are approximately 600 Catholic hospitals in the United States versus 1,400 “long-term care and other health facilities.” Catholic Health Association of the United States, “Catholic Health Care in the United States: Facts and Figures,” last modified January 2016, accessed August 11, 2016, <https://www.chausa.org/about/about/facts-statistics>.

enough to stand on its own. Certainly, its simplicity and its focus on holistic healing are undeniable assets, but the gaps surrounding preventive and long-term care are too important to ignore. As some of the most prominent components of Catholic health care today, preventive care and long-term care both demand an adequate Christological foundation. Fortunately, the Christ-the-healer model does not have to operate in isolation. There are other Christological options, and the Christ-of-solidarity model developed by liberation theologians is particularly well suited to expand our understanding of the theological rationale for the essence of Catholic health care in these areas as well as others. Alongside Christ the healer, this solidarity Christology translates to a particular way of responding to patients in need, helpfully offering an additional image of Christ that can define and defend all aspects of Catholic health care ministry, not just healing.

CHRIST OF SOLIDARITY: A MISSION OF ACCOMPANIMENT AND A COMPLEMENT TO CHRIST AS HEALER

The central message of a Christ-of-solidarity Christology is that God is with us in a profound way through the person of Jesus Christ, the Word made flesh. Proponents of this Christological model insist that, in Christ, God's presence with humanity is radical and exhaustive, such that there is no element of human existence that is left untouched by God. While the argument for this closeness often focuses on the experience of suffering, the implications of this Christology for Catholic health care extend beyond the immediate parallels one might see in the many ways Catholic health care institutions respond to suffering. Ultimately, this Christological model offers the theological foundation for a distinctive mission of accompaniment that Catholic health care institutions can embody in all the human interactions that they sponsor, from surgeons working to address the pain of acute wounds to primary care providers developing wellness plans for healthy young adults to hospice nurses preparing patients and their families for the end of life. In this way, a Christ-of-solidarity Christology has the power to explain all aspects of Catholic health care with reference to the Catholic understanding of God as revealed in Christ.

The primary basis of the Christ-of-solidarity model is experiential more than theoretical. Thus, we should not be surprised that liberation theologians have contributed much to this Christology, because liberation theology is emphatically attentive to the historical implications of Christian faith commitments.¹⁹ The roots of this Christology predate the birth of liberation theology, though. Most observers point to the Second World War when the atrocities of the Holocaust prompted Dietrich Bonhoeffer, a German Lutheran pastor and captive of the Nazi regime, to declare, “only the suffering God can help.”²⁰ Jürgen Moltmann, a fellow German and theologian, took this claim to heart as he grappled with the horrors of the war and its aftermath, prompting him to search for the suffering God. He found the answer he needed in the cross of Christ, who died “‘for us,’ so that he could be the Brother of all forsaken people and could bring them to God.”²¹ In Moltmann’s interpretation, the point of the death of Christ was not only to free us from sin, but also to show us “that God could be *beside us* in our suffering and with us in our pain. That means: God’s *solidarity* with us.”²² Through the work of the Spanish-born Jesuit Jon Sobrino, who spent considerable time living with the poor in Latin America, this conviction has become a staple of liberation theologies because it provides hope to the oppressed, “who rejoice in having a God who comes close to them through his suffering.”²³ Today, liberation theologians writing from a variety of contexts take this claim seriously and insist that the saving message of the cross is not just the victory over sin and death found in the resurrection, but also the complete solidarity of God with all those who suffer found in the cross itself.

19 For a good overview of the methodological commitments that distinguish liberation theology, including an emphasis on history, see Francis Schüssler Fiorenza, “Liberation Theology,” in *New Catholic Encyclopedia*, 2nd ed. (Washington, DC: Catholic University of America Press, 2003) 8:554 – 56.

20 Dietrich Bonhoeffer, *Letters and Papers from Prison*, enlarged ed., ed. Eberhard Bethge, trans. Reginald Fuller, Frank Clarke, John Bowden, et al. (London: SCM Press, 1971), 361 (letter from July 16, 1944).

21 Jürgen Moltmann, *Jesus Christ for Today’s World*, trans. Margaret Kohl (Minneapolis, MN: Fortress Press, 1994): 36.

22 Moltmann, 38 (original emphasis).

23 Jon Sobrino, *Christ the Liberator: A View from the Victims*, trans. Paul Burns (Maryknoll, NY: Orbis Books, 2001): 272.

Obviously, the Christ-of-solidarity model says something specific about the problem of suffering, but it also reveals a more general point about the significance of Jesus Christ. As Sobrino's discussion of solidarity Christology makes clear, the true importance of saying that Jesus is God, even as he suffers and dies on the cross, is that this creates an unqualified "affinity" between God and humanity, which "reach[es] down to the deepest levels in human beings, to where the expectation of salvation is most necessary and, at the same time, seems most difficult to achieve — in suffering."²⁴ From a Christ-of-solidarity perspective, then, Jesus' passion and death are the paradigmatic proof of a conviction that the Gospel of Matthew attaches to the birth of Christ, namely that Jesus is "Emmanuel," which means "God is with us" (Mt 1:23). It is therefore fitting that Sobrino would insist, "The cross should not be seen as an arbitrary plan of God's or as a cruel punishment inflicted on Jesus, but as a consequence of God's original choice, incarnation, a radical drawing near for love and in love, wherever it leads, without escaping from history or manipulating it from the outside."²⁵ Thus, the central message of this solidarity Christology is not that God is with us in our suffering — although that is true — but that God is with us in *everything*, in a way that is so deep and all-encompassing that it does not exclude the most trying elements of the human condition. This is the fundamental insight that the discussion of Christ's suffering reveals, and this is the reason that the Christ-of-solidarity model represents a helpful addition to the Christological explanation of the essence of Catholic health care.

In terms of practical implications for Catholic health care, the Christ-of-solidarity model provides the basis for articulating and defending a distinctive mission of accompaniment. Since the key claim of this Christology is that God is always with us, professionals working in Catholic health care can make the Christ of solidarity present whenever they are present to the people in a deep way that imitates Jesus as Emmanuel. Consistent with the emphases of the theologians who have developed this Christological model, health care workers can embody this form of

24 Jon Sobrino, *Christ the Liberator*, 266.

25 Jon Sobrino, *Jesus the Liberator: A Historical-Theological Reading of Jesus of Nazareth*, trans. Paul Burns and Francis McDonagh (Maryknoll, NY: Orbis Books, 1993): 244.

compassionate presence most directly in their interactions with those who suffer in some way. This solidarity Christology also implies a holistic approach to health care in Catholic settings, encouraging every professional to move beyond symptoms in order to treat persons. Specifically, the Christ-of-solidarity model promotes an openness to the other that seeks genuine understanding, so that health care professionals might truly be with their patients, working and walking alongside them in every aspect of their treatment, sharing the human and not just the medical experience. The point of this interaction is not healing, which is already presumed by the health care setting, but accompaniment, which is the distinctive feature added by placing this interaction in a *Catholic* health care context.

As we can see, the Christ-of-solidarity Christology illuminates a particular way of healing in Catholic health care, but it does so in a fashion that shifts the focus away from healing. As a result, this Christology has the advantage of explaining additional aspects of Catholic health care, adding to the explanation of the essence of Catholic health care that a Christ-the-healer model provides. After all, the vision of accompaniment derived from the Christ-of-solidarity model is both appropriate and effective in the context of healing, but it is hardly restricted to the response to suffering. Sobrino's description of God's solidarity with us in Christ applies just as well in other contexts, including the two significant contexts left under-analyzed in the previous Christological model: preventive care and long-term care.

Certainly Sobrino's account of "a radical drawing near for love and in love, wherever it leads," suggests a rationale for Catholic health care's concern with preventive care, which requires a full picture of the patient's life and lifestyle, and which seeks to build a non-judgmental relationship of care "wherever it leads." Significantly, this rationale is relevant in all cases, not just in efforts to provide preventive care for underserved populations. At the same time, the image of God's solidarity on the cross also justifies a preferential option for otherwise abandoned populations in Catholic health care. Hence, this Christology provides a balanced defense of preventive care in Catholic settings. Similarly, because Christ's accompaniment in solidarity is based on God's decision to join with our shared humanity, a solidarity Christology can also inform and defend the growing commitment

to population health that places Catholic health care workers in solidarity with the broader communities in which they are located. When guided by the Christ of solidarity, these activities will be undertaken as a form of institutional accompaniment alongside a corporate people, reflecting a willingness to share the burdens of the community as a whole for the long haul and a readiness to work with the community to empower its members to find solutions from within, rather than imposing them from without.

In addition, this Christological model also offers a theological foundation for the Catholic commitment to long-term care. Insofar as Catholic health care makes the Christ of solidarity present, it will be faithful to its patients, even when medical solutions are either not viable or no longer desirable. In these moments, the vision of a God who accompanies us “without escaping from history or manipulating it from the outside” is exactly what drives the readiness to be at the bedside, sharing in the frustrations of medical futility and human finitude. As one can imagine, this is especially pertinent in the context of care for the elderly as well. Often we cannot cure those who are aging, but we can always accompany them. Quality senior care, like quality long-term care, will require us to deepen our understanding of God’s solidarity with us in Christ especially as we accompany those preparing for death.

To give one practical example, this vision for solidarity through accompaniment is beautifully embodied in the reflections of Mary Lee Freeman, a palliative care nurse practitioner who relayed in an issue of *Commonweal* that her work is driven by the realization that she is “the last new person to get to know them,” which means that she is always attentive to the ways that she can afford “the dying person...a last chance to be better than he [or she] really was.” Her words in that essay show a level of familiarity with her patients as unique human persons with individual histories and deeply human needs that can only come from a true accompaniment.²⁶ If Freeman’s experience is any indication — and I believe it is — then Catholic health care already embodies the mission of accompaniment that emerges from a solidarity Christology, especially

26 Mary Lee Freeman, “Caring for the Dying: My Patients, My Work, My Faith,” *Commonweal* 131, no. 2 (Jan. 30, 2004): 11 – 15.

in long-term care settings. This means that the solidarity Christology of liberation theologies can indeed speak to the essence of Catholic health care, because it offers a clear rationale for the kind of distinctive work that already sets Catholic health care apart. Hence, the Christ of solidarity model can extend the insights of its Christ the healer counterpart, helping us to explain with greater precision why long-term care is such a major component of Catholic health care today.

For all these reasons, the Christ of solidarity provides a strong and encompassing Christological foundation for Catholic health care, helping us to expand our horizon and deepen our explanations beyond the convictions that naturally emerge from a Christ-the-healer model. Of course, Christ the healer is and likely will remain the more obvious image for Catholic health care, but this is not a bad thing because a Christ-the-healer model reinforces the Catholic commitment to holistic care. By appealing to the Christ of solidarity as well, we can then develop a comprehensive explanation of all the aspects of Catholic health care that set this work of the church apart from other, non-Catholic approaches. Significantly, the Christ-of-solidarity Christology justifies a mission of accompaniment that can imbue every interaction in a Catholic health care setting with a profound sense of Catholic identity. Of particular importance in today's context, this embodiment of Catholic identity does not presume any particular faith commitments from the parties involved. The Catholic nature of this mission comes from the link to the person of Christ, whose Incarnation, ministry and death all attested to a way of being in solidarity with us. Catholic health care institutions embrace this decidedly theological mission and identity whenever they insist that compassionate solidarity and accompaniment constitute the distinctive essence of health care in a Catholic setting. By asserting that the rationale for this essence is Christ himself, Catholic health care institutions ensure that they are fulfilling their sacramental mission as an institution of the Catholic Church. The Christ-of-solidarity Christology therefore provides a rich theological foundation for Catholic health care that applies to all aspects of this ministry and is accessible to all those who wish to contribute to this mission, even in a pluralistic context. Ultimately, if that is not enough to defend my claim that we should look to extend our Christological reflections beyond Christ the healer to also include the Christ of solidarity, then I do not know what is!

CONCLUSION

I think that everyone involved in Catholic health care would agree that there is something distinctive about this approach to health care, and (I hope) everyone would also agree that we ought to keep it that way. Preserving this distinctiveness is no easy task, especially in an increasingly complex and competitive health care marketplace. We will have a better chance of success, though, if we are able to identify and defend the essence of the Catholic approach to health care, for the essence is that which is most at risk to market pressures because the essence makes the least amount of sense in light of conventional reasoning. Indeed, much like Fr. Gregory Boyle's work with gang members in Los Angeles, not much about that essence makes sense outside of God. This is especially true when we define that essence with reference both to Christ the healer and to the Christ of solidarity, for as the Episcopal priest Samuel Wells has persuasively argued, "Our culture's operational assumption has long been that the central problem of human existence is mortality," so most institutions are oriented to fixing the problems caused by finitude. In contrast, there is not a lot of sympathy for those who would suggest that isolation is the real problem that must be countered with a shared presence of accompaniment before we introduce action.²⁷ Yet the latter approach is the essence of Catholic health care, which spends resources and energy on accompanying everyone, even when the prospects for overcoming human finitude are long gone. By most conventional standards, this would be a foolish choice, but when we ground Catholic health care in the dual Christologies of Christ the healer and the Christ of solidarity, this becomes the only choice, and that makes perfect sense.

27 Samuel Wells, "Rethinking Service," *The Cresset* 76, No. 4 (Easter 2013): 6 – 14, available online at http://thecresset.org/2013/Easter/Wells_E2013.html.

DISCUSSION QUESTIONS

- 1.** What Christological image holds the most relevance for your work in Catholic health care: Christ the healer, the Christ of solidarity or some other image? Why?
- 2.** How would you define the essence of Catholic health care? In what ways, if any, would you connect or relate this essence to one of the two Christological models mentioned above?
- 3.** To what extent does the essence of Catholic health care require an explicit reference to theological commitments such as Christology?