STRUCTURAL VIOLENCE

A Theological Critique of Health Care Systems: imagining an equitable future

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Myself providing health services in Belize, 2015.

Introduction: The scaffolding which frames and supports the structure of our society gives rise to a grave sin, structural violence. Structural violence not only causes but perpetuates poverty. It is these impoverished people, victims of structural violence, who also become the victims of health injustices. Theologian Alexandre Martins explains how a focus on the poor is critical in order to expose injustice in health. This approach stems from Catholic social teaching,

"The preferential option for the poor leads to a shift of perspective in health care from a *top down* way of seeing justice in health to a perspective *from below* in which the poor participate in the healthcare debate" (Martins 2017, 339).

Findings: Theology can be a tool through which a glaring spotlight is focused on this structural sin. Alexandre Martins writes that when Jesus, in the desert, is tempted by the Devil with worldly goods, he made "the choice to be faithful to God and the historical mission in the midst of the poor, Jesus denied not only the Devil but also the world powers sustained by wealth and domination" (2020, 223). It is from this vantage point that we begin to recognize that a shift in focus must take place, from that of the temptation of capital to a focus on human dignity, people centered, a human right to health care.

The health care system in Brazil was restructured into a universal system in 1988, but "the 1988 Constitution also permits private initiatives to offer health care as 'complementary services' to the public system'" (Martins 2018a, 25). Preference to the private sector of the health care system was established through a series of political actions and this has "shifted health care from a right to a privilege" (Martins 2018a, 26). Martins critiques the health care systems in both the United States and in Brazil drawing heavily from Catholic social teaching and liberation theology. The preferential option for the poor enables him to encounter people who are suffering from the effects of structural sin and give them a voice. Regarding mental health care in Brazil, Martins explains that,

"From the perspective of the poor and the families of the mentally ill, there are no social conditions and structures that allow them to care properly for those who are sick and to integrate them into social life" (2018b, 4).

There are some who suffer more because of the actions of others, that is structural violence and violence is antithetical to Christian social teaching, antithetical to the very message of Jesus Christ. There is hope if the Church, acting on behalf of the poor, strives to uplift them while simultaneously teaching us, through their stories, to be aware of the injustices in our health care systems. This is a rallying cry from the bottom up. In order to enact change we need to enter into dialogue and that dialogue should be welcomed from and engaged by every denomination. Creating a reality of health equity can be imagined through the combined efforts of applied theology across Christian traditions as Martins posits,

"Catholic Social Ethics and Protestant Social Ethics present principles and insights that encourage, first of all, a Christian commitment to social justice and solidarity, and actions that address social injustice and health inequalities" (2017, 340).

Conclusion: The call to action is intimately intertwined with the application of Christian theology in pointing out injustices in health for it is not enough to simply bring about awareness. Meaningful and equitable changes to health care systems can be realized when we act in solidarity with the theological insights that "challenge us to a new social organization committed to fighting against structural violence, responsible for victimizing the poor" (Martins 2017, 340). Confronting these realities with a theological approach on behalf of the poor catalyzed studies and analyses undertaken by the Church which point out "that political and social actions to promote population health must integrate diverse social sectors with an economic model from a communitarian perspective able to integrate the poor toward worthy, sustainable, just, and equitable human development" (Martins 2020, 170). The Church is already at work to meet the needs of the poor by finding alternate ways in which offer care to those in need specifically through the actions of the *Pastoral de Saúde* which operates in three dimensions: caring, communitarian and sociopolitical. The Caring Dimension illustrates the compassion of the church,

"The Caring Dimension has its goal being a Samaritan Presence for those who are suffering in their homes, communities, and healthcare institutions in order to promote comfort and dignity" (2018b, 6).

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