

# Theological, Bioethical, and Public Health Perspectives on Racism as a Public Health Crisis

## Introduction

In 2022, the 225th General Assembly of the Presbyterian Church (USA) reviewed, approved, and transmitted a resolution from the Racial Equity Advocacy Committee (REAC) identifying racism as a public health crisis. This resolution urged Presbyterians to comprehend the theological, bioethical, and public health perspectives of this crisis and to respond with specific actions. The subsequent statement briefly delineates key theological and bioethical affirmations central to this crisis, aiming to heighten the church's awareness. REAC monitored, reviewed, and revised the statement accordingly.

It is noteworthy that the National Institutes of Health (NIH) also shares numerous articles that declare racism a public health crisis.<sup>1</sup> Thus, our statement is not speculative but provides theological and bioethical support for the wisdom of the Holy Spirit, manifested through science.

## I. Theology

### a. Images of God - All and Everyone

Our biblical and confessional tradition in PC(USA) upholds the concept of *imago dei* (Image of God) in all of creation and all races. This theological perspective is explicitly stated in recent confessions such as *The Barmen Declaration* and *The Confession of Belhar*. The Matthew 25 Ministry of the Presbyterian Mission Agency (PMA) also addresses racism as a vital area of

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<sup>1</sup> For example, read this article “Racism as Public Health Crisis: Assessment and Review of Municipal Declarations and Resolutions Across the United States” (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8385329/>), originally published in *Frontiers in Public Health* (<https://www.frontiersin.org/articles/10.3389/fpubh.2021.686807/full>)

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ministry and a reformed theological concern. The statement emphasizes the possibility of God's image manifesting in plural form, underlining its diversity in unity and raising the church's consciousness. By embracing diversity, we can enhance the unity of the church, the country, and God's creation. Failure to do so only exacerbates the divisions among us.

The medical community is behind in meeting the diverse needs of this public health crisis. The Christian community, including PC(USA), is not fervent in recognizing the dignity of all races and creations made in the image of God either. Despite its commitment to the theological anthropology of the marginalized, the Christian community falls short in acknowledging human dignity, irrespective of background or origins, when compared to the medical community. The lack of communication, understanding, awareness, and consciousness between these two communities, and among Christian communities themselves, can worsen the devaluation of human rights and dignity within a pluralistic world of biodiversity and racial diversity. While we may have a theological foundation, we lack a practical and practice-based perspective.

Scripture affirms and celebrates the "Image of God" in all persons. This affirmation is rooted in Genesis 1:26, which begins: "Then God said, 'Let us make humans in our image, according to our likeness, . . .'" This connection with God is a mark of the inherent dignity of all persons, indicating that our treatment of others is one of the ways we treat God. Our affirmation that all persons are created in the image of God and stand in relationship to God demands that we see other persons and their needs in light of God's presence in and with them.

This point is made with ringing clarity in Matthew 25, particularly verses 34-40. The point is also made with ringing clarity in the Parable Jesus told about a Samaritan and a person in need of medical care (Luke 10:29-37). Lastly, the point is made with ringing clarity in our

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denomination's confession of faith. *The Belhar Confession* articulates God's call to and demand for justice, particularly in the Book of Confessions, 10.7. *The Westminster Larger Catechism* also explains the way of life we are commanded to follow in the 6th Commandment ("You shall not kill"), particularly in Question 135 (Book of Confessions, 7.245) and Question 136 (Book of Confessions, 7.246).

As the Resolution on racism as a public health crisis makes clear, racism supports the sin of "neglecting and withdrawing the necessary means of preservation of life," and it embodies a refusal to engage in "careful studies and lawful endeavors to preserve the lives of others," even as we seek those things for ourselves and those whom we deem to belong our community.

#### b. Bodies of Christ - One and Many

The lack of biodiversity, knowledge, and understanding of racial diversity affects the health of the diverse Bodies of Christ. Race is a social construct. However, the uniqueness of diverse bodies, although their racial-ethnic categories are constructed by limited Western knowledge and language, has a profound impact on our daily lives, especially those of BIPOC communities. Thus, just as with the images of God, we intentionally highlight the possibility of the plural form of the Bodies of Christ to stress the diverse needs and realities of the traditionally homogenous Body of Christ, manifesting in different yet connected ways of Christian life.

Racial-ethnic minorities, including Black, Indigenous, People of Color, and Immigrant Communities, have been exposed to toxic environments, lack of resources, and harmful conditions for decades. These disparities hinder access to essential medical resources and advanced healthcare facilities for all members of the Bodies of Christ. Profit-driven medical and pharmaceutical companies often disregard the unique medical needs and biological diversity of

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the racially diverse population. It is important to consider the interconnectedness of biodiversity and racial diversity in medical anthropology.

Scripture and our confession of faith make it clear that following Jesus Christ makes us part of a single body, the Body of Christ in the plural and diverse unique bodies. The followers of Jesus Christ, in the months and years following Jesus' crucifixion and resurrection, find themselves shaped into a community that begins to embody a way of life that is faithful to God and to God's intentions for all and diverse creation. This is the call of Scripture to us. The earliest communities of followers of Jesus Christ lived a way of life that sought to embody God's mission to create a world in which all creatures flourish. In this regard, refer to Acts 2:43-47a. This is the call of Scripture to us. Before the launching of the church, the prophets condemned the failures of the people of God to provide generously and fully care for those in need (Isaiah 1:16-17). The oppressed, the orphan, the widow: in that time these were categories of persons at risk of being cut off from all that makes for health and flourishing. In our time, communities of persons of color are being cut off from all that makes for health. God's call to us is to join God's mission to bring health and flourishing to all, and especially for communities cut off from the means to that end. This is the call of Scripture to us. In the book of Revelation, the vision of a world rightly ordered includes restoration to full and vibrant health (Revelation 22:1-2). This is also the call of our confession of faith. The Confession of 1967 calls us to eradicate structural racism and to do so with attentiveness to the injuries racism causes through inequity in the provision of all that makes for human health and well-being (Confession of 1967, inclusive language edition, 9.44).

### c. Spirit of Love - Trauma and Healing

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Neglecting biodiversity and racial diversity can contribute to medical malpractice and injustice within the legal system. The legal system is structured to protect the existing medical system's harmful inequities rather than providing appropriate care to diverse patients. This inequity prevents BIPOC communities, low-income families, and immigrants from receiving the care we deserve. The church needs to exemplify the healing Love of the Holy Spirit and attend to the trauma experienced by those who are treated unfairly. This inequity impacts not only the mental health of BIPOC communities but also our spirituality and emotional well-being. Church leaders may consider supporting spiritual care programs and BIPOC chaplains within medical communities to address these issues. Responding to REAC's call to resolution, we encourage church leaders to support and provide resources to BIPOC communities, include more BIPOC staff and care providers, and educate the church with cultural competency and proficiency for all. So that, with our congregations, we raise awareness of these issues that deserve attention.

## II. Bioethics

The recent COVID-19 pandemic has shown that health crises do not discriminate based on background, origins, or orientation. Regardless of one's circumstances, health problems can affect anyone and their communities. Many diseases remain mysteries to the medical community, impacting both patients and their loved ones. However, it is crucial to acknowledge that health crises disproportionately affect racial-ethnic minorities and immigrant communities. Policies and narratives often discriminate against patients with marginalized backgrounds, particularly those with intersecting racial identities, nationality, age, class, gender, and sexuality. While health crises can affect anyone, the impact on our lives varies significantly depending on the quality and availability of health care we receive. The proximity to medical resources is not shared equally

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by everyone, hence generating the problem of “medical deserts” in certain locations, meaning medical resources and facilities with good qualities are out of reach, physically and geographically. Even if we have access to insurance, we still need to keep a job even with dire health conditions because the insurance is not public but privatized.

For example, immigrants from Asian, Latine, Middle Eastern, Black, Indigenous, and People of Color communities, who are often less familiar with the American healthcare system, need guidance and advocacy when navigating healthcare and treatment options. There is a need for scientific research on diverse physical bodies and cultural identities and advocacy for safe and appropriate treatments. A proactive anti-racist approach is necessary in public health, especially in the United States, where not everyone has equal access to healthcare and medical insurance.

In light of these considerations, the church leaders of PC(USA) should engage in four aspects of anti-racism work within the public health domain: research, policy, narrative, and advocacy. The PC(USA) and its various bodies should examine common narratives related to healthcare within BIPOC communities. This examination should be informed by medical research, healthcare advocacy, and relevant policies. Ministers, employees, and people from racial-ethnic and gender minority groups within PC(USA) deserve access to appropriate care in the diverse context of the United States.

This document seeks to articulate key theological and bioethical affirmations of the Presbyterian Church (U.S.A.) that call its members and friends to recognize the connections between racism and public health and to work to dismantle the structural and systemic racism that generates those connections.

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