



THE ETHICS OF HEALTHCARE: ESSENTIAL KAWAIDA CONSIDERATIONS

Los Angeles Sentinel, 03-26-20, p.A6

DR. MAULANA KARENGA

IN THIS TIME OF PANDEMIC, PANIC, HOARDING and conversations about health and well-being that we are forced to have, I offer these thoughts again for mindful consideration. For it reaffirms the comprehensive meaning of health which has to do with the physical, psychological, spiritual and material well-being of all, especially self-consciously including the vulnerable. And it reminds us that if our people, society and the world are to survive, prevail and move past this human disaster we face, then we must develop a psychology, policies and practices beyond where we are to cooperative ways to understand and assert ourselves in achieving a shared good in and for the world. Indeed, this piece anticipates a rapidly evolving time when more and more discussions and decisions will develop around who gets needed treatment, care and financial support to live a life of well-being, dignity and decency. And given the race, class, gender and other markers of difference and oppression in this society and the world, raising and reaffirming the equal humanity, inherent worthiness, and the inalienable right to life and well-being and the necessities it requires is currently urgent and enduringly needed.

The issue of healthcare emerges as a central ethical issue of our time, as a matter of life and death, revealing the presence or absence of evidence of our claimed religious and societal respect for the dignity of the human person and the sacredness of human life. Thus, it becomes an unavoidable measure of the moral quality and claims of this or any society. Certainly, one of the major weaknesses and susceptibilities to the distortions and disinformation which plague the current national conversations around healthcare is their lack of a profound and pervasive focus on the ethical imperative of healthcare, its moral dimensions and meaning to human health, well-being and wholeness, and its ethical grounding in our various sacred texts and social teachings. Indeed, there are no deep discussions about the sacredness of human life, preservation of human life as a moral imperative, or our moral obliga-

tion to reduce and end suffering, and our responsibility toward the vulnerable. Likewise, there is none concerning the equal inherent worthiness of all and their right to life, healthcare, and well-being.

Instead, the discussion remains focused mainly on “cost cutting”, “bending the curve”, “cost effectiveness”, and similar financial concerns. This caters to a mindset cultivated in a market economy to ask about a thing’s price rather than its value and about its financial feasibility rather than the human cost and consequences of not having it. In such a consumerist context, everything, including healthcare, becomes and is approached as a commodity, just another thing to buy and sell among the many other without rightfully calling attention to its status as a life-preserving human need and right. With the discussion so framed and healthcare thus commodified, the insurance and pharmaceutical companies can and do easily mask and merge their concerns about less costs and more profits with the people’s legitimate concerns about less costs and more care. Thus, the corporate giants hide their role in raising costs and diminishing and denying needed care disguising it with misinformation, confusion and fear.

One of the greatest challenges, then, for progressives, radicals, fatigue-resistant activists and occasionally and even accidentally involved people of goodwill and willingness to work, is to turn the current debate around. This means countering and correcting the current widespread misinformation and the fear, confusion and racial hate it fosters; and reframing the debate in the moral terms it deserves and demands. This calls for putting forth a compelling perspective that defines healthcare as an ethical imperative, a human right and a common good.

The *Kawaida* ethical tradition turns to Maatian ethical texts of the classical African civilization, *Kemet* (ancient Egypt), as an indispensable point of departure for its development of ethical positions and social policy. Within this Afrocentric framework some core principles of

**THE ETHICS OF HEALTHCARE:
ESSENTIAL KAWAIDA CONSIDERATIONS**

Los Angeles Sentinel, 03-26-20, p.A6

DR. MAULANA KARENGA

the Kawaida-Maatian position on healthcare emerge. Clearly, the fundamental principle which informs our position on healthcare is the ancient African ethical understanding that humans, the *Husia* teaches, are possessors of dignity and divinity and thus worthy of the highest respect. Moreover, the *Husia* teaches that humans are divinely endowed with life, the necessities for life, equality of status and worth and free will, and moral and spiritual consciousness. With these four divine endowments come corresponding rights, i.e., the right to life, to the necessities for life, to equal treatment and self-determination, and to freedom of conscience.

Within this conception of the human person and of their rights, healthcare is understood as a human right, and thus must not be approached as just another commodity among many. For it speaks to the human person's right to life and the necessities of life and to their worthiness of the highest respect. Indeed, in this ethical tradition, human life is sacred, and all are deserving of social goods vital to sustaining and developing our lives.

Secondly, the Kawaida Maatian tradition stresses the need to give rightful and special attention to the needs of the poor, have-nots and vulnerable. This principle is rooted in the *Husia's* teaching that we are obligated "to bear witness to truth and set the scales of justice in their proper place among those who have no voice". Indeed, it teaches that we are to give food to the hungry, water to the thirsty, clothes to the naked and a boat to crossover for those who have none. And we are to work to remove pain, end suffering, and care for the ill and aged, the orphan and widow, and other categories of deprived, disadvantaged and needy persons. Thus, any serious healthcare plan must include the vulnerable and needy in it in just and equitable ways.

Thirdly, healthcare must be posed as a shared and common good. It is of benefit to all that each of us has adequate healthcare and good

health. There is a relationship of interdependence here where others' illness affects us, and others' wellness contributes to and reinforces our own. Indeed, ensuring healthcare for all is also to ensure good for us all. Thus, the *Husia* teaches that "the good we do for others we are also doing for ourselves". For we are building the good world we all want and deserve to live in.

Fourthly, healthcare is a requirement of social justice due to persons as human beings and members of a society. It speaks to creating the context and capacities to live a good life and to strive toward fulfillment and flourishing. Disease, disability and unwellness deny or diminish our capacity to achieve these goods and thus, healthcare is required to deal with these impairments to health. Moreover, key social determinants of health such as income and wealth, education and reliable information, healthy employment and environments, etc., must also be effectively addressed as central to healthcare and good health and as requirements of social justice.

[FINALLY, HEALTHCARE IN OUR TRADITION is an essential aspect of the world-encompassing Maatian ethical project of *serudjta*: healing, repairing and renewing the world and everyone in it, making the world more beautiful and beneficial than we inherited it. It is, the *Husia* tells us, our obligation to raise up the ruined, repair the damaged, replenish the depleted, rejoin the severed, strengthen the weakened, set right the wrong, and make flourish the insecure and undeveloped. Thus, healing and repairing ends, as it began, as an ethical act and obligation, whether social or medical or both. Indeed, it is a work and way of life which benefits us all and brings us closer to a society and world defined by its health, well-being and wholeness and the shared and common good this context promises and produces. ▲

Dr. Maulana Karenga, Professor and Chair of Africana Studies, California State University-Long Beach; Executive Director, African American Cultural Center (Us); Creator of Kwanzaa; and author of *Kwanzaa: A Celebration of Family, Community and Culture* and *Essays on Struggle: Position and Analysis*,
www.AfricanAmericanCulturalCenter-LA.org; www.OfficialKwanzaaWebsite.org; www.MaulanaKarenga.org.