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A woman caresses her child's head as he rests on a bed at the St. Damien Pediatric Hospital of Port-au-Prince, Haiti, Friday, Nov. 12, 2021. (AP/Matias Delacroix)



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"Health cannot be a luxury for the few."

With these words, Pope Leo XIV reaffirmed a moral truth that is as urgent as it is timeless. Health care, he [insisted at a March 18 conference](#) on health care inequality, is "an essential condition for social peace." His warning was equally clear: When access to care is denied to the most vulnerable, injustice festers, and injustice, left unaddressed, becomes the seed of conflict.

I think of Haiti when I hear those words, not as an abstract example, but as a place that shaped my understanding of what they mean.

From 2014 to 2019, I lived and worked there alongside my Passionist brother, Rick Frechette, serving with him at [St. Damien Pediatric Hospital](#) and [St. Luke Hospital](#) in Port-au-Prince. My role was primarily as a chaplain, accompanying the sick and their families, but I also assisted with medical clinics, especially in Cité Soleil and in rural areas where access to care was even more limited.

It was there that I began to understand something simple and devastating: For many, illness was not what determined their fate. Access was.

In Haiti, health care is not taken for granted. It is fragile, often scarce, and for many, painfully out of reach. Yet in the midst of poverty, political instability and systemic neglect, I encountered a radically different vision of care, one rooted not in profit or privilege, but in human dignity.

At both St. Damien Pediatric Hospital and St. Luke Hospital, every effort is made to avoid turning patients away, many of whom have nowhere else to go. But the current situation in the country makes this mission increasingly difficult. Children suffering from malnutrition, mothers facing life-threatening childbirth, victims of violence, and those with chronic illnesses are received with the same unwavering commitment: Their lives matter. The hospitals operate on a simple but profound conviction: Health care is a right, not a reward for those who can afford it.



People sit in the waiting area of the outpatient clinic at St. Francis de Sales Hospital in Port-au-Prince, Haiti, Feb. 16, 2015. (CNS/Bob Roller)

Frechette's work embodies what Catholic social teaching has long proclaimed: The preferential option for the poor is not optional. It is a moral imperative. In a place where the health care system is strained beyond capacity, that commitment becomes even more radical and necessary.

What I witnessed in Haiti confirms the Holy Father's warning. When health care is inaccessible, suffering multiplies. Preventable illnesses become fatal. Families are pushed deeper into poverty. Communities lose not only lives, but hope. And in that vacuum, resentment and instability grow.

But I also witnessed the opposite truth: When care is made accessible, even in the most difficult circumstances, it becomes a force for peace.

A treated illness restores not only a body, but a family's future. A safe childbirth strengthens a community. A child healed is a sign that dignity has not been

forgotten.

I came to understand this not only in principle, but in a way I could touch with my own hands.

I once helped care for a young girl with a serious heart condition. She was fragile and entirely dependent on the care she received.

Some time later, while we were distributing food and medical supplies after the [2016 hurricane](#), our vehicle suffered two blown tires. Stranded in the middle of nowhere, we were suddenly surrounded by local gang members and residents. We were vulnerable, and it seemed certain that everything we carried would be taken.

Then the same young girl recognized me, ran toward me shouting my name, and embraced me. Soon after, the rest of her family came forward.

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The gang saw that gesture and were visibly confused. Her embrace changed the moment — guns were lowered, and the tension began to dissolve. She was part of their community, and they had seen how she had been cared for at the hospital. Something shifted. Instead of taking from us, they helped us repair our tires and guided us safely to our destination.

In that moment, I saw clearly what words alone cannot express: Care given to the most vulnerable does not remain contained. It reaches beyond hospital walls. It disarms, it humanizes, it creates unexpected bonds. It becomes, quite literally, a force for peace.

Health care, in this sense, is not merely a technical service. It is a cornerstone of justice.

In wealthier nations, it is easy to lose sight of this reality. Debates about health care often revolve around costs, systems and policies, as though the central question were economic rather than moral. Yet the pope's words cut through that complexity: Access to health care is fundamentally about human dignity and the common good.

If health care becomes a privilege reserved for the few, we erode the very foundation of social peace. Inequality in care sends a dangerous message: that

some lives are worth more than others. History has shown that such inequality cannot endure without consequence.

The lesson from Haiti is not that these challenges are insurmountable but that the response must be rooted in solidarity. Even in extreme poverty, a community can choose to prioritize the most vulnerable. Even with limited resources, it can affirm that no one should be abandoned.

That lesson is even more urgent today.



A man holds up placards as he yells toward a patrol car during a protest against gang-related violence in Port-au-Prince, Haiti, May 15, 2025. (OSV News/Reuters/Jean Feguens Regala)

In Port-au-Prince, [armed gangs](#) now control much of the capital. Streets are barricaded, neighborhoods isolated, and even basic movement is often impossible. Kidnappings, killings and sexual violence have become part of daily life. Reaching a hospital may mean crossing territory controlled by armed groups.

In the midst of this, the health care system — already fragile when I was there — has been pushed to the [brink](#). Hospitals have closed, staff have fled or continue working under threat, and patients are left with nowhere to go.

This is not a separate crisis from the one described by Leo. It is a confirmation of it.

When health care becomes inaccessible, suffering does not remain contained. Preventable illnesses become fatal. Families are driven deeper into poverty. Entire communities are left without even the most basic sense of security. And in that vacuum, instability grows.

At a moment when countries like Haiti are collapsing under the weight of violence, hunger and disease, the United States has reduced portions of its foreign aid, including programs historically supported through the U.S. Agency for International Development. These changes [affect global health, food security, and humanitarian assistance in places already on the brink](#). And yet foreign aid represents only a small fraction of federal spending — about 1% overall, or roughly \$71.9 billion in 2023, [according](#) to the Pew Research Center.

Efforts to ensure that aid is used responsibly and directed effectively are both necessary and welcome. But such reforms should strengthen — not diminish — the commitment to serve those most in need. A just stewardship of resources must ultimately be measured by whether it expands access to care; it should not restrict it.

This contrast between relatively modest investments in humanitarian aid and rapidly escalating military expenditures raises a deeper question about national priorities.

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Meanwhile, far greater sums continue to be directed toward military activity. In the recent [conflict involving Iran](#), the United States [spent](#) more than \$11 billion in just the first six days, with estimates rising to between \$12 billion and \$18 billion within weeks.

This contrast between relatively modest investments in humanitarian aid and rapidly escalating military expenditures raises a deeper question about national priorities.

The effects of war and global instability do not end when the fighting stops. They remain in destroyed infrastructure, in the lack of clean water, in malnutrition, and in the absence of medicine and trained medical professionals. They create the very conditions in which health care systems collapse and societies become more fragile.

Haiti today reflects that convergence. It is a place where violence, poverty and the breakdown of health care reinforce one another, making visible the link between access to care and the possibility of peace.

Haiti is not an exception. It is a warning.

If health care is essential to social peace, then its absence will always carry consequences — whether visible immediately or over time.

"Health cannot be a luxury."

Haiti shows us what happens when it is. And that is something we cannot afford to ignore.