



Light in the Darkness – Advent Lessons for International Outreach

Dec. 12, 2013
2:00 – 3:30 p.m. ET

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Reflection for Today's Program

Today, as we begin this reflection on our mission in the world, let us reflect on the words of Pope Francis from his message on Dec. 1, the first Sunday in Advent:

The season of Advent is “a new journey of the People of God with Jesus Christ, our Shepherd, who guides us in history towards the completion of the Kingdom of God.

... For the great human family, it is necessary to renew always the common horizon toward which we are journeying. The horizon of hope! This is the horizon that makes a good journey.

... The time of Advent ... returns us to the horizon of hope, a hope that does not disappoint because it is founded on the Word of God. A hope that does not disappoint, simply because the Lord never disappoints! He is faithful!

... Let us rediscover the beauty of being together along the way: the Church, with her vocation and mission, and the whole of humanity, the people, the civilizations, the cultures, all together on the paths of time.”

Amen.

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Your Presenter for Today's Program



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Michael Rozier, SJ, is an adjunct instructor at Saint Louis University's College for Public Health and Social Justice. After receiving his master's in public health at Johns Hopkins University, he worked as an ethics fellow with the World Health Organization. He subsequently received a faculty appointment at SLU, where he taught courses in global health, health and justice and public health ethics. He also was director of the undergraduate division of the college and oversaw service learning activities, including several trips abroad with students. His areas of research focus on goal-setting and resource allocation in low-income countries, the relationship of medical missions to the local health systems they serve and the ways public health ethics frames health challenges differently than medical ethics.

As part of his Jesuit training Rozier has lived and worked in Canada, Switzerland and throughout Latin America.

In addition to his work in public health, Rozier is completing his theology studies at Boston College's School of Theology and Ministry. He is currently completing an S.T.L. in moral theology and his thesis is on the social history of Catholic health care in the United States and how its history can inform its future.

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Light in the Darkness: Advent Lessons for International Outreach

12 December, 2013
 Michael Rozier, M.P.H., S.J.
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 College for Public Health and Social Justice

Overview of Presentation

- Prayer
- Introduction
- Composition of Place
- What are we doing?
- Why are we doing it?
- Can we do it better?
- Questions, Comments

Composition of Place: Reality



Fra Angelico, Nativity, 1441
Fresco in San Marco



Fritz Eichenberg, Nativity, 1954

Composition of Place: Advent

- Recall what has happened
 - Annunciation (March 25]
 - Visitation [May 31]
- Dwell in what is happening
 - John the Baptist crying out in the wilderness
 - John being asked “Are you the one?”
 - Betrothal of Joseph and Mary
- Anticipate what is to come
 - God’s infinity / Dwindled to infancy
 - Epiphany
 - The slaughter of the Holy Innocents
 - Holy Family fleeing to Egypt

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Some Initial Lessons to Draw:

➤ Gratitude is greatest when we allow others to surprise us with what they offer

➤ Incarnation came as an infant; Active ministry took decades to prepare for, but the work of God was still happening

➤ We will be tempted to believe “we are the one,” but we are always pointing people to another

➤ God’s voice can be heard in prayer and through the voices of others

➤ Doing God’s will has a familiar pattern – call, doubt, response, trouble, fidelity

What Are We Doing?

- Short-Term Medical Missions
- Long-Term Health System Support
- Emergency Response
- Medical Surplus Recovery and Donation
- Infrastructure Projects
- Health Education and Workforce Development

Short-Term Medical Missions

- Usually days or weeks in length
- Specialty or primary care
 - Sometimes alongside health education, infrastructure, capacity building
- Relationship with host country runs the spectrum
- Could be regular or one-off

In the final section, I am glad to answer questions about specific kinds of trips, but in the recommendations I will suggest things that are as widely applicable as possible.

Poll Question

What best describes your involvement in short-term medical missions?

- a. I have volunteered on a mission trip
- b. I have organized a mission trip
- c. I supervise others who organize or volunteer on mission trips
- d. I have not been involved in mission trips

Why are ~~we~~ doing this?

- Share of our abundance
- Everyone's dignity and the right to care
- History of care from our institutions
- Global is the new local

Why am I doing this?

- How do I describe it to other people?
- Do I take it to prayer?
- How does it impact my life apart from the trip?



H.O. Tanner, The Annunciation, 1898



Rembrandt,
Adoration of the
Magi, 1632

Why are we doing this?

Dignity of the Person

To each one the manifestation of the Spirit is given for some benefit. To one is given through the Spirit the expression of wisdom; to another the expression of knowledge according to the same Spirit; to another faith by the same Spirit; to another gifts of healing by the one Spirit; to another mighty deeds; to another prophecy ...”

-1 Corinthians 12: 8-



Why are we doing this?

Solidarity

This then is not a feeling of vague compassion or shallow distress at the misfortunes of so many people, both near and far. On the contrary, it is a firm and persevering determination to commit oneself to the common good; that is to say to the good of all and of each individual, because we are all really responsible for all.

-Sollicitudo rei socialis, 38



Why are we doing this?

Option for the Poor

St. John Chrysostom vigorously recalls this: "Not to enable the poor to share in our goods is to steal from them and deprive them of life. The goods we possess are not ours, but theirs. The demands of justice must be satisfied first of all; that which is already due in justice is not to be offered as a gift of charity,"

When we attend to the needs of those in want, we give them what is theirs, not ours. More than performing works of mercy, we are paying a debt of justice.

CCC, 2446



Poll Question

Who do you think receives the greatest benefit from a typical short-term medical mission?

- The sponsoring institution
- The volunteers
- The local health providers
- The host community

Unintended consequences

- How is the status of local health workers impacted by your presence?
- How are local and sustainable remedies viewed in light of the treatment you provide?
- Who is responsible (medically and financially) for follow-up from treatment you provide?
- How do your efforts shape your volunteers' understanding of who they are in relation to host communities?
- How does your institution understand a successful trip or a meaningful relationship?

Initial Recommendations

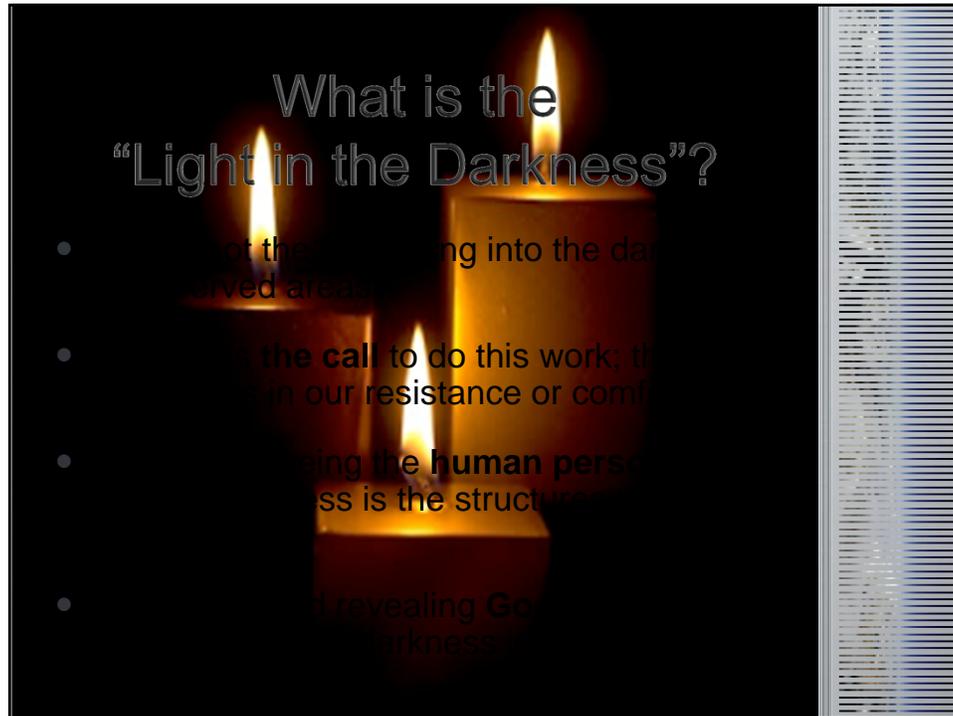
- Invest in a relationship with the community and its people; in particular, get to know the local health system and the local health providers – they will be there when you leave
- Allow the local burden of disease to drive priorities
- Do what you can do well and don't do what you can't do well – this takes humility
- Have a robust selection process and preparation program – not just logistics, but personal formation

Initial Recommendations

- Employ the same patient care and safety standards you would at home – only qualified personnel performing procedures, discarding expired meds, ensuring a follow-up plan is in place
- Measure the impact on your participants and institution
- Measure the impact on the *health* of the community; this will require more than anecdotes and “number of clinical hours or patients seen”
- Consider what you are communicating visually and verbally

Why Catholic Health Care can be a leader in this area

- Emphasis on relationship
 - There is no ‘them’ in the Catholic horizon
 - The marginalized reveal God and thus change me; they are not simply there to be healed
- A different understanding of success
 - We have a history of wanting to make missionaries irrelevant by growing a local Church
- Practical reality of having an extensive network of shared tradition
- We have a way to hold together the nativity and the cross (promise/hope and despair/suffering)



What is the “Light in the Darkness”?

- **Light** is not the **light** coming into the dark, but the **light** that is **perceived** in the **dark** areas
- **Light** is the **call** to do this work; the **light** is the **call** in our resistance or **commitment**
- **Light** is the **human person** who is the **light** in the **darkness**; the **light** is the **structure** of the **light**
- **Light** is the **light** revealing **God** in the **darkness**; the **light** is the **light** in the **darkness**

Poll Question

Given my experience and this presentation, I am ...

- Skeptical of our ability to do these trips well
- Convinced of our ability to do these trips well
- Unsure of our ability to do these trips well

Further Resources

- Unite for Sight – “A Model for Sustainable Short-Term International Medical Trips”
- Evangelical Fellowship of Canada – “The Guide to Best Practice in Short-Term Mission”
- Greg Seager – “When Healthcare Hurts”
- Michael Dohn and Anita Dohn – “Short-Term Medical Teams – What they do well ... and not so well”
- Forthcoming survey and resources from Catholic Health Association’s International Outreach

Questions,
Comments,
Concerns