

Back to the Future

Global Health at the Heart of CHA's Beginnings, Remains Priority

BRUCE COMPTON

A review of the 100 years of *Health Progress*, the official journal of the Catholic Health Association, yields an interesting perspective on the ministry's involvement in global health and international outreach. There are three areas that from the beginning have been critical elements of CHA's ministry. First, CHA's original purpose was to assist the founding congregations with their ministries — developing better processes, infrastructure, expertise and standards of quality care. This purpose has remained a consistent theme throughout the past century and continues in our global health outreach efforts today. Secondly, it is noteworthy that some of the terrible diseases and types of outbreaks either were the same threats today, as in malaria, typhoid, cholera and tuberculosis, or were similar in scope and social context, such as polio was in the past and HIV/AIDS and Ebola are now. And the third element relates to CHA's geographic ties — there are a number of regions and countries around the world that played a part in CHA's activities over the past 100 years where our members have presence, relationships and commitments today.

While it may not be so widely known among the larger public, those in the Catholic health ministry know that the early work of many religious congregations who built the ministry remains a critical foundation for health care in this country. Most of the stories about the founding of the U.S. Catholic health systems began something like this: an American bishop wrote to the superior general of a specific religious congregation in their European city or country to request that sisters from that congregation come to the “New World” so that people in his diocese who were poor, sick or otherwise vulnerable could benefit from their skills in education and nursing care. In so many cases the sisters answered the call, resettled in a foreign country with no little hardship and resistance, and planted the roots of Catholic health care in sometimes fertile, sometimes inhospitable, soil.

The influx of women religious to the United States who came at the behest of those bishops began in the 18th century. The contributions they made to the quality of care and the commitments they carried out to support communities at risk played an enormous role in shaping America's health care system. With the same commitment to service and a pioneer spirit enhanced by experience, many of those religious communities have taken the insights gleaned from their work in the United States and moved beyond this country's borders to extend the healing ministry to people in need across the globe.

The technological revolution and globalization that took hold in the 20th century created a different moment for the religious sisters, brothers and their lay colleagues to venture into new arenas where more people could benefit from the particular compassion and expertise that the

Catholic health ministry offers. By this time, the sisters had more information about those suffering around the world, they had access to more efficient and safer transportation to reach those in need more quickly, and they had an abundance of lessons learned and respect earned from working with local health care providers.

This has led to Catholic hospitals and health systems, as well as individuals who work for and with Catholic health care, to further the mission of caring for poor and vulnerable people around the world. By going on mission trips, visiting international sites established by the religious communities and, in some instances, developing the needed infrastructure to make those temporary responses an ongoing commitment, they aim to serve populations suffering from disease and poverty in places around the world. At points along the way, *Health Progress* has documented significant activities and new initiatives of the global work of Catholic health care. Some of this feels like an experience of back to the future, because many of the concerns, locations, solutions, and even the arguments that have been raised along the way sound eerily familiar to what we hear today.

SETTING THE CONTEXT

Global Health, Public Health, International Health and International Outreach

According to Katherine Taylor, PhD, whose article appeared in the September-October 2016 edition of *Health Progress*, “Global health is a relatively new enterprise.” Those sisters who arrived in the New World 200-plus years ago might disagree! Taylor writes of global health, “It arose in response to the need for global cooperation to address health concerns that transcend national boundaries. It differs from international health or public health in both motivation and approach — global health envisions a world in which all people have equal access to healthy lives, based on the principle that all lives matter.

Global health is concerned with the health of populations in a worldwide context. It encompasses the study, research and practice of improving the health of people across the world and striving for health equity among all people, with a special focus on health issues that transcend national boundaries and have global political or economic impact.

In approach, it encompasses and emphasizes dignity and respect for the individual, communities and nations.”¹

It’s important that we understand the difference between the terms “global health” and “international outreach.” Global health is concerned with the health of populations in a worldwide context. It encompasses the study, research and practice of improving the health of people across the world and striving for health equity among all people, with a special focus on health issues that transcend national boundaries and have global political or economic impact. The improvement of health — including mental health — worldwide, the broadening of access and the reduction of disparities are global health’s goals. Global health is distinguished from international health in that international health is a branch of public health focused on the health status and opportunities for improved health in developing nations with the aid from industrialized countries.

The Catholic Health Association often has used the term “international outreach” when describing the work of our members who are involved in addressing the needs of individuals and communities in developing nations through long-term partnerships, short-term medical mis-



sions and the donation of equipment and supplies. Given the definitions above, it is probably more appropriate to CHA's mission to work in the context of global health initiatives rather than that of international outreach.

In her 2016 article, Taylor went on to say, "To those in Catholic health care, the values and principles of global health are more than familiar — they are closely aligned with the tenets of Catholic social teaching. Both seek respect for life and the dignity of the human person, community participation, social justice, the preferential option for the poor and stewardship of our Earth. The ideals, principles and values imperative to the pursuit of global health provide a framework for the expression of Catholic faith while making a difference in the lives of the most vulnerable."²

Issues raised in several articles of *Health Progress* in the mid-1940s described the cooperation among Sisters of Mercy of the Americas in the care of people suffering from malaria, typhoid, dysentery, all of which are disease still of concern to people working in global health today.³⁻⁵ Those same articles, which highlight a partnership between CHA, the Catholic health ministry and sisters from religious congregations throughout Latin America more than half a century ago, also focus on the need for capacity building — developing the skills, resources and networks to work efficiently — as well as the mutual benefit that could result from sharing experiences of Latin American and U.S.-based sisters working in health care. Sixty years later, recent *Health Progress* articles along with almost all of CHA's tools and resources about global health, emphasize that same need for capacity development and the opportunities for mutual benefit. When discussing how we can best collaborate with our colleagues from countries around the world, these goals are at the forefront of almost every global health conversation happening today.

PARTNERSHIPS ARE KEY

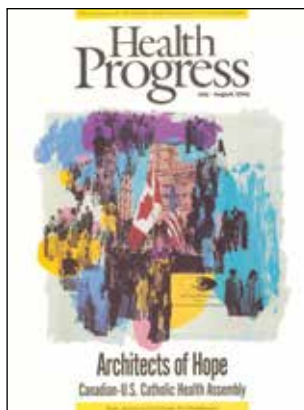
The Catholic health ministry is reaching out to our brothers and sisters around the globe in a myriad of ways: sponsoring and operating permanent health facilities; providing long-term placements to administer global health residency rotations; formally sponsoring short-term medical missions; operating accredited programs that responsibly distribute medical equipment and supplies; and contributing monetary support where financial stability is rare.

In addition, the Catholic health ministry supports faith-based organizations like Catholic Relief Services and Catholic Medical Mission Board, which have played an important role in global health.

Both have taken courageous action in addressing the HIV/AIDS crisis around the world as major players within the President's Emergency Plan for AIDS Relief. CMMB is working to transform the lives of vulnerable women and children through their Children and Mothers Partnerships in eight communities across Haiti, Kenya, Peru, South Sudan and Zambia. CRS and its partners currently

are addressing the phenomenon of children being separated from their families and sent to "orphanages," even though the children aren't always orphans. That situation was discussed in the July-August 2019 issue of *Health Progress*.⁶ Many Catholic health facilities have had to deal with the after effects of such fraudulent types of institutions, which may include human trafficking and often cause serious mental health issues.

That also is not new to the Catholic health ministry. A column by then CHA vice president David Sauer, "The Nameless Children of Romania," was published in the July-August 1991 *Health Progress* about the more than 75,000 Romanian children who, because of disability or lack of family to care for them, had been placed in state institutions in Ro-



mania. In his column Sauer wrote, “No one speaks to these children. No one touches them. The nameless children of Romania tell the gruesome, wrenching and compelling story ...” The Catholic health ministry followed through to help relocate the children to better settings with the support of a \$2 million Fund for the Nameless Children of Romania raised by donations from CHA members. In addition, the ministry advocated for policies that would help prevent such atrocities from happening in the future.⁷

Our collective experience over the past 100 years has taught us many lessons. Many of these lessons and current guidance have been collected and published in CHA’s resource materials. *Guiding Principles for Conducting International Health Activities* offers ministry leaders and others who participate in international projects six guiding principles that bring to life the richness of Catholic social teaching and tradition in a global context. *A Reflection Guide for International Health Activities* is a resource for volunteers selected to participate in mission trips to low- and middle-income countries in order to help such individuals reflect on the overall experience. Its contents lead users through the discernments associated with participation in an international health trip, preparation for a trip, arrival, the days of the experience, leaving, re-entering the participant’s normal life and remembering and remaining rooted in the experience. *Short-Term Medical Missions: Recommendations for Practice* shares 20 recommendations that Catholic health care leaders can use to review current activities and to consider future short-term medical mission trips. The recommendations are based on two phases of research conducted by CHA in 2014 and 2015 on short-term medical mission trips.

INSPIRED BY POPE FRANCIS

As we move from the past to the future, Catholic health ministries’ international efforts will continue to be inspired by Gospel teachings to “love thy neighbor as thyself,” and to serve people of all ages, races and backgrounds in missions, clinics

and hospitals worldwide. By doing so, we continue the healing ministry inspired by Jesus and take to heart the context provided by Pope Francis. In his 2015 address to the United Nations General Assembly, Pope Francis said the United Nations’ official adoption of the 2030 Agenda for Sustainable Development was a “sign of hope.” The goals apply universally and seek to have countries end poverty and hunger, fight inequalities and take action against climate change and its harmful effects. The pope also warned that it was not enough. He said, “To enable these real men and women to escape from extreme poverty, we must allow them to be dignified agents of their own destiny. Integral human development and the full exercise of human dignity cannot be imposed. They must be built up and allowed to unfold for each individual, for every family, in communion with others, and in a right relationship with all those areas in which human social life develops — friends, communities, towns and cities, schools, businesses and unions, provinces, nations, etc.”

A consistent advocate for the people of God who are poor and vulnerable, Pope Francis has called each of us to play an active role. How that call can be realized within the Catholic health ministry is something CHA is firmly committed to and well positioned to support. In April of 2019 Pope Francis greeted participants taking part in a two-day international conference on “Religions and the Sustainable Development Goals (SDGs): Listening to the Cry of the Earth and of the Poor.” Pope Francis got straight to the point by telling those gathered that, “when we speak of sustainability, we cannot overlook how important it is to include and to listen to all voices, especially those usually excluded from this type of discussion, such as the voices of the poor, migrants, indigenous people and the young.” The 2030 Agenda and the Sustainable Development Goals, the Pope said, “were a great step forward for global dialogue, marking a vitally “new and universal solidarity.” But he noted, “for too long, the conventional idea of development has been almost entirely limited to economic growth.” The Pope went on to underline that what was needed was a commitment to “promoting and implementing the development goals that are supported by



our deepest religious and ethical values.⁸

As seen in many articles and columns in 100 years of *Health Progress*, this is what the Catholic health ministry has aspired to from the very beginning. Through its global health initiatives, CHA will work to assist the ministry to promote and implement goals supported by our deepest religious and ethical values. This will be in support of Pope Francis' vision that enables men and women to escape from extreme poverty, by allowing them to be dignified agents of their own destiny.

We will accomplish this in several ways. First, by being a passionate voice for compassionate care in global health: advocating for a future in which health care is affirmed as the right of every human person and that all people have the health care they need to flourish. Next, by being a valuable resource to our members and the global health community: sharing best practices, lessons learned and up-to-date information to sustain and strengthen the Catholic health ministry's continued involvement in global activities. Finally, by bringing together a vibrant community of members, partners and other concerned stakeholders, we can support the efforts to eliminate global poverty, inequality and injustice while promoting sustainable development.

How that will be accomplished in the future and what opportunities will be available to us likely will be different from what we have seen before. Whatever the differences turn out to be, however, we can draw from past experiences rooted in our ministry as good indicators of future needs. As always, we will rely on the ongoing resilience and commitment from the Catholic health ministry.

BRUCE COMPTON is senior director, international outreach, the Catholic Health Association, St. Louis.

NOTES

1. Katherine A. Taylor, "A New Generation of Global Health Professionals: Bridging the Health Divide," *Health Progress* 97, no. 5 (September-October 2016): 13-17.
2. Taylor, "A New Generation."
3. Alphonse M. Schwitalla, "An Invitation to the Catholic Hospital Sisters of South and Central America," *Hospital Progress* 24, no. 4 (April 1943): 101-3.
4. Karl J. Adler, "Elements of a Community Health Program," *Hospital Progress* 25, no. 12 (December 1944): 334-36.
5. Alphonse M. Schwitalla, "The Year's Visit of Hospital Sisters of Other American Republics, An Experiment in Inter American Relations," *Hospital Progress* 26, no. 6 (June 1945): 161-81.
6. Shannon Senefeld, Philip Goldman and Anne Smith, "Aid Groups Seek to Reduce Orphanages, Expand Family-Based Care Globally," *Health Progress* 100, no. 4 (July-August 2019): 34-7.
7. David J. Sauer, "The Nameless Child," *Health Progress* 72, no. 3 (April 1991): 79-80. CHA staff at the time recalled assisting children's institutions in their rehabilitation and recovery roles, adding a wing on a hospital, supporting a school for children with Down Syndrome and group homes as well as aiding area staff and area Caritas agencies.
8. Lydia O'Kane, "Pope: Sustainable Development Rooted in Ethical Values," *Vatican News*, March 8, 2019, www.vaticannews.va/en/pope/news/2019-03/pope-development-goals-rooted-in-ethics-not-economics.html.

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