



# Answering the Call To Meet Human Needs

GABRIELA SAENZ, JD

**A** few months after his papal election in March 2013, Pope Francis gave a lengthy interview for Catholic publications during which he spoke with candor about the mission of the church. It is a message that often has been repeated, and it underscores some significant imagery for the church in today's world.

I can clearly see that what the Church needs today is the ability to heal wounds and warm the hearts of the faithful; it needs to be by their side. I see the Church as a field hospital after a battle. It is pointless to ask a seriously injured patient whether his cholesterol or blood sugar levels are high! It's his wounds that need to be healed. The rest we can talk about later. Now we must think about treating those wounds. And we need to start from the bottom.<sup>1</sup>

Although the Holy Father was articulating a message that speaks directly to all of us, it perhaps is especially literal for those who actually serve others through the delivery of health care. His call resonates with a message that is as old as the church itself, using the powerful metaphor that the body of Christ is to be a fortress in a broken world that is besieged, at times, by human suffering and despair. By using the field hospital descriptor, Pope Francis clearly intends for us to remember that we are, in fact, continuously at war — with

poverty, hunger and violence. Our lives and our work in Catholic health care measure how we answer this spiritual call to arms.

I believe advocacy is an important way for Catholic hospitals to be field hospitals in a battle zone, remembering that the battle zone is a world broken by poverty, hunger and violence.

We should ask ourselves continuously how our advocacy priorities fit into the spiritual strategic plan of Pope Francis, understanding that the secular policies we pursue reflect an important component of a battle strategy. This challenges us all to think about advocacy and public policy from a global perspective and one that requires a living leap of faith. Like so many of our founding bishops and sisters, this was what it took to create our health systems, and the same attitude will be a force for even greater change.

## STRATEGIES AND A QUESTION

The vision of being a field hospital for the poor is something that confronted me 10 years ago, on my first day of employment with CHRISTUS Health. I recall during that week I was assigned

to present the system's legislative agenda to the Villa de Matel, the motherhouse for the Sisters of Charity of the Incarnate Word. I am a law-

yer, and the preparation for this first task rivaled any I might have undertaken as counsel in a courtroom trial.

I presented the CHRISTUS strategies of vigorously fighting the Medicaid reimbursements and of surviving the colossal state budget deficit that loomed in Texas. At the end of my presentation, the sisters asked me only one question: "What are you and the CHRISTUS system doing to help with our two top legislative priorities — world hunger and world peace?"

I was stunned to silence.

While I often have repeated that story to colleagues and noted how "sweet" the sisters were to ask me to conquer world hunger and world peace, I recognize that a profound image was embedded in their question to me. From those two global priorities flow all of our actions and responsibilities.

We must profess Jesus Christ as a great love story with the world, and we must keep that vision at the forefront of all we do. By avoiding a focus on bureaucracy, we are able to respond to this call in a way that puts organizational reform as secondary to the reform of our attitudes and wills.





Illustration by Roy Scott



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When we focus solely on the secular tasks from an organizational perspective, we run the risk of becoming just another nongovernmental organization. In such a scenario, the pope reminds us, ultimately love loses.

I often revisit that day at the Villa in my mind, asking myself what I am doing to further the vision of a field hospital for the poor.

**“CUTS DON’T HEAL”**

There are significant challenges in approaching public policy from this spiritual perspective. There can be no question that health care advocacy primarily focuses on money. Because this is a crucial time of systemic reform and financial uncertainty, it is a priority of focus that is unavoidable. In our battle zone of health care, we often are working simply to stop the bleeding, able in the short term only to advocate for stopgap measures that will prevent any further erosion of diminishing financial resources.

Our message at state capitals and on Capitol Hill has been: “Cuts don’t heal.” Advocacy time and resources have been almost exclusively defensive in posture, directed at stopping further reductions in disproportionate share payments, dealing with sequestrations, value-based purchasing penalties, recovery audit contractor (RAC) abuses in Medicare payments, and conversion to ICD-10 diagnosis and hospital inpatient procedure codes.

However great our challenges, our focus must begin with recognizing our numerous opportunities to be active agents of meaningful change everywhere in the world — to remember that our response of faith comes first, and that we must be able to staff the field hospital. There is no higher advocacy call than to meet the needs of suffering human beings.

Social justice issues are a matter of experience for Catholic health care, as our mission of extend-

ing the healing ministry of Jesus Christ has been the impetus for our response to the great humanitarian crisis posed by immigration. It is the same impetus for our presence amid natural disasters.

CHRISTUS Health is on the front lines of the immigration battle, for our facilities are located in areas where this is a pressing concern. For example, our Houston clinic sees 60,000 patients every year, and a majority of them are immigrants. Immigrants, documented or otherwise, represent a significant portion of the nation’s uninsured.

As large numbers of unaccompanied minors arrived during the summer of 2014, it was amazing to watch the reaction of Catholic health care and other social services to meeting the basic humanitarian needs of those young people. The social response went beyond Catholic agencies to extend to a broader community effort. Amid the chaos of poverty and crisis was an organized and overwhelming response that included health care workers, *pro bono* attorneys to assist with legal questions, and aid workers providing clothing, hygiene products, food and water. This kind of response is at the heart of Pope Francis’ vision of the church as a field hospital.

**TRAFFICKING AND DISASTERS**

A related opportunity is to be able to mobilize and respond effectively to the reprehensible practice of sex-trafficking immigrants. Through ongoing training and awareness, Catholic health care is uniquely positioned to be warriors on the front lines of this critical humanitarian issue.

CHRISTUS has implemented a human trafficking educational module to help us institutionally identify and respond to these victims if they come to our facilities. To be a force of morality against the exploitation of vulnerable populations is to further live the pope’s healing vision; to be the hands of Christ in responding to their wounds.

Our natural disasters and emergency response training also have prepared us well for the role of field hospital, but we must maintain an active posture. The staggering toll on human life and property posed in 2005 by hurricanes Katrina and Rita did nothing if not to underscore the need to be vigilant and prepared to respond. Natural disasters on this scale collapse even the simplest social infrastructures, leaving little time to organize or plan.

Thus, when the massive 2010 earthquake struck Haiti, CHRISTUS Health mobilized a team



of physicians, nurses and even our own CEO to provide emergency medical support. Lately, we have responded to the potential impact of an Ebola outbreak in this country. We are not simply providing health care; we are acting as the church in the world.

From a more comprehensive standpoint, we must look beyond the everyday financial challenges of health care advocacy to think more globally about partnerships with other Catholic and non-Catholic agencies and services. A global perspective cannot help but have significant impact at the local level — in the “field hospitals” of our individual communities.

In this context, advocacy must be more than legislation and regulation; it must be a human response to human crisis. This is why I was asked that question a decade ago: “What about world hunger and world peace?” Our ministry’s legislative priorities focus on the practical requirements to keep these field hospitals open, but it is in tending wounded humanity that we do the most meaningful work.

We must stay focused on our mission and our global Catholic identity. It is not physical buildings that express the love of God; instead, it is anywhere we come together to heal wounds. This spirit of partnership and unity is what will respond to the crisis of the poor, the abused and the battle-weary among us.

In our response, we are answering Pope Francis’ vision that echoes the very words of Christ himself: “I say to you, whatever you did for one of these least brothers of mine, you did for me.”<sup>2</sup>

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#### NOTES

1. Antonio Spadaro, “A Big Heart Open to God, an Exclusive Interview with Pope Francis,” *America: The National Catholic Review*, Sept. 30, 2013.
2. Matthew 25:40 (New American Bible).



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