## EDITOR'S NOTE

## HOLD FAST TO ALL WE VALUE

hen did we as a society stop talking about the poor? I can't recall when it happened, but clearly, today, self-interest is the name of the game. Does it seem to you, as it does to me, that the public debates over how to fix the economy are obsessively focused on hanging onto what we have and averting our gaze from burdens we as a nation want to avoid?



PAMELA SCHAEFFER Nameless and faceless, the poor are lumped euphemistically under various agenda for proposed budget cuts. These target a broad array of social programs, including Medicare, Medicaid and health reform — without any of which, the number of poor people in America will immediately and dramatically increase.

I thought about that as we put together this issue of *Health Progress* focusing on our inner cities, where health disparities abound, violence is pervasive and lack of access persists. It is refreshing to discover in these pages that, while our nation's basic values have gone missing in Washington, more than a few Catholic hospitals are deeply committed to their urban locations and creative in developing a wide variety of programs to meet inner-city needs.

It is refreshing to see too, in the transcript of a CHA forum that begins on page 53, that basic values are a top priority for "tomorrow's leaders" in Catholic health care. The discussion, which *Health Progress* has published in two parts — the second is in this issue — took place in June, the day before the CHA Assembly opened in Atlanta. Participants included a hand-picked group of "tomorrow's leaders" — eight honorees chosen to be charter members of a new CHA program to honor up-andcomers in Catholic health care — along with several senior leaders who are well-known to many of our readers.

The discussion was led by Fr. J. Bryan Hehir, who has long been a moral beacon for the U.S. Catholic Church in its quest to carve out a larger space in public life.

Fr. Hehir posed a series of probing questions. Among the topics: the role of institutions in U.S. society, the relationship of bishops to Catholic health care, and perhaps most notably, the honorees' personal aspirations.

Speaking to that third point, Fr. Hehir asked the eight, "What is it that led you into Catholic health

care, and what might cause you to leave?"

Most of the honorees said they had moved intentionally into Catholic health care. Virtually all said only one thing would prompt them to move on: if Catholic health care failed to live up to its values, to walk its talk.

Mollie Bresnahan, for instance, who works as a mental health counselor for Mercy Medical Center's Health Care for the Homeless Program in Springfield, Mass., put it this way: "I really support and feel I'm part of the mission ... and if that mission were to change, I would choose to leave."

Most readers will know instinctively the core values inherent in "the mission." CHA's vision for Catholic health care calls us to attend to these: human dignity, stewardship, pluralism, concern for the poor and vulnerable, justice and the common good (the last three of which include access to health care for all as a critical element).

After each of the eight had spoken, Fr. Hehir summarized what he had heard: "Basically, the only thing that could get you to leave [Catholic health care] would be if what originally called you ended up to be a disappointment rather than a continuing challenge and invitation."

"That," he added, "is a pretty significant kind of thing to record."

In other words, Fr. Hehir hopes Catholic health care leaders, in the interest of retaining their best and brightest, will get the message: Never mind that our nation's leaders in Washington have lost sight of basic values; tomorrow's leaders in Catholic health care are holding fast to theirs — and they expect Catholic health care's senior leaders to do the same.

In addition to this issue's articles on urban health care and the transcript of the "tomorrow's leaders" forum, I call your attention to the fine article on the ethics of cost control by theologian Leonard Weber, a part of our series on ethical issues related to health reform. Also, please note the return to our pages of architects Joanna Lombard and Elizabeth Plater-Zyberk (page 34), who first shared their views on hospital design with us in March-April 2010. JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

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