

EDITOR'S NOTE

From the beginning, Catholic health care has embraced the parable of the Good Samaritan as its own. We take the moral of the story to go and do likewise as our mission to heal the sick and protect the vulnerable. The parable is powerful to other ministries and purposes as well.



**MARY ANN
STEINER**

The day before he was assassinated in Memphis, Rev. Martin Luther King Jr., spoke to the city's striking sanitation workers. There had been tense confrontations the week before, and King returned to the city hoping to reverse the mood from volatile back to nonviolent. Toward the end of the speech, after he had exhorted the strikers and their supporters to hold tight to their unity and reject violence in favor of boycotts and other economic pressure, he cited the Good Samaritan as the one who could move beyond fear of consequences, unlike the priest and Levite who couldn't. Fear, he said, should not be what stopped America from being what it was meant to be. Known as his "I've Been to the Mountaintop" speech, King concluded it with prophetic words. He warned the people about the incredibly hard days ahead, he confirmed that he had already seen the Promised Land, and he lamented that he might not be in the company of the people when they arrived.

King's speech is as pure an example of prophesy and expression of the common good as exists anywhere. Prophesy not in that he foretold his death, but that he called out the vision as well as the hostile forces that stood against it. Expression of a common good not necessarily attainable at the time, among those whom King was addressing, or in light of those circumstances, but one that was worth pursuing at almost any cost.

In his article on advocacy, prophesy and the common good (pages 6-12), Fr. Charles Bouchard, OP, writes about how the common good lives in the liminal space between the vision of the Reign of God and its final realization. The role of prophets like Moses or John the Baptist or Martin Luther King Jr., is to inspire us and challenge us

with their vision and their tenacity.

Sr. Doris Gottemoeller, RSM, offers a reflection on how we can move from a desire for the common good to action and policy (pages 42-45). It explores the individual actions each of us can take as well as the responsibility for advocacy and public policy that our health systems have.

Between these two excellent bookends are a number of efforts to initiate good policies and revise problematic ones for the better health of people in our care and communities. This issue's authors have written compelling articles promoting better coverage and access to mental health; adjusting Medicare guidelines for rural hospitals that are especially strapped; instituting changes to improve care for undocumented immigrants who have end-stage renal disease; and creating policy for the uninsured as part of Medicaid expansion in Michigan. They are all examples of how belief in the common good inspires policy and how policy helps flesh out the common good.

We conclude our series of articles celebrating *Health Progress'* 100th anniversary with Brian Smith's thorough history of the field of mission integration in Catholic health care. As one of CHA's most important initiatives and one of the magazine's most consistent themes, the integration of mission among leaders, clinicians, partners and support staff has been an important priority. It is good news to report that mission leaders are recognized for their expertise, professionalism and commitment across Catholic health care.

Whether you're a mission leader, a global health worker, an ethicist, a policy expert, a community benefit advocate, a sponsor, or any one of the dedicated people in Catholic health care's special areas, we thank you for reading *Health Progress* and helping us celebrate its 100th year anniversary.

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