



Health Care and the Global Community

U.S. Catholic Organizations Are Answering the Call to International Mission Work

An examination of the mission statements of the Catholic health care systems founded by religious women and men reveals two commitments that are foundational to those systems: continuing the healing mission of Jesus and serving the most poor and vulnerable among us.

These foundational commitments encourage Catholic health care systems and hospitals to answer a specific call of the Gospel and the church: to go beyond our own nation's borders and extend the healing ministry to our brothers and sisters in developing countries. We who serve Catholic health care have a commitment to care for the human family, which means serving the sick and poor without regard to boundaries or borders, creed or ethnicity. As the U.S. bishops put it nine years ago: "We have heard the Lord's command, 'Love your neighbor as yourself.' In our linked and limited world, loving our neighbor has global implications. In faith, we know our neighbors live in Rwanda and Sudan, in East Timor and China, in Bosnia and Central America as well as across our country and next door. Baptism, confirmation, and continuing participation in the Body of Christ

call us to action for 'the least among us' without regard for boundaries or borders."¹

Does this call—issued at a time when many in our own country are poor and going without basic needs, including health care—present a moral challenge to Catholic health care providers in the United States? This is a difficult question that has no easy answer.

Certainly, the health care ministry strives to meet the health needs of vulnerable populations here in the United States. The work being done to improve access to affordable health care must continue, along with efforts to build new models of community health.

However, we cannot ignore the responsibility we have to help improve the health status of our brothers and sisters in other lands. Their access to health care is often not only limited but literally nonexistent. Because we are all members of the global community—linked by economic, political, and social forces as well as our common humanity—we are all affected by the suffering of men, women, and children who are unable to receive even the most basic health care services.

To further reflect on the question of health care needs at home and abroad, many in the U.S. Catholic health ministry turn to this passage from *Called to Global Solidarity*: "Cain's question, 'Am I my brother's keeper?' has global implications and is a special challenge for our times, touching not one brother but all our sisters and brothers. Are we responsible for the fate of the world's poor? Do we have duties to suffering people in far-off places? For the followers of Jesus, the answer is yes."²



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MEETING THE CHALLENGE

For those of us called to respond to this challenge, there are many valid questions and concerns. How do we answer the call to alleviate suffering in far-off places in a time of limited financial and human resources? How can we know if our efforts have any real impact on our brothers

SUMMARY

Catholic health systems and facilities, to fulfill their commitment to the healing ministry of Jesus Christ, are called to serve society's most poor and vulnerable people. This calling applies to people in need not only locally but also internationally.

Individuals and organizations providing aid in foreign lands will face many challenges. Yet if they believe that they can use their expertise to benefit people in need, they can accomplish their goals.

Some guiding principles are instructive for those undertaking international outreach efforts: Partners must commit themselves to a common mission; the effort must focus on empowering aid recipients; participants in the effort—donors and recipients alike—can experience transformation; and health and well-being must be central to the work.

The Catholic Consortium for International Health Services (CCIHS) has experience in following these principles to bring about change. The consortium can help ministry organizations achieve their international outreach goals.

and sisters so far away? These and other questions make meeting care health needs in developing countries seem an overwhelming task.

One approach for health systems and hospitals that are determined to find a path through the questions is to acknowledge that although they can't meet every health care need in the world's developing countries, they can accomplish some things, and accomplish them well. The people of Catholic health care are dedicated to the healing mission: to providing health care and creating healthy communities. This is our expertise.

Our challenge in taking on global health care initiatives is to believe it is possible to use our expertise to meet at least some of the needs of developing countries. When enough health care systems, hospitals, and people adopt this view, they can make a substantial difference in the health and healing of brothers and sisters beyond our borders. At the same time, these systems, hospitals, and people are given opportunities to transform some of their attitudes toward health care in developing nations and their perceptions of that care.

GUIDING PRINCIPLES

Although each health care system or hospital has its own approach to meeting health care needs outside the United States, all adhere to the guiding principles that ground this part of the Catholic health ministry. Certain principles are essential to the long-term success of international mission initiatives in health care. Participating people and organization commit themselves to:

- Adopting a collaborative approach that emphasizes working with others who share a common mission, both at home and in developing countries.
- Building the capacity of local people in order to empower them to take greater control of their health care. This is the old story of giving a man fish so he can eat for a day, versus teaching him to fish so he can eat for life.
- Recognizing and encouraging our own transformations as health profession-

als as we become more closely connected to those in different cultures.

- Building communities focused on health and well-being, whether the effort begins with a clean water project, clinical training, or a sharing of supplies.

Within the framework of these guiding principles, there are many ways for Catholic hospitals in the United States to become involved in the international aspect of the health ministry. These options include collecting surplus supplies and equipment for shipment to developing countries; recruiting medical mission teams for visits to such countries; and developing long-term "twinning" relationship with hospitals, clinics, or communities in them.

STRENGTH THROUGH COLLABORATION

In the belief that scarce financial and human resources are best combined and that knowledge and insights concerning international mission activities can be shared, a number of Catholic health systems and organizations agreed in 1998 to form the Catholic Consortium for International Health Services (CCIHS). The CCIHS's members (see **Box**, p. 31) collaborate in order to meet their shared goal of more effectively responding to the health care needs of developing countries. The CCIHS is a resource for its members and others interested in participating in international mission activities.

One area of the CCIHS's work is encouraging hospitals to protect the environment while assisting the poor. Many members sponsor programs that collect surplus supplies and reusable equipment, diverting them from landfills to warehouses specifically set up to gather these items. The warehouses then verify the usability of these supplies and pieces of equipment and send them to countries in the developing world.

In addition, the CCIHS members have expertise in establishing, training, and supervising medical mission teams deployed in developing countries. These teams must provide more than a period of direct medical care—they must also train and develop local clinicians to become

self-sufficient in their delivery of care. These teams are also most effective when they can give attention to building an infrastructure for continuing care and preventive care.

"TWINNING" HOSPITALS

Perhaps the international mission work that has the greatest impact on health care is the establishment of a long-term relationship between hospitals in the United States and hospitals, clinics, or

dispensaries in developing countries. This concept is based on the concept of "sister" hospitals, also known as "twinning." This type of initiative involves:

- Identifying a specific clinic, hospital, or community in a developing country that requires assistance
- Visiting to form relationships and develop creditable in-country partners
- Writing an action plan, in collaboration with in-country partners, which states what can (and, just as importantly, cannot) be accomplished within a few years
- Communicating with and involving the community served by the "twin" hospital in the United States
- Implementing the plan and using evaluation tools to measure success

Several hospitals within Catholic Health Initiatives (CHI), the second-largest Catholic health care system in the United States, are involved in twinning relationships. For example, since 2000, St. Joseph Medical Center, Towson, MD, has been very successful in improving the health of residents of 27 villages in the Karatu District of Tanzania. To serve health care needs in these villages, St. Joseph collaborates with the local Catholic bishop, the Lutheran bishop, health care providers sponsored by each religious group, and community leaders. In October, the CCIHS will sponsor an "immersion experience" for U.S. Catholic health care leaders that will focus on the Karatu District initiative.

Although Catholic hospitals and health systems become involved in twinning relationships primarily because such relationships align with the ministry's Catholic identity and healing mission, they have learned from experience that twinning also does much for the U.S. ministry. In *Economic Justice for All*, the U.S. bishops reminded us that "in a special way, our fellow Catholics in developing countries have much to teach us about the Christian response to an ever more interdependent world" and that "the entire Christian world can learn much from the way our deprived brothers and sisters assist each other in their struggles."³

In the fall of 2005, Paul Neumann, CHI's chief legal counsel, accompanied a delegation from Centura Health, Denver, to Vietnam to establish a twinning relationship with a health care organization in that country. Neumann now speaks of the good that will come from the rela-

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Who Belongs to the CCIHS?

The following organizations comprise the Catholic Consortium for International Health Services:

Bon Secours Health System,
Marriottsville, MD

Catholic Health Association, St. Louis

Catholic Health Initiatives, Denver

Catholic Healthcare West, San Francisco

Catholic Medical Mission Board,
New York City

Catholic Relief Services, Baltimore

CHRISTUS Health System, Irving, TX

Consorta, Schaumburg, IL

Exempla Healthcare, Denver

Global Health Ministries/Catholic Health East, Newtown Square, PA

Henry Ford Health System, Detroit

Hospital Sisters of the Third Order of St. Francis, Springfield, IL

Medicines for Humanity, Rockland, MA

Mercy Health Partners, Cincinnati

PeaceHealth, Bellevue, WA

Provena Health, Mokena, IL

Providence Health and Services, Seattle

Seton Institute/Ascension Health,
Daly City, CA

Trinity International/Trinity Health System,
Farmington Hills, MI

“Through the eyes of faith, the starving child, the believer in jail, the woman without clean water or health care are not issues, but Jesus in disguise.”

tionships for the Vietnamese people. But he also describes great enthusiasm for the project among health professionals at Centura's St. Anthony Central Hospital, Denver, which will twin with Bach Mai Hospital in Hanoi.

“This is an outreach effort for St. Anthony Central, but there is a lot we can learn from Bach Mai Hospital,” Neumann said. “[Bach Mai] is the hospital that stopped a severe acute respiratory syndrome (SARS) epidemic in its tracks.” In a country where snakebites are common occurrences, Bach Mai Hospital is also known for its work in toxicology. “We see many ways in which the hospitals can help, collaborate with, and learn from each other,” said Neumann.

FUTURE DIRECTIONS

What does the future hold for international mission initiatives in health care? As *Called to Global Solidarity* reminded us, “Through the eyes of faith, the starving child, the believer in jail, the woman without clean water or health care are not issues, but Jesus in disguise.”⁴ The bishops who wrote those words remind us that, as Catholics, we are to renew the earth, not avoid the challenge.

The challenge before us now is to work together and do what we can to respond to this call. The CCIHS is ready to assist health systems and hospitals that want to become involved (or

increase their involvement) in this aspect of our healing ministry. The CCIHS can provide a resource manual, consultation, and various avenues of collaboration. All health care providers are invited to become members of the consortium.

As Pope John Paul II said, “Sacred Scripture continually speaks to us of an active commitment to our neighbors and demands a shared responsibility for all humanity. This duty is not limited to one's family, nation or state, but extends progressively to all humankind since no one can consider himself extraneous or indifferent to the lot of another member of the human family.”⁵

Perhaps, as Catholic health care providers consider how to best answer the call to international mission work, they can find wisdom in the words of Pope John Paul II and in these from Margaret Wheatley: “I've seen that there is not a more powerful way to initiate significant change than to convene a conversation. When a community of people discover they share a concern, change begins. There is no power equal to a community discovering what it cares about.”⁶

As a community of Catholic health care providers, may we convene the conversation: a dialogue on how we can best work together, in solidarity, to bring health and well being to our brothers and sisters in developing lands. ■

NOTES

1. National Conference of Catholic Bishops, *Called to Global Solidarity: International Challenges for U.S. Parishes*, U.S. Catholic Conference, Washington, DC, 1997, available at www.nccbuscc.org/sdwp/international/globalSolidarity.htm#1.
2. National Conference of Catholic Bishops.
3. National Conference of Catholic Bishops, *Economic Justice for All: Pastoral Letter on Catholic Social Teaching and the U.S. Economy*, U.S. Catholic Conference, Washington, DC, paras. 59 and 357, available at www.osjspm.org/cst/eja.htm.
4. National Conference of Catholic Bishops, 1997.
5. John Paul II, *Centesimus Annus*, 1991, para. 51, available at www.vatican.va/holy_father/john_paul_ii/encyclicals/hf_jp-ii_enc_01051991_centesimus-annus_en.html.
6. Margaret Wheatley, *Turning to One Another: Simple Conversations to Restore Hope to the Future*, Berrett-Koehler, San Francisco, 2002, p. 135.