



Making Global Solidarity Local

Solidarity helps us to see the "other"—whether a person, people or nation—not just as some kind of instrument, with a work capacity and physical strength to be exploited at low cost and then discarded when no longer useful, but as our "neighbor," a "helper" (cf. Gn. 2:18-20) to be made a sharer, on a par with ourselves, in the banquet of life to which all are equally invited by God.

—Pope John Paul II, *Sollicitudo Rei Socialis*, 1987, para. 39

Catholic Agencies in Ohio Reach Out to a Hidden Immigrant Community

For many years I did not really understand or appreciate the theological insight of Pope John Paul II and the church concerning global solidarity. That changed one day, late on a Friday afternoon in April 2001, when the chancery received a phone call from a social worker from one of the Catholic hospitals in our diocese, the Diocese of Youngstown, OH. The social worker asked for someone who deals with "global" issues. I got the call.

A young man from Honduras lay unconscious in the hospital's intensive care unit, suffering from complications from tuberculosis and immunodeficiency. The hospital's staff was in a dilemma. The patient (whom we'll call Jorge) was in very critical condition

and was not expected to make it. A staff member asked whether I could help find Jorge's relatives in Central America to deal with some end-of-life decision making. Wow. This was a Friday afternoon. Where was I to turn?

I called the Catholic Relief Services (CRS) headquarters in Baltimore. Since I had been CRS's local diocesan director for the past 19 years, I figured that I could at least ask someone there how to go about such a search. CRS did not disappoint me. A staff person in the agency's Global Solidarity office was able to contact a CRS staff person in Honduras, who in turn worked with a local agency of Rome-based Caritas Internationalis* to locate Jorge's mother and brother.

In the end, through various, complicated international interactions, the Youngstown diocese arranged for Jorge's brother to travel from his barrio in Honduras to our local hospital. In the meantime, the local probate judge appointed me to serve as Jorge's legal and medical guardian. During this time, I visited Jorge each day in the hospital room set aside for patients suffering from such severe cases of TB. Three days after his brother's arrival, Jorge died. Now I had to work with his brother to close his estate.

For me, global solidarity had become very local.



BY BRIAN R. CORBIN

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A "HIDDEN" COMMUNITY

This experience tipped us off to a reality that, until then, we had barely perceived—that there was a "hidden" but growing community of migrant workers and other newcomers in the urban and rural communities of northeastern

*Caritas Internationalis is a confederation of 162 Catholic relief, development, and social service organizations that works in more than 200 countries to build a better world.

SUMMARY

In an effort to strengthen services for local immigrants, Catholic organizations throughout Ohio are turning to the newcomers' home countries to learn more about their culture and needs. The outreach has helped these ministries to address the challenges immigrants face and to provide services in a culturally appropriate way.

This intensified focus on the newcomers' plight began in earnest in 2001, when three northeastern Ohio dioceses created a collaborative to address the social, pastoral, and legal needs of their "new neighbors." The dioceses established a centrally located site to provide a wide range of services; but, early on, the collaborative recognized that access to health care was a particular challenge for the immigrants.

Wanting to fully understand the newcomers' origins before developing health care solutions for them, representatives from the collaborative visited countries from which many immigrants migrate to Ohio. The trips were instructive: The visitors not only learned about the cultural idiosyncrasies of each area they visited; they also discovered how church organizations there developed solutions to their own health care access problems. The Ohio collaborative has used this wisdom to tailor its health care offerings to meet the unique needs of area immigrants. The ongoing relationship between Catholic organizations in the United States and those abroad continues to yield valuable insights that benefit the immigrant community.

Ohio. It became apparent that we Catholics needed to reach out to this community. One reason was that the majority of these migrant workers, most of whom had come here from Central America and the Caribbean, were themselves Catholic. But, beyond that, they were in need of the kinds of services that Catholic social service organizations have provided to generations of immigrants.

Before we could reach out, however, we needed information. We needed to know who our new neighbors were, where they came from, how they lived, and what services they required. A survey commissioned by several Catholic agencies counted more than 70,000 immigrant workers throughout the state.

The survey found that the majority of these workers were single males, although there were growing numbers of families and, according to some evidence, children coming to this country to work unaccompanied by parents. More than half of those surveyed were in the process of becoming permanent residents. They had jobs in Ohio's poultry and meat processing industry, lumberyards, mushroom processing, light manufacturing (mostly in plastics), dairy farms, and agricultural production (nursery and fruit farms). Among the needs identified by the survey were education, housing, transportation, work permits, wages, medical insurance, help in relocation of and reunion with scattered family members, and help for family members back home.

In our part of Ohio, we saw that this influx of immigrant workers moved frequently throughout the six counties that overlap the jurisdiction of three cooperating Catholic dioceses: the Dioceses of Cleveland, Columbus, and Youngstown. It became evident that we needed a targeted and strategic approach to social services, detention ministry for those who run afoul of the law, and advocacy. In 2001—as a response a February 2001 statement by the Catholic Conference of Ohio Bishops, "God's Welcoming Presence: A Call to Stand in Solidarity with Ohio's Immigrants"—the three dioceses formed the Tri-Diocesan Mobile Migrant Ministry Collaborative to address the social, pastoral, and legal needs of

these newcomers.

As our primary outreach venture, the Tri-Diocesan Mobile Migrant Ministry Collaborative developed Centro San José el Trabajador (St. Joseph the Worker Center) in the centrally located city of Canton. Over the past six years, Centro San José has developed into a one-stop community resource center for the many Latino immigrants moving into the region. The center now offers pastoral services, faith formation, pastoral and conversational Spanish classes, referrals to social service agencies and health care institutions, and interpretation and translation services. In collaboration with the Immigrant Worker Project, Centro San José also provides classes in computer training and English as a Second Language. In addition, it maintains an office that assists immigrants in opening small businesses.*

It soon became evident to us that these newcomers especially needed access to adequate health care and education. Our experience with Jorge showed us that TB and HIV/AIDS were important issues that needed to be addressed, from the standpoint both of compassionate outreach and community health. Our contacts with immigrants, as well as the experience of local health care institutions, revealed other challenges.

Catholic health care institutions in our region—especially Mercy Medical Center

* The Immigrant Worker Project is a project of the Catholic diocesan rural life and social action directors in partnership with the Catholic Conference of Ohio. It is funded by various local diocesan organizations and the Catholic Campaign for Human Development.

Centro San José has received financial assistance from, besides the three dioceses, the Sisters of Charity of St. Augustine Foundation of Canton, OH; Sisters of the Humility of Mary, Villa Maria, PA; Benedictine Sisters of South Dakota, Yankton, SD; Raskob Foundation for Catholic Activities, Wilmington, DE; Koch Foundation, Gainesville, FL; Catholic Campaign for Human Development, Committee for Home Missions, and Migration and Refugee Services, all of the U.S. Conference of Catholic Bishops, Washington, DC; and others. We are most grateful for it.

in Canton (a member of the Sisters of Charity of St. Augustine Health System, Cleveland) and Humility of Mary Health Partners in Youngstown and Warren, OH (a member of Catholic Healthcare Partners [CHP], Cincinnati)—have worked closely with the three dioceses to reach out and more appropriately respond to the health care needs of newcomers. The partnership was inspired by the New Covenant initiative of the 1990s, which encouraged collaboration between Catholic health care and social service organizations.

Our three dioceses discovered, through several years of this ministry, that it was important to learn about the place of origin of these newcomers and to learn from their home-country dioceses in Central American and the Caribbean about how they operate and deal with migration and health care. We also wanted to find out why the newcomers were so reluctant to use our health care and social services. We wanted to learn how we could become more culturally competent in our social, health care, pastoral, and outreach ministries.

Through the help of CRS, we arranged in August and September 2004 for two delegations of representatives from the three dioceses to travel to the Diocese of Huehuetenango in Guatemala and the diocese of Mao-Monte Cristi in the Dominican Republic. In both cases, staff from CRS headquarters provided logistical and planning support. Staff from national and local diocesan Caritas offices in Guatemala and the Dominican Republic, together with CRS staff in both countries, assisted the delegations on their trips.

The delegations' goal was to establish long-term relationships, through CRS, with church and health care officials in these two countries. People from both countries live in our Ohio communities. People from both countries are also incarcerated in our prisons due to immigration and detention issues. Further, the Dioceses of Huehuetenango and Mao-Monte Cristi have active immigration and health care ministries. The delegations discovered that the ministries in all three countries—Guatemala, the Dominican Republic, and the United States—are doing similar things, facing similar issues and obstacles, and all wanted to learn from each other how to better serve their constituencies. Truly, migration and health care ministries of the church are a common global—and local—phenomenon.

GUATEMALA

I was a member of the delegations that visited Guatemala and the Dominican Republic. We

took away several important insights from our trips. After our time in Guatemala, we better understood how the many ethnic and language groups of the region (there are more than 20 distinct language groups) can create some obstacles to ministry. Many Guatemalans, especially in the Huehuetenango Diocese, do not even speak Spanish. Rather, their native tongue is Mam or Quiche, which are ancient Mayan languages. This lesson reminded us about the need for our own parishes' health care and social ministries to learn not only Spanish, but also some other dialects in order to reach out to the newcomers here. Some progress is being made in this area in the Youngstown Diocese. Mercy Medical Center, Canton, translates its in-house materials and has started Spanish classes for some of its staff. A work group in the hospital discusses obstacles to service and provides solutions to care. And the Centro San José staff offers pastoral Spanish classes for church leaders.

Our delegation discovered that Guatemala faces many challenges: dramatic illiteracy rates, malnutrition in some areas, HIV infection, a lack of potable water, maternal health needs, and various issues associated with internal migration and the flow of migrants from other countries through Guatemala heading to Mexico and the United States.

Both delegations learned that many people in Central America and the Caribbean do not have access to health care services provided by their governments, although many parishes sponsor their own health care clinics and dispensaries. The

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LEO GIAVINO

A Guatemalan woman weaves traditional cloth patterns outside her home in Ixtahuacan, Guatemala, where most people earn less than \$1 a day.

parish-based clinic, typically a small room located on the church grounds, often has in stock some over-the-counter medicines that are dispensed by a “health promoter” (see p. 41), a person who has been trained to do so by the church.

We discovered that CRS/Guatemala, in partnership with the Episcopal Conference of Guatemala and Caritas agencies, sponsors several migrant centers in Guatemala to help newcomers and internally displaced families find aid and support. The local church staff seemed very interested in the work of our Centro San José and in how we work with rural families and deliver health care services here in Ohio.

THE DOMINICAN REPUBLIC

In the Dominican Republic, we learned from our visits to several public hospitals (the majority of health care services there are sponsored by the government; few private health care institutions operate in that nation) that a major health care crisis exists in this country. Facilities, equipment, and supplies are needed, especially in the rural areas and in the poorer sections of the cities. And many of the facilities, equipment, and supplies that Dominicans *do* possess need updating.

We witnessed devoted physicians and nurses working with the poor, and with migrants from Haiti—which shares the Caribbean island of Hispaniola with the Dominican Republic—only to be frustrated by a lack of resources and effective medicines. As we had in our trip to Guatemala, we noted that *unclean water and poor nutrition* have an adverse impact on people’s health, especially that of poor people and migrants.

We found that Dominican hospitals and health care workers face problems with Haitian migrants that people in northeastern Ohio face with Central American and Caribbean migrants—language and cultural barriers. Haitians speak Creole, not Spanish, and have cultural styles and traditions that differ from the Dominicans’s styles and traditions. We recognized that to better serve migrants, we needed to learn and understand different languages and cultural norms.

Another important area of common concern is the global HIV/AIDS pandemic, along with other sexually transmitted diseases. We found that HIV/AIDS is widespread in the Haitian migrant community and that church and public leaders were working very hard to minister to people suffering from it. Our delegation learned that the spread of sexually transmitted diseases and HIV/AIDS is greatly exacerbated by the rampant sex trade occurring on the island.



Brian Corbin, director of Catholic Charities Youngstown, meets with youth in the community of Chex, Guatemala.

Trafficking of persons, especially in the sex trade, is a critical issue in the Dominican Republic. The women religious in the delegation were told that trafficking of human persons is a priority advocacy issue and ministry area of many Dominican religious congregations. CRS/Dominican Republic and Caritas staffs greatly welcomed the delegations’ coordinated work with them on this very important topic.

FOUR PRIMARY ACTIVITIES

The insights our delegations gained from exchanges with our counterparts in Guatemala and the Dominican Republic gave us a clear indication of the kinds of ministries and services we needed to contemplate as we strive to serve the needs of our new migrant neighbors. We began by defining a clear goal for the Health and Migration Partnership: to reduce the vulnerability to health and migration problems for the communities served by the Ohio Tri-Diocesan Mobile Migrant Ministry and for communities in the Dominican Republic and Guatemala.

We then set out two strategic objectives: increasing access for immigrant communities to health care and HIV/AIDS services; and increasing their access to immediate support and legal assistance services. We established the Catholic Charities Legal Immigration Services to deal with the second issue. Concerning the first, we have concentrated our efforts on four primary activities. **Clean Water and Sanitation** Water-borne diseases like cholera and dysentery, which are caused by inadequate sanitation and a lack of access to clean water, kill more than 30,000 people each week around the world. Providing adequate water and sanitation has been an important focus of CRS’s

work in community health. For example, in 2004, CRS/Guatemala worked with local partners to construct nearly 1,000 latrines and more than 300 concrete water reservoirs, as well as to rehabilitate or construct 15 water-delivery systems, benefiting 2,234 families. Our Ohio diocesan partners are investigating ways to contribute financially to the construction of potable water-delivery systems, and CRS staff and partners in Guatemala will coordinate the construction of these water and sanitation systems.

"Health Promoters" Our second activity involves helping participants to take full advantage of the services offered by health promoters. To this end, we are training *promotoras de salud* ("health promoters") to take primary care services to migrant communities. (We are also working to ensure that migrants and immigrants have access to community centers that offer health services.) In Canton, Mercy Medical Center has initiated a *promotoras de salud* program that focuses on women and children. In Youngstown, the Humility of Mary Health Partners obtained a grant from its corporate parent, CHP, to design a *promotoras de salud* ministry that will focus on young men.

Services for People with HIV/AIDS In northeastern Ohio, we are improving access to health services for persons living with HIV/AIDS. We also want to help persons living with HIV/AIDS and their families to receive training concerning self-care, their rights, and advocacy. I am working with Fr. Robert Vitillo, Caritas Internationalis's special advisor for HIV/AIDS, to develop specific programs to better serve this population.

Partnering with Parishes Our fourth activity revolves around helping Catholic health care institutions find ways to partner with local parishes and Caribbean and Central American parishes that want to develop health care clinics (or want help with existing clinics). We learned that several of our parishes were already working with parishes in the Diocese of Chalatenango in El Salvador. With CRS's help, we coordinated a partnership between these parishes here and those in El Salvador to create and supply a health clinic through the auspices of an organization called Hope for a Healthier Humanity.*

*Hope for a Healthier Humanity is a foundation dedicated to improving health in Latin America and the Caribbean. For information about it, access www.hopeforahealthierhumanity.org.

GLOBAL SOLIDARITY STARTS AT HOME

In another effort to create effective partnerships, CHP leaders, along with representatives from diocesan Catholic Charities agencies and other church-related immigration programs, decided we needed to work together on a statewide effort for Ohio. To that end, we incorporated as the Catholic Immigration Health Care Coalition of Ohio in order to address the needs of immigrants, migrants, and newcomers in Catholic health care settings and various outreach services. The coalition also seeks to probe ongoing relations with partners in Central America and the Caribbean through the help of CRS. John Gallagher, PhD, CHP's corporate director of ethics, is the coalition's president. "In recent years, Catholic health care has become increasingly focused on its service to communities," Gallagher noted. "The human needs of persons living in these communities, however, are complex and diverse. The ministries of the church need to be gathered into collaborative and cooperative frameworks that can effectively engage the just claims placed upon the Christian community by the neediest among us. We are called to solidarity."

In the context of the national debate on immigration, we find that, as church, we are in the forefront of living out our call to global solidarity with a local focus. It is not just about direct service, but also about advocacy. This solidarity is also about getting to know these newcomers by name. My own experience with Jorge made that real for me. Our parishes and pastoral outreach help us to humanize this global experience. Through all these linkages—parishes, Catholic health care institutions, Catholic Charities and Caritas organizations, CRS, Catholic Campaign for Human Development groups, Hope for Healthier Humanity, and newcomer/migrant organizations, to name a few—we come to recognize that global solidarity can and does start right at home. If you will look around in your own community, you'll see that you are connected globally with the very people who live and work and worship in your own service area.

What does global solidarity mean to me now? As the saying goes, *Mi casa es su casa* (my home is your home).

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