## EDITOR'S NOTE

e will be deep in the season of Lent by the time this magazine finds its way to your hands or your screens. But as I write this, we are in Ordinary Time — the parts of the church's liturgical calendar outside the major seasons of Advent, Christmas, Lent and Easter — when the daily readings come from a lineup of the major and minor prophets.



MARY ANN Steiner Throughout history, prophets haven't so much foretold the future as they have borne witness to the times. They comforted the oppressed and afflicted, but they also called out situations of concern, confronted bad behaviors and, ultimately, tried to change hearts. From Jonah and Jeremiah to their modern counterparts like Dietrich Bonhoeffer, Martin

Luther King Jr. and Oscar Romero, prophets give us examples of what individual witness can accomplish. Institutional witness, on the other hand, often finds particular fulfillment in the ministry of advocacy.

The first *Health Progress* article I ever read was Fr. J. Bryan Hehir's "Identity and Institutions," published in the Nov.-Dec. 1995 issue. It remains a clear articulation of the relationship between ministry and institutional identity. Our ministries are part of an institution of unparalleled historical, geographical and social breadth. "Size never proved anything," wrote Fr. Hehir, "but there is something to presence. If one seeks to influence, shape, direct, heal, elevate and enrich a complex industrial democracy, it cannot be done simply by the integrity of individual witness."

Catholic health care embraces its responsibility to advocate — to influence, shape and direct — as one of the ways it can fulfill its mission to heal, elevate and enrich. The mission challenges our individual ministries and the full community of Catholic health care to bring about the common good. Whether it is working to reform health care, support the safety and well-being of immigrants, promote and expand safety net programs like Medicaid and CHIP, fight human trafficking, protect children, or uphold environmental justice, Catholic health care gears its advocacy efforts toward just and compassionate care for every person, with special attention for those who are poor and vulnerable.

This issue's special section opens with Sr. Doris Gottemoeller's reflection on how the virtue of charity comes to fruition in advocacy and concludes with Colleen Scanlon's personal reflection on her role as advocate. Between those reflective bookends are articles about the current work and future priorities for Catholic health care's advocacy efforts in the United States and abroad. Many of our authors have mapped out strategies for specific causes in advocacy - securing care for the chronically ill and underinsured, investing responsibly, protecting high-risk mothers and infants, taking better care of the world around us. We are grateful for these wise, passionate and tenacious voices that describe avenues of advocacy. Special thanks to Sr. Kathleen Popko, our guest co-editor for this issue, who calls for Catholic health care to pay greater attention to the environmental and social determinants of health.

I have been holding onto the ideas of the common good and ordinary time as the coordinates of the landscape of advocacy. Ordinary Time has a specific liturgical meaning and purpose, but intuitively we know that ordinary time is the extent of days between dramatic disasters and those extraordinary events that pepper our lives. The common good is a complex theological concept in the Catholic social tradition. Yet those of us without much theology know the common good when we see it and yearn for it when we don't.

Not that it's easy, or straightforward, or even likely, but isn't advocacy about working against obstacles and the odds to situate the common good in ordinary time? Advocating for laws, practices, safety nets and transformed hearts is our institutional attempt to ensure that every child of God has what he or she needs to flourish. That should be the territory of the common and ordinary, instead of the uncommon and extraordinary. JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

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