

AISAC: The International Ministry

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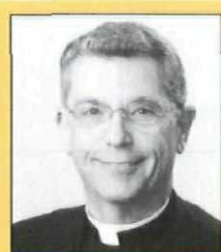
I am writing this while flying home from Rome where, in early November, I participated in the 17th annual conference of the Pontifical Council on Health Pastoral Care. The subject of this year's conference was Catholic health care institutions. Having been invited to address the conference, I discussed the International Federation of Catholic Health Care Associations (AISAC), which was to hold its own programmatic meeting immediately following the conference.

Three words come to mind as I look back on the Pontifical Council's conference: "universality," "challenge," and "globalization."

Universality: One of the most significant aspects of these annual meetings is the presence of the "church gathered" from across the world. "Universality" is an abstract thought until you spend time with folks from nearly 40 nations. Knowing that we all share the same commitment to the healing ministry is a source of great encouragement.

Challenge: There also was some comfort in the realization that the entire ministry is experiencing significant challenges. As I noted in my remarks, the concept of health care as a fundamental social good is under siege. No matter what a country's political or economic philosophy is, its health care resources seem to be shrinking. Sustaining mission identity is a great concern, as is providing for future leadership. There also are significant attacks on institutional autonomy.

Globalization: For many of us Americans, the concept of globalization is difficult to grasp. We also are uncomfortable with being described as an "oppressor." But for our sisters and brothers across the globe, globalization is a lived reality in the new possibilities it brings as well as in its challenges. There also are aspects of the United States' economic and military supremacy that seriously trouble many others in the family of faith. It is interesting that what for us Americans is a serious economic reality and source of consternation, the rising cost of pharmaceuticals,



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is for others a life and death issue that arouses anger and resentment. I hope to reflect on some of these macro issues and their possible implications for our advocacy agenda in a future column.

Meanwhile, what follows here is the gist of my remarks to the Pontifical Council's conference.

OVER THE LAST few days, we have been informed by the reflections of many experts. These reflections, in the past, have reminded us of the complexity of our ecclesial service. As daunting as that complexity may be, we cannot allow it to distract from our foundation, which is the healing mission of the Lord Jesus. Jesus' stories—whether that of the woman with the hemorrhage, or the leper, or the blind men, or the Good Samaritan—are about healing. They remind us of God's active presence in the world, a presence that reveals to us the fact that the Reign of God is in our midst. The Gospel stories also witness to the inclusivity of God's love. This is an inclusivity that pays special attention to the poor, the weak, and the vulnerable. Most important, however, these stories are about faith, the invitation to "let go" and trust completely in the unmerited generosity of God's love, which is the source of all healing.

It is this healing mission of Jesus that has been entrusted to the church to carry forward under the guidance of the Holy Father and the bishops. The manner in which the mission is fulfilled has changed over the centuries. In recent years, with the scientific and technological advances in the practice of medicine, Jesus' healing mission has more and more come to be carried on in institutional settings. However, whether that setting be a dispensary in India, a rural clinic in Mexico, or a large urban hospital in Taiwan, the soul of Catholic health care remains the same—the healing touch of Jesus.

When His Holiness John Paul II visited the United States in 1987, he spoke of Catholic

health care and provided us with several foundational observations concerning our ministry.

Vital Apostolate "Your healthcare ministry, pioneered and developed by congregations of women religious and by congregations of brothers, is," the pope noted, "one of the most vital apostolates of the ecclesial community and one of the most significant services which the Catholic Church offers to society in the name of Jesus Christ."¹

Witness "All concern for the sick and suffering is part of the Church's life and mission. The Church has always understood herself to be charged by Christ with the care of the poor, the weak, the defenseless, the suffering, and those who mourn. This means that, as you alleviate suffering and seek to heal, you also bear witness to the Christian view of suffering and to the meaning of life and death as taught by your Christian faith."

Dignity of the Human Person "Similarly, the love with which Catholic healthcare is performed and its professional excellence have the value of a sign testifying to the Christian view of the human person. The inalienable dignity of every human being is, of course, fundamental of all Catholic healthcare."

Mission of Truth "Your ministry, therefore, must also reflect the mission of the Church as the teacher of moral truth, especially in regard to the new frontiers of scientific research and technological achievement."

Just Society "As you give the best of yourselves in fulfilling your Christian responsibilities, you will also be aware of the important contribution you must make to building a society based on truth and justice. Your service to the sick enables you with great credibility to proclaim to the world the demands and values of the Gospel of Jesus Christ and to foster hope and renewal of heart."

Ecclesial Communion "You must always see yourselves and your work as part of the Church's life and mission. You are indeed a very special part of the people of God. You and your institutions have precise responsibilities toward the ecclesial community, just as that community has responsibilities toward you."

Last year, Archbishop Javier Lozano Barragan, the president of the Pontifical Council, provided

another valuable insight into what makes Catholic health care distinctive. The world, he reminded us, needs the Gospel to

enter the very heart of health and health care and . . . root itself in it, so that the world of health and health care becomes transformed by the Gospel. This pre-supposes a *new evangelisation* [emphasis added] of the world of health, that is to say the transformation of health care into Christian health care. This inculturation of health and health care constitutes authentic pastoral care in health. We must enter the fundamental values of the world of health and health care in order to transform them and make them every time more in accord with the Gospel.²

It is in this ecclesial context that we look at the face of Catholic health care across the world. The sheer number of ministry institutions—including hospitals, nursing homes, health centers for the aged, homes for long-term patients, medical facilities for the disabled, rehabilitation centers, day hospitals, outpatient units (mobile clinics, first aid stations, and others), consulting rooms, and centers for the care of lepers—is astounding (see Box, p. 8).

The number reminds us how truly universal are the apostolic efforts of Catholic health care. These efforts are extremely diverse, of course. However, this diversity exists in the context of the family of faith that is the one church of Jesus Christ, a church with a Supreme Pastor who has solicitude for the well-being of all the church and all those who labor to carry on its mission. For those of us in Catholic health care, that papal solicitude is expressed, in part, through the dicastery that sponsors this conference, the Pontifical Council and its president, Archbishop Lozano.

HISTORY

We know that, with the apostolic letter *Dolentium Hominum* of February 11, 1985, John Paul II instituted the Pontifical Commission for the Pastoral Assistance to Health Care Workers, which, with the Apostolic Constitution in 1988, became the Pontifical Council for the Pastoral Assistance



to Health Care Workers (now known as the Pontifical Council for Health Pastoral Care).

One responsibility of this dicastery is to stimulate and promote the work, formation, study, and action carried out by the diverse Catholic international organizations in the health care field, as well as that of other groups and associations that work in this sector on different levels and in different ways. In fulfilling the responsibilities given to it by the Holy Father, the Pontifical Council has paid particular attention to several constitutive elements of Catholic health care: physicians, nurses, pharmacists, and health care institutions. One dimension of the council's pastoral service to these realities has been the fostering of a sense of international solidarity within these pastoral realities in the hope that this solidarity can provide both support and context for local efforts. One way of providing this support and context has been nurturing the work of international federations of physicians, nurses, pharmacists, and health care institutions. As a result, there currently exist the following federations:

- The International Federation of Catholic Pharmacists
- The International Catholic Committee of Nurses and Medical-Social Assistants
- The International Federation of Associations of Catholic Doctors
- The International Federation of Catholic Health Care Associations (AISAC)

In a meeting whose focus is sustaining the identity of Catholic hospitals, it is appropriate that we reflect on the history of the fourth entity.

Originally AISAC was called the Confederation of Health Care Catholic Institutes. Founded with the encouragement of Pope John Paul II in 1984, it was refounded in July 1999 during a world symposium. As we know, "Catholic health care institutions" are more than acute care hospitals; they are health care institutions that are recog-

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nized by the local church bishops (see canons 216, 300, 312, and 807-814) and accept the teaching of the church's magisterium. Over the years, much energy was expended in trying to realize the dream of AISAC becoming a vibrant organization. As noble as these efforts were, AISAC, unlike some of its sister federations and for a variety of reasons, experienced great difficulty in maintaining its (as we would say in the United States) momentum.

In light of these difficulties, but convinced of the organization's importance, Archbishop Lozano has worked diligently in recent years to revive AISAC. In 1999, after consulting with conferences of bishops across the world, he convened representatives from many nations to discuss the future of AISAC.

In May 2000, there was another gathering, the result of which was the selection of continental delegates who could continue the dialogue about the future of AISAC. Those delegates have come together on several occasions over the past years to discuss how AISAC could find a renewed sense of vitality. Those discussions were guided by the parameters given by Archbishop Lozano, as well as by his encouragement and that of the secretary of the council, Bishop Jose Luis Redrado Machite. And, in a very special way, they were nurtured by one of the recent heroes of Catholic health care, Br. Pierluigi Marchesi, former prior general of the *Fatebenefratelli*, who had been appointed by the Pontifical Council as director of AISAC. Even as we mourn his passing (in March 2002), we thank God for the tireless dedication Br. Marchesi brought to AISAC, beginning with its founding in 1984. We also are appreciative of the support of Monsignor James P. Cassidy, president emeritus of AISAC. We also have been aided by the efforts of many others who assist the work of the Pontifical Council—especially Isabella Biondi and Pietro Quattrocchi.

Over time, the gathering of the continental delegates was recognized as constituting an "interim board" that could assist the Pontifical Council as it sought new vitality for AISAC. It was this interim board that recommended that AISAC should, while remaining dependent on the council, become a federation of Catholic health associations in order to stimulate the creation of new national associations and to reinforce the initiatives of existing national associations. Another example of the assistance the interim board provided the council is the observations it prepared on the composition of this international conference. The board also suggested that the convening of the conference would provide a welcome opportunity for another pro-

MINISTRY INSTITUTIONS AROUND THE WORLD

According to the Pontifical Council on Health Pastoral Care, there are 21,757 Catholic health care institutions—including acute care hospitals, nursing homes, clinics, rehabilitation centers, and other facilities—around the world. The total breaks down as follows:

Africa	3,665 (17% of all ministry facilities)
Americas	4,363 (20%)
Asia	3,905 (18%)
Europe	9,500 (43.5%)
Oceania	324 (1.5%)

grammatic meeting of AISAC, one that could apply the fruits of these deliberations to the federation's future work. These deliberations will be guided by AISAC's statement of purpose:

- "To strengthen the identity of Catholic healthcare
- "To exchange information about the condition of Catholic healthcare around the world and the challenges facing it
- "To encourage the formation of Catholic health care, especially in ethical and pastoral matters
- "To maintain information/documentation about Catholic health care to support the work of the Pontifical Council for Health Pastoral Care and the international association."

CHALLENGES

Those deliberations also will be informed by some of the critical challenges that confront Catholic health care across the world. Several have been discussed in previous AISAC meetings.

Culture of Death Whether it be threats to the life of the unborn, the movement to legalize euthanasia, or the modern tendency to reduce human worth to its so-called productive or relational capacity, the sacred dignity of human life made in the image and likeness of its Creator is threatened by a culture of death. Because Catholic health care serves the mother and her unborn baby, cares for those who are terminally ill or dying, and reaches out to all who experience physical or emotional diminishment, it can often find itself as an essential participant in promoting a culture of life by proposing what Pope John Paul II has called a "consistent life ethic."

Technological/Scientific Imperative One of the last century's great contributions to the advancement of the human family was the incredible scientific and technological developments that have transformed the landscape of health care delivery. The discovery of penicillin and antibiotics, the introduction of vaccinations, advances in radiology and imaging, and the development of non-invasive surgery and pharmacological treatment—these have transformed all health care, albeit unevenly because of global inequities. The downside of these advances is that they have deluded some into believing that the God of Abraham, Isaac, and Jacob has been replaced by a new imperative: namely, if a therapy is scientifically or technologically feasible, then it *must* be pursued. An autonomous understanding of the nature of science is being proposed as an alternative to human nature fully and adequately considered. For Catholic health care, the critical challenge lies in preserving the primacy of human touch that

mediates God's saving love and guided by immutable truths while honoring the legitimate role of scientific inquiry.

Health Care as a Commodity A third challenge faced by Catholic health care across the world is the movement to consider health care as an economic commodity. This stands in stark contrast to the teaching of Blessed John XXIII, who in *Pacem in Terris* wrote:

But first We must speak of man's rights. Man has the right to live. He has the right to bodily integrity and to the means necessary for the proper development of life, particularly food, clothing, shelter, medical care, rest, and, finally, the necessary social services. In consequence, he has the right to be looked after in the event of ill health; disability stemming from his work; widowhood; old age; enforced unemployment; or whenever through no fault of his own he is deprived of the means of livelihood.³

In recent years, health care has come to be viewed as a commodity.

Obviously, the manner in which this statement of principle has been put into action has varied in significant ways, depending on how the right of access to health care is understood in the local social, economic, and political environment. For example, the way in which the provision of health care was provided and paid for in the middle of the last century was done in one way in a capitalist economy, such as the United States', and in another in a more socialist structure, such as Great Britain's. Within this heterogeneity, however, there was, by and large, at least an implicit recognition within the so-called First World that the provision of health care was, like public safety and education, so important for the well-being of society that it must be protected from the competitive forces of marketplace economics.

In recent years, for reasons too complex to analyze here, the special nature of health care has been challenged. Both government and the private sector have increasingly come to view it as a commodity to be managed like any other product intended to generate a profit. In the past, the service to patient and community that is the heart of health care was both a means and end; today that service is more often viewed as a means to the end of a positive return on investment. In more developed nations, this movement has been partially responsible for an increased rationing of access based on economic status as well as for a retreat of government support. In underdeveloped parts of the world, it has enhanced already existing injustices. It is in this economic jungle of conflicting and shifting pressures that we continue the heal-

ing mission of Jesus, knowing our call cannot be defined by economic or political theory.

AISAC PROGRAMMATIC MEETING

How are we to respond to these and other challenges? This question leads us to the four themes of the AISAC programmatic meeting. After extended reflection, the federation's continental delegates have proposed four areas of reflection that could well serve as the basis for national, regional, and international activity.

Catholic Mission and Identity First, in light of these three challenges and others, how can we better sustain the mission and identity of Catholic health care institutions? When external pressures are so strong, how do we, for example, ensure that the interior life of our institutions really reflects a culture of life? Our witness is not just about what we avoid but, more important, about what we actively promote. For example, if our patients do not experience our commitment to life in the way they and their families are treated, then ours is a hollow witness. Archbishop Lozano regularly reminds us that ours is a work of charity, not of benevolence. How do we ensure that *amor Christi* is the soul of every institution?

Leadership Second, given the increasing specialization and expertise needed to lead health care, on one hand, and the reduction of the number of religious women and men available to serve in and lead Catholic health care, on the other, how do we ensure that there will be for the future faith-filled leaders who are deeply committed to the church and its teaching? How do we, without the advantage of the years of formation associated with religious and priestly life, provide the initial and ongoing training of today's and tomorrow's lay leaders?

Ecclesial Structures Third, what are the ecclesial structures that will ground Catholic health care institutions as true works of the church if and when those institutions are no longer identified with a religious community? The revised Code of Canon Law offers several opportunities. Have we adequately explored them? Are there other ecclesial options we ought to explore? Critical to these discussions is the fact that Catholic health care cannot be a work of the church carried on in the name of the church unless it is formally tied to the pastoral ministry of the pope and the bishops. As some aspects of the mission of health care are increasingly the responsibility of the *Christi fidelis*, how do we ensure this essential connection?

Justice Finally, how do we work in pursuit of justice in the delivery of health care as a social good nationally and internationally? There is no more

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powerful witness for the cause of justice than the Holy Father and the Apostolic See. But the work of justice is an essential component of all ecclesial life. For those of us in Catholic health care, it is not enough just to provide care for those who are marginalized. We also are compelled to make sure there is room at the table of health care for all God's children.

SOLIDARITY IN COMMUNIO

Although the future of AISAC is yet to be written, I am confident it will not be written well unless those of us who are gifted with the opportunity to serve in Catholic health care make this motto our own: "solidarity in *communio*." The Holy Father has taught us well about the "communion" that is the church. Catholic health care is an essential aspect of the inner and exterior life of that *communio*. Although ultimately the strength of that *communio* is the Holy Spirit, its human bonds flow from a spirit of solidarity. Unfortunately, at times, Catholic health care seems to have adopted what in the United States we would describe as a "lone ranger" mentality. Because we are so aware of the immediate needs of those we serve, or of the distinctive charism of the religious community of which we are a part, we tend to think and act as if our apostolic work or our religious community were the center of all reality. Consequently, it can be difficult to find the time or the motivation to pursue effective ecclesial collaboration.

Attending a conference such as this should remind us of the inadequacy of such a perspective, at the practical level, if not at the theological level. Neither the challenges nor the opportunities we face will be met successfully by individual efforts. Nor can the more successful (in worldly terms) institutions ignore their responsibility to assist those that are struggling as well as to learn from their successes. By pursuing a path of "solidarity in *communio*," we will be able to achieve more than others would think possible. If we pursue true solidarity within Catholic health care, the entire world will experience—in a new way—the healing touch of Jesus. □

NOTES

1. John Paul II, "Address to the Catholic Healthcare Ministry," *Health Progress*, November, 1987, pp. 10-17.
2. Javier Lozano Barragan, "Introduction," *Dolentium Hominum: Church and Health in the World*, Rome, Italy, 2001, p. 10.
3. John XXIII, *Pacem in Terris*, 1963, para. 1.

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