

New Collaboration Aids Refugees

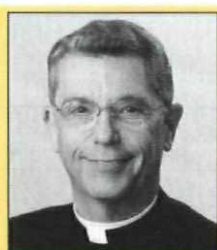
BY REV. MICHAEL D. PLACE, STD

Collaboration has long been a theme in the Catholic Health Association's (CHA's) activities. In this column I am proud to tell you about a new collaborative effort the association is participating in—the Catholic Collaborative Initiative on Refugees (see “CHA's Refugee Initiative” on page 16). With Catholic Charities USA and the U.S. Catholic Conference Office of Migration and Refugee Services, CHA is exploring how Catholic health care providers can work locally with Catholic Charities and diocesan Migration and Refugee Services offices to improve refugees' lives. Our goal is to establish an organized response to the many social and health problems refugees face after being forced to flee their own countries.

REFUGEES' SPECIAL HEALTH PROBLEMS

Refugees' health problems are especially challenging. They often have untreated medical conditions or injuries resulting from brutality. Because of their traumatic experiences, they may have mental health problems. Although all refugees are eligible for eight months of Medicaid when they arrive in the United States, coverage varies from state to state after that initial period. Many refugees cannot find providers who accept Medicaid payment.

An example of how organizations can respond to refugees' complex needs is the experience of Jules, who came to the United States from Cameroon in central Africa. As a university student, he took part in a student movement advocating changes that would improve the school. For his activities, he was imprisoned. A beating shattered his leg. He managed to escape to another country in Africa, where he registered as a refugee and was



*Fr. Place is
president and chief
executive officer,
Catholic Health
Association,
St. Louis.*

selected to come to San Jose, CA. There Catholic Charities provided him with a studio apartment and helped him prepare for employment. With their assistance, he has found a job in a chemistry lab. He loves his work but finds it difficult to stand for the long periods his job requires. Jules will soon undergo surgery to repair his leg. His goal is to obtain his degree in biochemistry and become self-sufficient.

Another young man, a victim of religious persecution, underwent torture in an Iranian prison. Catholic Charities in San Jose helped him find employment although he has trouble staying employed because of paranoia and anxiety. He receives counseling for his mental health problems from a group of volunteer physicians who work with refugees who have been tortured.

EMPLOYMENT FOR REFUGEES

Besides obtaining social and health services, the Catholic Collaborative has another goal. It encourages Catholic health organizations and

Catholic Charities agencies to employ refugees, giving these generally hard workers the opportunity to fill needed jobs and obtain health insurance. The initiative will help health providers take advantage of programs available through Catholic Charities to assist them in recruiting and training refugees.

INITIATIVE'S NEXT STEPS

The initiative's members anticipate that this project will need to continue for three to five years to accomplish its two goals. Four pilot sites will work throughout 2001, with the goal of becoming demonstrated working models. These models will be presented at a joint Catholic Charities-CHA assembly in August 2002 in Chicago. In the three years after the



next ISSUE

ETHICAL ISSUES RELATED TO THE DEVELOPMENT OF THE HUMAN GENOME PROJECT

The complete mapping of the human genome will have astounding ramifications for how we provide health care, especially in the areas of genetic testing and therapy for disease. But genetic advances pose ethical questions as well, particularly for those working in Catholic health care.

The March/April issue of Health Progress will address such issues as personal privacy versus the common good, employer and insurer rights, the inherent vulnerabilities of genetic testing, and the Christian vision of moral decision-making.

Our goal is to establish an organized response to the many social and health problems refugees face.

2002 conference, we hope that many other dioceses serving refugees will build on the models' experiences and expand the concept across the country.

"WELCOMING THE STRANGER"

Unlike other immigrants, political refugees come to us as a last resort. Unlike other immigrants, they did not freely choose to leave their own countries. Their alienation is exacerbated by a deep sense of loss because they will most likely never return to their homelands. In his 1963 encyclical *Pacem in Terris* (105, 106), Pope John XXIII emphasizes our duty to welcome refugees into the community. He notes that, although refugees have lost citizenship, they never lose their rights as persons—including the right to enter a community in which they can provide a future for themselves and their families.

Helping refugees to find employment is essential to recognizing that right. This assistance is consistent with the church's social justice tradition of enhancing the dignity of all persons. As Pope John Paul II says in his 1981 encyclical *Laborem Exercens*, work enables people to contribute to the common good, support their families, and participate in the activity of God, the creator.

A poignant scripture passage affirms our responsibility to welcome strangers: "For I was hungry and you gave me food, I was thirsty and you gave me drink, a stranger and you welcomed me, naked and you clothed me, ill and you cared for me, in prison and you visited

me... Whatever you did for one of these least brothers of mine, you did for me" (Mt 25:35, 36, 40).

The Catholic Collaborative Initiative on Refugees is built on the concept of *New Covenant*, a process begun in 1995 that encourages church ministries to collaborate to bring about change. In November of 2000, leaders from Catholic Charities, CHA, and the National Conference of Catholic Bishops unveiled a *New Covenant* shared vision for the caring and healing ministries. They said, in part, we commit ourselves to transform our current relationships, structures, and services and to create a stronger, unified voice for justice in order to enhance the health and well-being of individuals, families, and communities. We will:

- **Challenge** our traditional structures, models, and approaches to ministry.
- **Advocate** more effectively by speaking as one voice on high-priority social and health policy issues.
- **Link** our collective ministries to other community organizations that share our vision.
- **Leverage** the gifts and talents of all leaders in ministry.

In the spirit of *New Covenant*, I encourage all CHA members to participate in this new initiative. For more information on how you can become involved immediately or as the pilot projects yield information, contact Julie Trocchio in CHA's Washington office at jtrocch@chausa.org or 202-721-6320. □

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

www.chausa.org

HEALTH PROGRESS®

Reprinted from *Health Progress*, January-February 2001
Copyright © 2001 by The Catholic Health Association of the United States
