

# THE COMMUNITARIAN TRADITION

## *The Church's Social Teaching Guides Our Ministry toward Collaboration, Not Individualism*

**T**he fall 2001 issue of *Weavings*, a helpful, well-written ecumenical journal, contained an interesting article about St. Ignatius of Loyola, the founder of the Society of Jesus.

The article, called "A Knight of the Road," noted that Ignatius had gone through three phases as he made his way from conversion through ministry.<sup>1</sup>

The first phase was *solitude*. Having found himself to be a great sinner, Ignatius withdrew into hermitic prayer, in the midst of which he discovered the beginning of hope in the Lord's mercy. But his journey was far from complete. He next realized that he was called to share both his sinfulness and newly found forgiveness with others. This *sharing*, the second phase, was not only a support for him but also the means of his recognition that the Christian life is developed in, and with, the church, not in an individualistic stance. He therefore gathered to himself like-spirited people who were aware of possessing these same grace-filled gifts. In the third phase, as Ignatius was growing in his awareness of his union with God, he came to realize that a Christian is also called to be *engaged* with the world. Thus, through the gifts of grace and insight, he and his little band of acquaintances committed themselves to one another in the service of the church. In this way, Ignatius became firmly fixed on a continuing path of engagement and collaboration with others.

As I reflected on that article, I thought of the fact that we often speak of our Christian life as being a journey. But those of us who are involved in the ministry of Catholic health care are on a journey as well. Any observer noting the rapid pace of change in the last few years of health care in general—and Catholic health care in particular—would be aware of the swift journey we have all been on. We long for the journey to end, but

it will not cease simply because we want it to do so. Just as Ignatius did, we begin to think we have come to a fixed point only to discover, once again, that we are being beckoned onward to a new level of engagement or involvement.

We can, borrowing the idea of "phases" from the *Weavings* article, trace some of our more recent history in Catholic health care.

### **CATHOLICS AND THE COMMON GOOD**

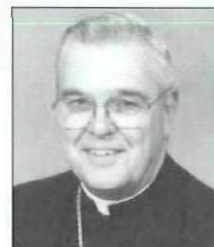
We began by attempting to strengthen our individual institutions, facilities, or ministries. Initially we employed what were tagged as "vertical" adjustments: integration and reorganization. We often found that those efforts would not be sufficient in themselves. For many sponsors and CEOs, this brought the realization that the life of health care would never be the same again.

What followed was a time of wondering, wondering, and reflection on the state of Catholic health care. What was it? What *should* it be? We then suffered the pain of leaving our solitary, familiar surroundings and looking toward a neighboring facility or one with which we shared a sponsor to discuss possible collaboration. However, most of these ventures were found wanting. We discovered that this movement to preserve Catholic health care was neither strong nor radical enough and that we must journey still further. We then found ourselves open—and sometimes vulnerable—to a wider community.

A number of years ago I was fortunate enough to join a group of bishops, priests, and lay ministers in a visit to Asia. We had embarked on the trip hoping to gain from it pastoral insight into the people of Asia so that we could better serve Catholic emigrants from these countries coming to the United States.

One night in Manila we met with the National Pastoral Council of the Philippine Islands. At the

BY BISHOP EDWIN CONWAY



*Bishop Conway is auxiliary bishop of the Archdiocese of Chicago. This article is adapted from a presentation he gave in Phoenix in January 2002 to the annual meeting of the Conference of Diocesan Coordinators of Health Affairs.*



end of that gathering, the council's president invited questions. He urged us to ask whatever questions happened to be on our minds, no matter how embarrassing they might seem, so that we could better understand and serve the Catholic Filipino population in the United States. Finally, having received enough of God's grace to give me courage, I raised my hand. Why was it, I asked, that sometimes after we American Catholics discussed a project with our Filipino brothers and sisters and apparently reached agreement on it, they seemed to delay the project's implementation?

The council's president began, first, to chuckle, then to laugh warmly. Other council members giggled or smiled. They had, you see, heard this before from other American groups. "Filipinos have a passion for community, for the common good," the president told me. Because of the deep sense of Catholic life that permeates Filipino culture, he said, community is part of the ambiance in which Filipinos work, breathe, and experience life. The Anglo-Saxon often worries about dotting the "i" and crossing the "t," the president said; having accomplished that, the Anglo-Saxon then considers the work done. There is, however, a further question for the Catholic Filipino, the president said. That question, often unspoken, is: "How will this decision or proposal enhance, strengthen, and foster community in the church and in society?"

I found the council president's simple words startling. They made me realize how our society in the United States is somewhat foreign to, if not hostile to, the Catholic culture that strongly urges its members to form community. This tradition comes from a church, a doctrine, and moral practice that calls on its adherents to be aware of and immersed in providing for the common good. This dichotomy between the tradition of the Catholic culture of common good and the generalized individualistic spirit prevalent in U.S. society is especially troublesome, even following the events of September 11. Since then, we Americans have shown a spontaneous offering of our treasure and talents, yet at the same time we resist what we see as an invasion of our time and rights.

## THE CHURCH'S SOCIAL TRADITION

You and I, as involved members of U.S. society, also share in this altering of our Catholic thinking and outlook. We often find ourselves viewing life, not from imbued Catholic principles, but from the shallower base of the environment around us. Yet we are called by baptism and by our commitment to public ministry in the church to be the "yeast" of change.

We diocesan leaders and health care coordinators can be very helpful to sponsors and others involved in the ministry. At times, we may also be called to initiate or summon other people to begin these journeys, even though they are reluctant to do so. In all cases, however, we are the ones who should make it manifest that we will accompany our brothers and sisters on the journey. We will be with them, wherever that path may lead.

This journey is one that is very compatible with the social tradition and social teachings of the church. We are called as disciples of the Lord, as members of the church, and as leaders in the healing ministry to work for the common good, a call based on the tradition of the church's social teachings. For the believing, prayerful Christian, this tradition and these teachings are inextricably part of the ministry. It might be helpful, however, to look at these principles again.

Our Catholic tradition flows from the central doctrine of the church, teaching us that God is our father and we are therefore brother and sister to one another. We imitate the God who made us, a God of love, Father, Son, and Holy Spirit. This central reality is spelled out clearly in what are called the social tradition and teachings of the church.

I will briefly recapitulate that practical doctrine, quoting from the reflections of Fr. William J. Byron, former president of the Catholic University of America, Washington, DC, in *Sharing Catholic Social Teaching: Challenges and Directions*, a 1998 statement by the National Conference of Catholic Bishops (now the U.S. Conference of Catholic Bishops).

**The Principle of Human Dignity** Every human being is created in the image of God and redeemed by Jesus Christ, and therefore is invaluable and worthy of respect as a member of the human family.

**The Principle of Respect for Human Life** Every person, from the moment of conception to natural death, has inherent dignity and a right to life consistent with that dignity.

**The Principle of Association** Our tradition proclaims that the person is not only sacred but also special. How we organize our society—in economics and politics, in law and policy—directly affects human dignity and the capacity of individuals to grow in community.

**The Principle of Participation** We believe people have the right and a duty to participate in society, seeking together the common good and well-being of all, especially the poor and vulnerable.



**The Principle of Preferential Protection for the Poor and Vulnerable** In a society marred by deepening divisions between rich and poor, our tradition recalls the story of the Last Judgment (Mt 25:32-46) and instructs us to put the needs of the poor and vulnerable first.

**The Principle of Solidarity** Catholic social teaching proclaims that we are our brothers' and sisters' keepers, wherever they live. We are one human family. . . . Learning to practice the virtue of solidarity means learning that "loving our neighbor" has global dimensions in an interdependent world.

**The Principle of Stewardship** The Catholic tradition insists that we show our respect for the Creator by our stewardship of creation.

**The Principle of Subsidiarity** [There are defined] responsibilities and limits of government, and the essential roles of voluntary associations.

**The Principle of Human Equality** Equality of all persons comes from their essential dignity. . . . While differences in talents are a part of God's plan, social and cultural discrimination in fundamental rights . . . are not compatible with God's design.

**The Principle of the Common Good** The common good is understood as the social conditions that allow people to reach their full human potential and realize their human dignity.<sup>2</sup>

The U.S. Catholic bishops issued their statement because of their sense that a newer generation of Catholics has lost the understanding of our social awareness and traditions. In fact, at the request of Pope John Paul II, the Vatican is currently in the process of publishing a special catechism on Catholic social teaching to help focus the present generation's awareness of its responsibilities concerning the needs and resources of society.

I have often thought it is this sense of the "common good" that has fostered the inclination in the lives of Catholics to search for opportunities to serve in public life. In the generation just past, we would find that ethnic Catholic parents in Chicago and similar Catholic enclaves were proud of the fact that their sons and daughters were spending their lives serving "in the serge." They were delighted that some of their sons were priests; that many of their sons and daughters had entered religious life; and that many more served in fire departments, police work, public transportation, civil service, and similar fields. The serge cloth common to the uniform of these occupations was a symbol of pride, pride not only in the work itself but also in the fact that it was

service to their sisters and brothers. Among many Catholics, that tradition has continued as we have advanced upwardly in education, wealth, and professional life. One only has to look to politics, social services, education, the not-for-profit sector, and government to observe this continued immersion of Catholics in service to the common good.

However, the tradition of consistent and long-term service seems to be melting away. Both popes and the American hierarchy have foreseen our growing reluctance to acknowledge the call to serve the common good. Even a cursory review of a few of the encyclicals and pastoral letters over the past century can reveal the development of the church's social teachings.

Much of the teaching began with the publication of *Rerum Novarum* of Leo XIII, then *Quadragesimo Anno* of Pius XI, *Popularum Progresso* of Paul VI, *Pacem in Terris* of John XXIII, and *Sollicitudo Rei Socialis* and *Centesimus Annus* of John Paul II. A very partial listing of the letters of the U.S. bishops would include *Welfare Reform*, *Putting Children and Families First*, and *In All Things Charity*.

## REACHING OUT TO THE WORLD

One day, out of curiosity, I looked up the first letter of the first American bishop, John Carroll. "I thought that Almighty God would make the ministers of His Sanctuary, and myself particularly, accountable to Him," Bishop Carroll wrote on May 28, 1792, "if we did not avail ourselves of the liberty enjoyed under our equitable government and just laws, to attempt establishments, in which you, dear brethren, might find the resources, suited to your greatest exigencies."<sup>3</sup> Even then, as an infant church, we were reaching out to the world around us.

By noting some of the practical insights given to us by John Paul II in his apostolic exhortation *Ecclesia in America*, we can learn that the teachings on the common good become quite useful and down-to-earth. This letter flowed from the deliberations of the Synod on the Americas. Representative bishops and experts met for a month, in the process bringing to the surface the strengths and weaknesses of the hemisphere's nations in their relationship to the church. *Ecclesia in America* is not only a summary of findings but also a call for us to face our bond as a people who have a dynamic effect on one another. Although we, the inhabitants of the nations of this hemisphere, are quite diverse, we also have many areas of relationship that can be either resources or burdens for each another. Our church's social teaching on the common good extends not just to the streets of one's neighbor-



hood, or to a city, region, or country, but also applies to international relationships. As noted in *Ecclesia in America*:

The phenomenon of urbanization [therefore] presents great challenges for the Church's pastoral action, which must address cultural rootlessness, loss of family traditions and of the people's particular religious traditions. As a result, faith is often weakened because it is deprived of the expressions that helped to keep it alive.

A feature of the contemporary world is the tendency towards globalization, a phenomenon which, although not exclusively American, is more obvious and has greater repercussions in America.

The Synod Fathers voiced concern about the external debt afflicting many American nations and expressed solidarity with them.

Corruption [in private life and public life] is often among the causes of crushing public debt, and is therefore a problem that needs to be considered carefully.

The drug trade and drug use represents a grave threat to the social fabric of American nations. The drug trade contributes to crime and violence, to the destruction of family life, to the physical and emotional destruction of many individuals and communities, especially among the young.

To men and women, the crown of the entire process of creation, the Creator entrusts the care of the earth. This brings concrete obligations in the area of ecology for every person. Fulfillment of these obligations supposes an openness to a spiritual and ethical perspective capable of overcoming selfish attitudes and life-styles that lead to the depletion of natural resources.<sup>4</sup>

These passages from the document call us to make conscious efforts to seek what is wholesome and beneficial for our sisters and brothers wherever we may find them. As Americans, we often have a tendency to look upon the world and its problems as something separate from ourselves. We even close our eyes to situations in our own region, dioceses, and neighborhoods. We are very caught up in our own worlds and fail to see the strengths and weaknesses around us that could support the ministry and build up the church. *Ecclesia in America* asks us to look outside our-

selves to see what role we might play in the lives and relationships of our sisters and brothers, both those at home and those in other parts of the hemisphere.

Let us more closely examine some of the concerns mentioned in this document.

**Urbanization and Globalization** As we urban, middle-class Americans steadily improve the material quality of our lives, what do we leave those who remain in rural areas? Could we so cheerfully continue our upward spiral if we gave a moment's serious thought to the people who grow our food, staff our hotels, and wait our tables? What is the real effect on our nation's health of crowding more and more people into cities without first making preparation for them? What will be the effect on U.S. health care delivery as the abyss deepens between the developed and underdeveloped parts of our country—and between our country and the more underdeveloped parts of the world? Is our own ministry allowing Catholic health care to move from the poverty-ridden and economically threatened parts of our communities without challenging that movement?

**International Debt** How did this crisis begin? Did the United States, as a lending nation, use sufficient discretion and diligence in allowing the debt of foreign nations to this country to accumulate so massively? Was the money to be made from the interest on the debt too enticing to us? Who benefits from making the loans that have had such a deleterious effect on the people of the indebted nations? Are we aware that indebted nations such as Ethiopia spend as much as four times more on debt service payments than on health care for their citizens?

**Corruption** How complacent have we Americans become regarding the corruption around us? Do we routinely succumb to a blasé attitude about the corruption or immoral behavior ascribed to some political figures? Do we feel at ease about the oppressive corruption permitted in some foreign business transactions “just to get things done”? How do we react to the fact that, in some places, medical supplies and equipment are regularly siphoned off into the black market? Are we aware that medicines and medical supplies are used as instruments of political persuasion? How should we react to the politicizing of the financing of medical service in our country and in other nations?

**Environment** “First World” nations constitute less than 10 percent of the world's population—but absorb almost 90 percent of the world's energy. How should that fact change our view and use of God's gift of creation? Should we advocate a more equal distribution of the resources in Catholic health care?



You will note that I have put these observations in the form of questions. I have deliberately designed them that way. Each of us will respond to them differently. We will differ, first, in the depth of our understanding of the church's social teachings as well as in our generosity. Second, our response will be conditioned not only by our social and intellectual backgrounds but also by the fact that it should be theologically founded on a spirituality that flows from an acceptance of a relationship to a loving and revealing God. Third, our experiences in dealing with issues concerning collaboration and relationships in the wider church will be quite varied. Fourth, our responses will vary according to our roles in Catholic health care. This is why it has become so *crucial in our society today that the church continue to speak out and annunciate the social teachings that shape our relationships to one another. As we see, those relationships extend not just to our acquaintances but also to all those on whom we may have an effect or who may affect us.*

## A COMMUNITARIAN TRADITION

If we had time, we could examine the texts of the apostolic exhortations following the Synods on Oceania, Asia, and Europe, and in them we would find the same teachings and principles. We would find the same strong teachings if we were to examine the public statements of the current Holy Father in calling us to deepen our sensitivity and our assistance to one another.

I suspect that one reason for our inability to advance dramatically in the strengthening of Catholic health care is our failure to explore, or even sufficiently accept, the depths of the implications of Catholic social teachings.

One of the strong elements flowing through these teachings is the sense of communitarian relationships. The foundational and fundamental understanding of our discipleship is centered in our relationship to God. We are created in his image. Our God is a God of love, three persons in one divine nature. Our imaging of God, our modeling of him in our lives requires us to relate to others in love. This communitarian understanding of life is one of the bases of the social requisites of the Christian life.

Yet sometimes we hear in our ministerial lives and in Catholic health care of the painful reality of separation and isolation as sponsors, ministers, and staff struggle to deal with the daily threats against their services. How is it that this happens? I believe that the answer is several-fold.

**Consumerism** Whether we are conscious of it or not, we work, socialize, and (to an extent) live in the ambiance of consumerism. Its spirit shapes

us, forms our values, prioritizes our relationships, and filters our communications. Instinctively we relate to one another and to situations on the basis of worth. How much does something cost? Is there a cheaper way to obtain the same product? These are good questions—they help us function well in society—but when they become the prevailing way we look at life, difficulties arise.

I am fortunate enough to have my offices located in a facility with a Catholic early childhood center. I delight in listening to the conversation of the three-, four-, and five-year-old kids. In some ways, they behave like little old wise people, penetrating the guarded communications of adults. On the other hand, though, I am sometimes distressed to overhear the conversation of the parents. At times, I sense that a game of one-upmanship is being played. The talk has to do with how much money one has and whether one owns a second home or has acquired certain artworks. The acquisition of possessions seems to be the norm for judging the worth of life. School, curriculum, and faculty are judged according to whether they will make one's child a high achiever. I once heard a mother and father ask the principal if she could guarantee that their child would rub shoulders with the "right people."

What disturbs me even more than the parents' talk is the way this value-setting filter must affect their children. Are the kids seen as commodities to be "upgraded"? Are they to be used as a device for future adulation? Are they to be valued according to the social roles they perform and the skill with which they perform them, rather than according to their values as children of God. This is just one example of the filter of consumerism. It does affect many choices in our lives. This phenomenon of consumerism can obviously cloud our perceptions in Catholic health care if we do not properly balance the elements of mission, market, and "margin."

**Individualism** A second factor of our common makeup that seems to work against the Catholic tradition of the common good is the individualistic spirit that flows from the foundational values of our country. Our founding fathers were greatly influenced by the religious tenets of the followers of Calvin and the fiscal corollary of pure capitalism associated with that thinking. The followers of Calvin formulated a theology that places importance on the relationship between the individual and God. For them, the church is very much a gathering of individuals relating to one another in their individual journeys of personal salvation. The Calvinist church could not gather in its own right, could not place an *a priori* call for right relationships between members. Instead,



the community itself was to determine both the relationship and the rights inherent in that relationship. Individual freedom was prized over the call to a standard beyond oneself in one's relationship to neighbor and the larger world. The hope was that as each individual arrived at a realization of his or her relationship to God, the community would receive the correct focus.

However, we can see in our time how this creed of individualism has become exaggerated. I spill hot coffee on myself and am scalded, so I sue the restaurant for making the coffee hot or for not warning me that it was hot. My ten-year-old daughter is left playing unsupervised on a trampoline. She bounces too high, spraining her back, so I sue the manufacturers for making the trampoline. In such situations, individual rights are not balanced against the rights of the community and the common good.

It becomes difficult to prize the concept of the common good when our common rights are not balanced with individual rights. In recent years, several studies have shown the increasing depersonalization of society because of the influence of the corporation. Studies at the University of Chicago demonstrate that the impersonal corporation is the logical successor to the unbridled, individualistic, capitalistic spirit. Instead of being concerned with one another, we have become overly competitive in our relationships. In health care, this competition often becomes a goal to be protected rather than a source of energy compelling us to move toward collaboration.

**The Fading Impulse to Serve** A third element clouding our view of the common good flows from the two just mentioned. Jobs that bear the motto "to serve" are no longer viewed as high-priority occupations. The positions prized in today's environment are those that put a premium on material rewards and autonomy. It is considered a good to have a job that affords me independence, not interdependence, let alone dependence. This thinking flows quite easily from a spirit of consumerism and individualism.

One evening a number of years ago, I was invited to give a Lenten talk at a suburban Chicago parish about the services provided by Catholic Charities USA. The parishioners were well-educated, active in parish life, and informed

**T**he creed of individualism has, in our time, become exaggerated.

about world affairs. At the end of the talk, I spoke, as I customarily do, about vocations to priesthood and religious life as further examples of commitment to service. The pastor later called me aside and thanked me for the talk. He said, however, that he doubted whether any parent present that night would be delighted to have a child choose a vocation of service in the church. Not sur-

prisingly, a young associate pastor in the same parish was asked, just this year, to cease supporting those parish youth who express an interest in religious vocations.

We are all aware of society's current shortage of nursing students, the absence among some medical students of a personal caring attitude, and the lack of religious vocations, all of which are affecting the present and future strength of health care.

**The Knowledge Explosion** Cardinal Carlo Maria Martini of Milan has suggested a fourth element that adds to our transient and guarded individualistic spirit. In the past, he notes, the growth of human knowledge proceeded much more slowly than it does today. Decisions remained firm because there was no continual flow of new data to call them into question. Now, thanks to the blessings of technology, knowledge has exploded. New thoughts and possibilities bombard us. But the possibility of deepening our knowledge and truth also frightens people, especially our youth. The young have come to question all truths, even those that are revealed, those founded on family tradition, and those that are at the core of civil values. To make a decision to venture into the demanding world of service, leaving behind the more secure atmosphere of other professions or vocations, is threatening to many people. We have also sometimes created a false hope that there will be some magical data arising in the future that will save a threatened health care facility or health ministry. Decisions are placed on the back burner because we don't realize that we are called to make a difficult decision now.

#### FIVE MINISTRY ADVANTAGES

We who participate in Catholic health care are people who have certainly been formed by the prevailing culture, but we are also people graced



by God to be leaders in his healing ministry. The important and central fact in our lives is that we deal with these elements in society for the good of all, manifesting God's presence among us while using the good as we find it in creation. From this flow five advantages.

**The Freedom to Choose** The fact that we do filter our perceptions through the veil of consumerism can assist us in the reclaiming of our heritage. One of the strongest factors in consumerism is freedom of choice based on careful analysis. If we learn to feed Catholic social teaching into this analysis, the outcome may well be a stronger and chosen commitment to collaborate in strengthening Catholic health care.

**The Knowledge Revolution** Although we often find the contemporary explosion of data overwhelming—and at other times falsely comforting—we can learn from it a disciplined approach to reviewing knowledge. This discipline should enable us to deepen our moral commitments, based on long-standing valued truths, to the foundational relationships necessary to build up Catholic health care. From this discipline we should find the insight and courage to move from isolation to collaboration.

**The Habit of Contemplation** Our contemplative tradition can help us resist our society's impulse to leap into action before considering the values involved. Contemplatives in the church have taught us that real change comes only when we ask the right question. The correct question is not "What can I do about the situation?" but rather "How do I look at it?" Something that can at first look like a stumbling block or even an impossible obstacle could help one achieve a victory—if only one learns to patiently wrestle with it. Prayer, trust in Providence, and all the other elements of our spiritual development are part of the continued strengthening of Catholic health care. Like Ignatius, we are compelled to move toward like-minded and like-spirited people.

**The Courage to Collaborate** As leaders in and for Catholic health care, we need to muster the courage to challenge situations that call for collaboration, so that the healing presence of Christ will be witnessed to in various areas of our communities. This may be a long journey. In that journey, however, no one should ever be able to question our stance in favor of collaboration.

**Episcopal Assistance** Health care sponsors and professionals should—because of our consistent, caring, and continued presence—come to view bishops, their staffs, and church leaders in general as companions and aides on the journey of strengthening Catholic health care.

I am sure that if only we reflect on this further, we can bring to the surface other examples of the

way our faith helps us demonstrate and witness to the common good of Catholic health care.

Pope John Paul II has consistently written in support of the social obligations that are part of what it means to be truly human and truly a child of God. He has, in the encyclical *Sollicitudo Rei Socialis*, honored the century-long tradition of proclaiming the truths of our social teaching.

His concluding words provide, I believe, a fitting focus for this reflection:

I wish to *appeal* with simplicity and humility to *everyone*, to all men and women without exception. I wish to ask them to be convinced of the seriousness of the present moment and of each one's responsibility, and to implement—by the way they live as individuals and as families, by the use of their resources, by their civic activity, by contributing to economic and political decisions and by personal commitment to national and international undertakings—the *measures* inspired by solidarity and love of preference for the poor. This is what is demanded by the present moment and above all by the very dignity of the human person, the indestructible image of God and the creator, which is *identical* in each of us. In this commitment, the sons and daughters of the church must serve as examples and guides, for they are called upon, in conformity with the programme announced by Jesus himself in the synagogue at Nazareth, to "preach good news to the poor . . . to proclaim release to the captives and recovering of sight to the blind, to set at liberty those who are oppressed, to proclaim the acceptable year of the Lord," (Lk 4:18-19).<sup>5</sup>

The road, the journey, has been set for us. We need to reflect on how we join Christ and our fellow disciples in Catholic health care on that path. □

## NOTES

1. Thomas E. Clarke, "A Knight of the Road," *Weavings*, November-December, 2001.
2. William J. Byron, "Building Blocks," *Charities USA*, Spring 1999, p. 6ff.
3. Hugh J. Nolan, ed., *Pastoral Letters of U.S. Catholic Bishops*, U.S. Catholic Conference, Washington, DC, vol. 1, 1984, p. 16.
4. Available online at [www.cin.org/jp2/ecclamer.html](http://www.cin.org/jp2/ecclamer.html).
5. Available online at [www.osjspm.org/cst/doclist.htm](http://www.osjspm.org/cst/doclist.htm).

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

[www.chausa.org](http://www.chausa.org)

# HEALTH PROGRESS®

---

Reprinted from *Health Progress*, January-February 2003  
Copyright © 2003 by The Catholic Health Association of the United States

---