



THE PERSONAL CHALLENGE OF ADVOCACY

If "networking" was the catchword of the 1980s, "advocacy" has become the buzzword of the 1990s. The current focus on advocacy, on individuals and organizations serving as "advocates" for a specific cause or concern, seems to imply that it is a newly discovered activity. On the other hand, some believe that advocacy is just another term—albeit a more socially acceptable one—for lobbying.

We need to set the record straight. Advocacy is not synonymous with lobbying. Lobbying is an issues-oriented activity or technique employed by persons involved in advocacy. Lobbying, specifically, is an attempt to influence the voting of legislators, to urge the passage of a bill. It does not require the personal commitment or conviction of the lobbyist; it is a job, a task to be done.

Advocacy is far broader and far more personal. It is the embracing of a cause or issue, a conversion to a mission that makes a very real claim on the advocate. Without that conversion, advocacy cannot exist. The person claiming to be the advocate comes across as little more than a noisy gong or clanging cymbal.

Too often, we think of advocacy as an activity to influence, to bring about new legislation, to change regulations. But it is much more than that. Advocacy is the activity of altering structures, of changing the status quo. As such, it is deeply tied to mission, to the purpose and "why" of our existence. Pope John Paul II, in *Dives in*

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Misericordia (1980), stated that every baptized person has the right and responsibility to carry on Jesus' messianic mission. Specifically, we are called to serve as advocates for his teachings as they relate to the Church's healing ministry.

A PROPHETIC MINISTRY

How can we integrate true advocacy with our mission as Catholic healthcare providers? Several years ago I read Walter Brueggemann's book *The Prophetic Imagination* (Fortress Press, Minneapolis, 1978), whose description of prophecy throws light on the ministry of advocacy and its relationship to our mission.

To quote Brueggemann: "Prophets are in a way future-tellers. They are concerned with the future as it infringes upon the present. Prophets are concerned with the most elemental changes in

Summary Advocacy is the embracing of a cause or issue, a conversion to a mission that makes a very real claim on the advocate. It is the activity of altering structures, of changing the status quo. Like prophetic ministry, the task of advocacy is to nurture, nourish, and evoke consciousness of different ways of considering and doing things, to champion new models of organization.

Effective advocacy entails three distinct steps: envisioning an alternative, challenging the status quo, and energizing persons and communities. It is characterized by the emergence of an alternative community concerned with different issues and different ways of doing things. It also involves the integration of advocacy into our daily lives and a penetration of the numbness of life.

How will we know when we are truly serving as advocates of the Church's healing ministry? We will have an inkling that we are on the right track when we move from charity to justice.



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human society, and they understood a great deal about how change is effected.”

The task of prophetic ministry, and likewise of advocacy, is to nurture, nourish, and evoke consciousness of different ways of considering and doing things, to champion new models of organization. Effective advocacy entails three steps.

Envisioning an Alternative We must first begin with a clear understanding of who we are—as a people created in God’s image, as a community, and as healthcare ministers. Then we must consider what kind of relationships, structures, and supports are needed for us to live to our fullest dignity and potential. Only then can we begin to envision another way of working together, another structure, a different view of what healthcare delivery should be.

Challenging the Status Quo Brueggemann defines the status quo as “the royal consciousness, those who are in authority, those who are in charge, those who are benefiting from the present structure.” If we criticize or challenge the status quo, we can expect to be blocked by people who represent the royal consciousness. Challenging the status quo is risk laden and costly. In fact, many a prophet lost his or her life in bucking the system.

This process of criticizing the status quo involves taking down, part by part, layer by layer, what is currently in place so that the envisioned future can be pursued.

Energizing Persons and Communities By virtue of the vision of an alternative—the promise of a new day and a new way of looking at things—we can generate energy and enthusiasm within individuals and communities. We are unbound, freed for justice and for compassion.

THE CHARACTERISTICS OF ADVOCACY

The prophets of the past, the great leaders of centuries gone by, have taught us the lessons of true advocacy. Based on these teachings, Brueggemann points out that prophetic ministry—and, by analogy, advocacy—is characterized by the following:

1. The emergence of an alternative community that knows it is concerned with different issues and different ways of doing things. For example, rather than focusing on a specific piece of legislation, advocates advance a new way of being, of relating, of providing healthcare services. This task requires a broad, radical view that uncovers the very roots of oppression and injustice, rather than an approach to injustice issue by issue.

2. Integration of advocacy into our daily lives. Advocacy must be practiced in relation to all aspects of our ministry; it must be an integral part of our work as healthcare providers.

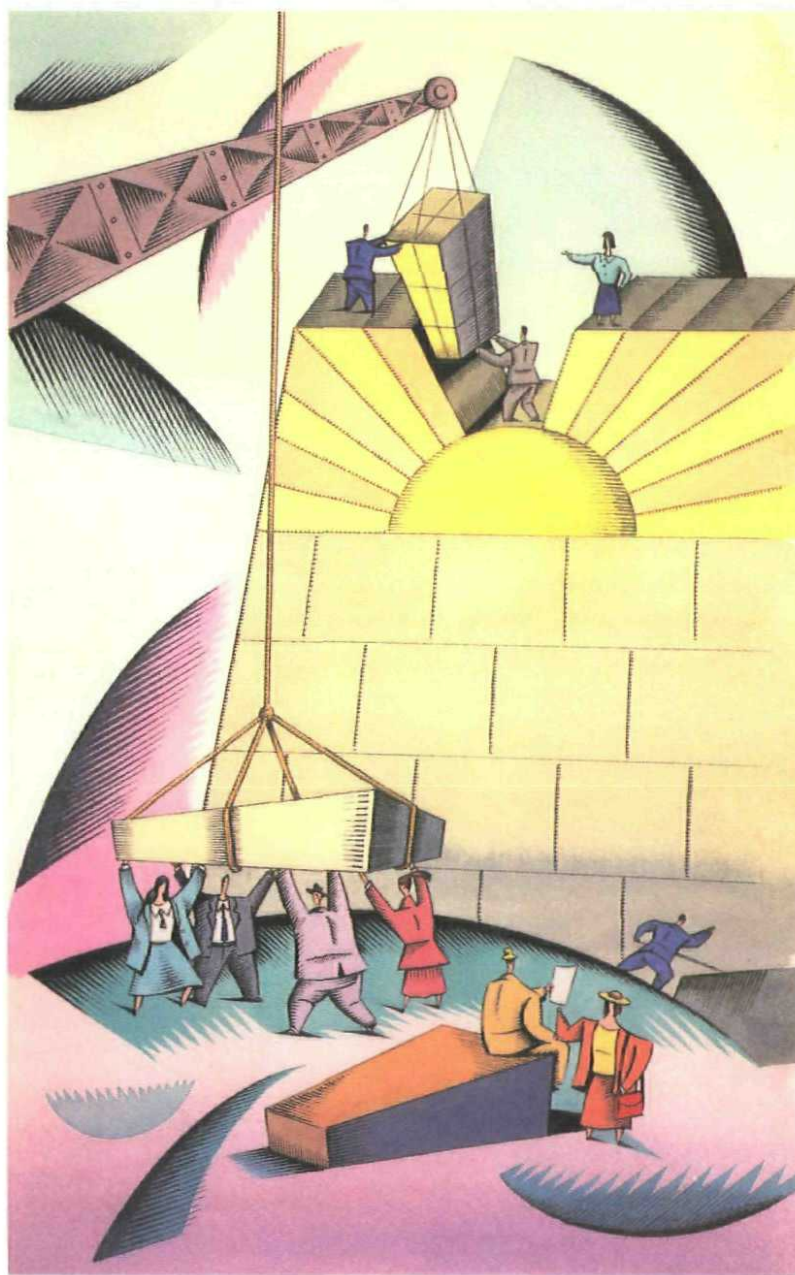
3. Penetration of the “numbness” of life that so often blocks our progress. This numbness can

take many forms: apathy, fear, resistance to change, lack of knowledge. Rather than being suppressed by this numbness, advocates must be strengthened and reenergized to move forward.

4. Penetration of the despair in a weary world. We must revitalize society and renew a sense of hope for the future.

Advocacy demands a great commitment from us as Christian healthcare leaders. To envision an alternative future, those of us involved in advocacy must know and embrace our traditions as a Judeo-Christian people. We must understand the Church’s teachings regarding social justice and

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the values and principles that drive us in a Church-sponsored healthcare ministry.

As partners in the Church's healing ministry, we must support one another in our advocacy efforts. We must examine our own life-styles and methods of ministry to ensure that they uphold what we say we believe.

Only in light of who we are, in light of our traditions, and in light of our understanding of God can we envision an alternative future. Otherwise, instead of our faith being a cause of unity, it becomes a cause of division.

MOVING FROM CHARITY TO JUSTICE

How will we know when we are truly serving as advocates for the Church's healing ministry? We will have an inkling we are on the right track when we pass what Rev. Fred Kammer, SJ, describes in his book, *Doing Faith Justice* (Paulist Press, Mahwah, NJ, 1991), as "the acid test": a move from charity to justice.

Fr. Kammer notes that although charity and justice are often viewed as a unit, they are, in fact, distinct from one another:

Charity primarily concerns person-to-person encounters. It shapes our individualized generosity to the nursing home resident or the homeless family. Justice, however, as used in contemporary Church teaching, focuses primarily on economic, social and political structures. Justice is about those arrangements, patterns, systems and ways we do things together. Justice is the framework for love in the world beyond individual encounters. It is the enhancement of love.

To help, to teach, to heal, to dismantle obstacles, and to envision an alternative future through structural changes in society—to move from charity to justice—this is the charge and personal challenge of advocacy. □

A MATTER OF INTEGRITY

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Healthcare providers must understand and undertake advocacy as the practical way to translate their values into policy and law.

Washington's Initiative 119," *Health Progress*, January-February 1992, p. 79). In addition to educating their own employees, boards, and communities, Catholic healthcare leaders worked with others to inform a broad spectrum of the state's citizens of the substance and significance of the initiative. They also made financial contributions to a statewide media campaign. Given what they represent, it would have been unthinkable for Catholic providers not to have been engaged in vigorous advocacy on this issue. In fact, their involvement in this matter demonstrated not only that they can mobilize significant and effective advocacy efforts, but that their values are shared by many people of good will. It is generally agreed that for the foreseeable future, attempts to legalize euthanasia will need to be quelled by serious advocacy efforts.

Healthcare Reform The growing debate on healthcare system reform provides another opportunity, indeed imperative, for Catholic healthcare professionals to engage in advocacy. Providers have received invaluable assistance from CHA, which has developed a comprehensive healthcare reform plan based on values consonant with Catholic social teaching (see Judy Cassidy, "CHA Seeks Input on Systemic Reform Proposal," *Health Progress*, December 1991, pp. 12-16, 24). CHA's earlier documents on the ethics of rationing and principles for systemic healthcare reform, such as *Charting the Future: Principles for Systemic Reform* (1990) and *With Justice for All? The Ethics of Healthcare Rationing* (1991), as well as the

focus groups and regional meetings it held to obtain input from members, prepared Catholic healthcare leaders to be informed participants in the public policy debate on healthcare reform.

Furthermore, various reform efforts at the state level provide firsthand opportunities to demonstrate Catholic healthcare providers' concern about the need for universal access, a basic package of comprehensive benefits, and stewardship of healthcare resources according to community needs. Responsible healthcare providers, to say nothing of those who view healthcare as a ministry, should feel compelled to help shape these state initiatives, which may instruct Americans on the most effective national reform.

It remains to be seen whether Catholic healthcare providers will become leaders in this arena. Given the grossly inadequate healthcare system, it is not an overstatement to claim that Catholic healthcare providers can justify their participation in healthcare delivery *only* if they are seriously engaged in advocacy as well.

TRANSLATING VALUES INTO ACTION

Catholic healthcare providers' vision and values must go beyond the frontispiece of annual reports and strategic plans, even beyond values and leadership programs and performance evaluations. Just as providers find practical ways to exhibit their values in clinical practice, management decisions, and practices and policies that affect their employees, so must they understand and undertake advocacy as the practical way to translate their values into policy and law. □