SPIRIT OF WOMEN RELIGIOUS PROVIDES GUIDING COMPASS

The women religious founders of our ministries were faith-filled, bold and courageous in their endeavors. Their stories and charisms are the very foundation of who we are as a Catholic health ministry and integral to our current decision-making. In the foreword of *A Call to Care: The Women Who Built Catholic Healthcare in America*, Margaret Susan Thompson, a professor of history at Syracuse University, describes the tenacity of the Ursuline sisters, who founded an early Catholic hospital in the United States:

"They adjusted to unforeseen changes in plans and made themselves useful in whatever ways that they could. In their desire to make themselves useful, they made themselves indispensable. When, within a few years of their arrival, an interfering cleric threatened the Ursulines' autonomy, Mother [Marie] Tranchepain declared that she would relocate her congregation to the West Indies unless the sisters were allowed to follow their rule without interference. The protests of both seculars and other clerics were unanimous on the women's behalf; no one could imagine New Orleans without the sisters' ministry."[1]

BRUCE COMPTON

Today, Catholic health care is the largest group of nonprofit health providers in the nation, caring for one in seven patients.[2] It is difficult to imagine where we would be without the women religious who built Catholic health care in the United States. As we face current challenges, what can we learn from the stories of our founding orders of women religious? How are we amplifying their charisms and stories as we set strategic priorities and make critical decisions, and how are we ensuring the ongoing influence of our work beyond just our communities?

As a ministry of the Church, we must consider the impact that our domestic decisions make on our global communities, and to carefully consider our engagement with low- and middle-income countries through the lens of Catholic social teaching.

STRATEGIES FOR FUTURE GLOBAL HEALTH PARTNERSHIPS

Without strategic plans in hand or the formal processes of today, the founders of the Catholic health ministry adjusted to the signs of the times and pivoted to respond to emerging needs while remaining steadfast in continuing the healing ministry of Jesus with particular attention to those who were poor and vulnerable.

As leaders carrying forth the healing ministry of Jesus and the work of the sisters, the core commitments from the Shared Statement of Identity for the Catholic Health Ministry offer a guiding compass for our path. These commitments call on us to promote and defend human dignity; attend to the whole person; care for poor and vulnerable persons; promote the common good; act on behalf of justice; steward resources; and serve as a ministry of the Church.

Do we understand the commitments in their fullness as a ministry of the global Church, or do we see them pertaining only to what is in front of us? How do they inform our actions and decisions?

In times of difficulty, it is easy to look inward and focus on the problems at our doorstep. The COVID-19 pandemic was a stark reminder that we really are all in this together and that global health is domestic health. As we address issues related to health equity, workforce and climate change at home, and engage globally in disaster response or mission-trip planning, it is essential to consider that each of our actions has the potential to advance or diminish human dignity and the common good.

Part of the Catholic social tradition that we can turn to in our discernment and decision-making is the "see-judge-act" method of analysis. As our founding congregations have long done, this relates to seeing social problems and opportunities; judging what is happening in light of Catholic social teaching; acting to advance human dignity and the common good; and promoting justice and improving outcomes for those served.

As noted in the last issue of *Health Progress*, CHA worked with Accenture Development Partnerships, a social impact business, to further reveal the close alignment between global and domestic health challenges and trends since the start of the pandemic.[3]

To advance opportunities associated with the Accenture report, CHA's Global Health Advisory Council has established goals with a particular focus on health equity for all and future conditions affecting global health matters, including workforce, decolonization of global health and climate change.

The council is committed to identifying and sharing best practices and strategies for future global health partnerships through strategic collaborations, CHA member work groups and communities of practice. (A community of practice is a group that shares common concerns and interests and collaborates to fulfill individual or group goals.) The pandemic, the war in Ukraine, the devastating February earthquakes in Syria and Turkey and other crises have magnified many needs and opportunities to consider when evaluating how we should respond in ways that advance social justice, human dignity and the common good. To assist with future collaborations with global health partners, CHA provides recommendations and resources related to new best practices around global mission work and disaster response.

Planning Mission Trips

With the return to prepandemic normalcy, some in the ministry may again be planning mission trips to low- and middle-income countries. CHA has developed several video case studies on global health and medical surplus recovery topics. The video series is designed to prompt meaningful conversation and illuminate some feedback from CHA's research on surplus recovery and short-term medical mission trips. They shed an ethical light on practices and some of the mentality behind the desire to serve and do good for others. (The video case studies can be found under the "Resources" tab at chausa.org/globalhealth.)

Responding in Times of Disaster

As disasters arise, CHA invites members to consider the best-practice-based recommendation of sending cash instead of supplies and working directly with a trusted partner organization serving in the impacted area. While well-intentioned, unsolicited in-kind donations from health systems' surplus equipment and supplies often slow supply chains, costing money to store and taking valuable time from aid workers to process.[4] Cash donations can be used for precisely what is needed, preventing waste and helping to provide a much-needed stimulus to local economies during times of crisis.

RENEWING OUR GLOBAL RELATIONSHIPS

As the ministry continues to respond to the changing landscape of the global health sector, it is imperative that as we shape our priorities and strategies in our communities, we integrate new models of global health care, acknowledging that the issues we face domestically are deeply interconnected to those experienced globally. As reflected in the Shared Statement of Identity for the Catholic Health Ministry, we are continually aiming to transform "hurt into hope," for "all persons and communities."

BRUCE COMPTON is senior director, global health, for the Catholic Health Association, St. Louis. If you wish to join CHA's related networking calls or a workgroup related to emerging trends in global health, please contact him at bcompton@chausa.org.

NOTES

1. Suzy Farren, *A Call to Care: The Women Who Built Catholic Healthcare in America* (St. Louis: Catholic Health Association, 1996).
2. "U.S. Catholic Health Care," Catholic Health Association, 2022, https://www.chausa.org/docs/default-source/default-document-library/the-strategic-profile.pdf.
3. "View from 2022: A Look at the Changing Global Health Landscape and Future of Partnerships," Catholic Health Association, June 2022, https://www.chausa.org/docs/default-source/international-outreach/cha-acn-global-health-partnership-trends.pdf.
4. Rachelle Barina and Erica Smith, "Relief Efforts for Ukraine: What to Weigh When Asked for Donations," *Health Progress* 103, no. 3 (Summer 2022): 56-58.

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