

JOIN THE MISSION-MARGIN DISCUSSION

Recently I traveled with Sr. Carol Keehan, DC, CHA's president and chief executive officer, to St. Francis de Sales Hospital in Port-au-Prince, Haiti, where we met with the three priests who have responsibility for management and direction of the hospital. In the course of our conversation, they voiced their struggles in managing the hospital's mission of being the hospital for the poorest of Port-au-Prince's population while attempting to maintain any semblance of a financial margin. It was fascinating to listen to their deliberations — the challenges and possibilities of seeking sustainability — in terms of attracting those who can pay while always serving those who are unable to do so.



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The discussion brought to mind current realities in how we are providing care in countries other than our own.

A simple Internet search of “mission vs. margin” results in 1.46 million results on Google’s search engine. If you add Catholic hospitals to the search, the number decreases to about 1.05 million. The results span stories from 2017 to some that are decades old. From such publications as the *AMA Journal of Ethics*, *The New York Times*, *Modern Healthcare* and hundreds of others, we are reminded that the struggle to balance the tensions in any equation having to do with mission and margin is traceable back through the Catholic health ministry in the U.S. Actually, though, it also has biblical roots in verses about keeping profits for personal use and not putting enough towards helping the poor.

“Sell your belongings and give alms. Provide money bags for yourselves that do not wear out, an inexhaustible treasure in heaven that no thief can reach nor moth destroy. For where your treasure is, there also will your heart be,” says Luke 12:33-34.

And, from Matthew 6:24, “ You cannot serve God and mammon.”

To be sure, both charitable and commercial endeavors dot the landscape in our activities of international outreach. Several Catholic health systems send mission teams to conduct short-term clinics while having separate but simultaneous commercial business ventures in the same or neighboring countries. It is a new reality that calls us to consider where we’ve been, where we are now and what the future holds for these ventures in relation to Catholic health care.

To convene ministry leaders and others interest-

ed in this topic, CHA will host a meeting from 9:30 a.m. to noon on June 11, 2017, in New Orleans, prior to the opening of the 2017 Catholic Health Assembly. At the Pre-Assembly International Outreach Meeting, we will discuss the tensions of mission and margin and how it plays out in the international endeavors of the Catholic health ministry.

Topics will include:

- The role culture plays in providing appropriate services
- Continuation of the mission in commercial and/or for-profit business ventures
- How charitable activities can be sustained
- The discernment that went into different organizations’ decisions
- Whether those conducting both kinds of international outreach see a difference related to mission

The presenters are Sr. Patricia A. Eck, CBS, congregation leader of the Sisters of Bon Secours of Paris; Ernie Sadau, president and chief executive officer, CHRISTUS Health; John D. Doyle, executive vice president, Ascension, and president and chief executive officer, Ascension Holdings and Ascension Holdings International; and Megan Reeve Snair, MPH, study director, National Academies of Sciences, Engineering and Medicine. Charles Evans, FACHE, president and chief executive officer of the International Health Services Group, will facilitate.

We hope you will consider joining the discussion on this growing model in health care we provide outside of the U.S. To register, visit www.chausa.org/assembly-2017/schedule/pre-assembly-international-outreach-program.

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