A friend recently told me that each year her mother buys her a new pair of shoes to wear on New Year’s Day. It’s a family tradition based on not going down the same paths; of making sure mistakes are not remade; and that the coming 365 days are filled with new views and new journeys. Her family’s custom is in keeping with many from across the world:

- Singing “Auld Lang Syne” to celebrate friends and days of old (Scotland and elsewhere)
- Eating black-eyed peas to usher in prosperity (American South)
- Eating 12 grapes at midnight — one on each strike of the clock chime — for good luck (Spain)
- Cleaning your home top to bottom by New Year’s Eve, so that your life is not a mess in the new year (Many countries and cultures)
- Lighting fireworks to ward off evil spirits (China and elsewhere)
- Wearing polka dots and filling pockets with coins for future prosperity (Philippines)

CHA AND A HOSPITAL BUILT IN HAITI

Some of these traditions are meant to bring love, many reflect hopes for prosperity and others seek peace or harmony, but I didn’t find any aimed at keeping the status quo. People look for new beginnings in a new year. So it is fitting that January 2015 brings the blessing and dedication ceremony for the newly rebuilt Hospital St. Francis de Sales — a 133-year-old archdiocesan hospital largely destroyed in the 2010 Haiti earthquake that leveled much of the island’s capital, Port-au-Prince.

CHA leaders and some of its members will be in attendance at the event. As the voluntary member association for U.S. Catholic health care, we normally are not in the fundraising or hospital-building advisory business. However, this disaster, the loss of St. Francis de Sales Hospital, required us to evolve.

St. Francis de Sales was founded in 1881 and, throughout its history, has served the poor and vulnerable in Port-au-Prince. The implications of the hospital’s destruction were unimaginable. Within a year of the disaster, CHA members had raised $10.1 million to replace the old structure with a 200-bed, modern teaching hospital complex being constructed under the direction of Catholic Relief Services (CRS). The hospital campus will include inpatient maternity, pediatric and surgical services, around-the-clock emergency care and house an intensive-care unit. The complex also will include a chapel and living quarters for a religious congregation.

Along with the tradition of caring for the most marginalized, hospital administrators hope the hospital will attract Haitians who can pay for their health services, thus help subsidize the cost of providing services to the poor.

The new complex, with 24-hour emergency care and private rooms, is a departure in tradition for St. Francis de Sales Hospital. Running the hospital will require new ways of thinking, new operational models. I’ve been involved in the project since its inception and have at times been overwhelmed by its complexities.

Catholic Relief Services, overseeing the building of a diocesan-owned hospital complex, in one of the world’s poorest countries and using CHA-member donated dollars — that truly is a new model for us in partnership. It is one that will continue to call us to deepen our commitment to...
being partners in the fullest sense, valuing the lessons learned and exercising the competencies we all bring to the table.

TRADITIONS AND CHALLENGES

Those who travel on mission trips must possess a heart for service; we know that is a requirement. But some question whether, in our outreach, we give cultural or professional competencies the same consideration. Are we bound by outmoded tradition in our thinking about international outreach activities?

So that we can begin the new year in reflection, here are some questions for you. However, in breaking with the tradition of this column, I offer no personal insights or responses — instead, I ask that during these early days of 2015, you sit and simply consider:

- How do we assess the needs of those we serve?
- Does our approach to international projects reflect the American tradition of “fixing” what we think is “broken”?
- How can we better listen to needs from the perspective of the persons living where we serve?
- What would we do differently in low- and middle-income countries, or in our international outreach, if we were held to the same accountability and safety standards as we are in the U.S.?
- Should a non-credentialed traveler provide a service on a mission trip that in the U.S. would require credentials (physician, nurse, pharmacist, for example)?
- How do we build sustainability rather than dependence?
- What impact does this work have on us and on those we serve? Which is more important?
- Does our work resemble the care provided to the sick and marginalized in Jesus’ ministry?

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A Shared Statement of Identity for the Catholic Health Ministry

We are the people of Catholic health care, a ministry of the church continuing Jesus’ mission of love and healing today. As provider, employer, advocate, citizen — bringing together people of diverse faiths and backgrounds — our ministry is an enduring sign of health care rooted in our belief that every person is a treasure, every life a sacred gift, every human being a unity of body, mind, and spirit.

We work to bring alive the Gospel vision of justice and peace. We answer God’s call to foster healing, act with compassion, and promote wellness for all persons and communities, with special attention to our neighbors who are poor, underserved, and most vulnerable. By our service, we strive to transform hurt into hope.

AS THE CHURCH’S MINISTRY OF HEALTH CARE, WE COMMIT 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
+ Act in Communion with the Church

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