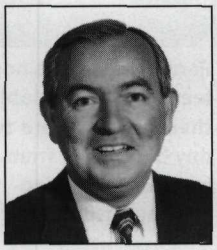
Why Invest in Other Nations' Health?

Reasons Seton Institute Provides Aid To Third-World Countries

BY EUGENE B. SMITH



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In 1985 the Seton Institute, a division of the Daughters of Charity National Health System (DCNHS), St. Louis, was formed to solicit resources from U.S. and other Western healthcare providers and deliver them to Catholic women religious in developing nations.

Why was this done? How, when the healthcare needs of the poor in the United States are so urgent, can Catholic healthcare in this country justify using its resources to try to meet healthcare needs in other nations? Such questions are especially insistent for those healthcare professionals who work in urban emergency rooms and rural clinics, who frequently see medical services for the poor cut back or cut off. Should not U.S. Catholic healthcare focus on domestic needs before trying to meet international ones?

Certainly we must not neglect the problems that face us at home. But there are compelling reasons why we should extend our care and resources to other parts of the world as well.

Sr. Camille Cuadra, DC, responding to a disaster victim in Central America.

Why International Involvement?

Rev. J. Bryan Hehir, ThD, in his article "Identity and Institutions" (*Health Progress*, November-December 1995, pp. 17-23), identifies three themes that help define the role of Catholic healthcare today. These themes, originally developed by the Second Vatican Council and expanded by Pope John Paul II in his encyclical *The Gospel of Life*, are, Fr. Hehir writes, "a commitment to sacredness, an understanding of stewardship, and a deep conviction about the social fabric of life" (p. 23).

Commitment to Sacredness As participants in the Catholic health ministry, we commit ourselves to what Fr. Hehir calls the "development of a professional sense of awe when we stand in the face of the mystery of every human person, well or ill" (p. 23). This awe is the result of our conviction that every person is a unique creation beloved by God and endowed with dignity.

Poverty is a great destroyer of dignity, however. It robs its victims of their voice in society, of access to knowledge, and of health and strength. The World Health Organization (WHO) tells us that more than half of the world's people are denied essential medicines; 40 percent have no access to healthcare at all. In the world's developing countries, one out of three children is malnourished. Because their families cannot get inexpensive vaccines, 34,000 children die daily from preventable diseases such as measles, tuberculosis, tetanus, diphtheria, whooping cough, and polio (WHO Report, 1998).

If we are committed to sacredness, we must help restore the health and dignity of those among our brothers and sisters whose need is greatest—those living in conditions of extreme

poverty in the developing nations in Africa, Latin America, Asia, and Eastern Europe. International outreach is, by definition, part of our mandate.

Understanding of Stewardship The United States has approximately one physician for every 250 people; Ethiopia has one for every 54,000. Life expectancy for a child born in the United States is at least 75 years; for a child born in Africa, it is only 45 years (WHO Report, 1998).

Despite current economic constraints, the U.S. healthcare system is—in techniques, equipment, and personnel—one of the richest in the world. We can, without diluting the resources needed to meet needs here at home, share them with less fortunate countries.

Conviction about the Social Fabric of Life "From this conviction," writes Fr. Hehir, "flows the understanding that being human means accepting accountability, personally, professionally, institutionally, for the lives of others" (p. 23).

No shelter, wall, or missile system can protect the United States from poverty and disease in other parts of the world. It no longer makes sense to dismiss another country's health crisis as "their problem." Unless that problem is effectively addressed, it will quickly become our problem too.

Polio outbreaks crippling children in Bangladesh, for example, have forced the United States to spend $114 million annually to immunize its own children, despite the fact that there hasn't been a reported case of polio in the Americas since 1991 (WHO, *World Health*, January-February 1995). In such cases, involvement in international healthcare is a matter not only of charity but of good economics as well.

Thirty years ago, the United States invested $30 million in a 10-year campaign aimed at eliminating smallpox around the globe. During those 10 years, this nation spent an additional $50 million annually to protect Americans from the disease. The global campaign succeeded in extinguishing smallpox, thereby saving incalculable lives and dollars. The United States alone is now saving $120 million a year because it no longer must inoculate its own citizens (U.S. Agency for International Aid Report, 1997). Polio could follow smallpox to extinction—as could many other diseases—if we were to commit ourselves to an investment in global health.

The Seton Institute's Projects

Following are the ways Seton is helping women religious and lay people serve the poor.

Collecting and Shipping Supplies Catholic healthcare facilities often find that they have overstocked certain supplies, for instance, aspirin, sterile gauze, or surgical equipment. Seton collects and sends such supplies to drastically understocked hospitals and clinics in the Third World. This year 19 ocean containers, valued at $1.9 million, were sent to the sisters overseas.

Sr. Mary Jean Tague, DC, teaching in an Angola hospital.

Making Grants Accepting requests from women religious in the poorest countries in the world, Seton makes grants for primary healthcare projects and healthcare training. This year 22 grants, totaling $353,000, were made.

Special Funding for Special Needs Seton helps link overseas projects to funding sources. If, for example, a clinic should need a vehicle to transport patients or a hospital should need a solar refrigeration plant to preserve food and medications, Seton can act as a broker, introducing the clinic's representatives to foundations, businesses, or individuals that might pay for them. This frees mission personnel to concentrate on direct service to the poor, rather than on fund-raising.

Primary Healthcare Training In the spring of 1987, Seton sponsored training sessions in child care for 40 women religious from medical missions in Central America. The sisters learned basic information about sanitation, clean water, immunization, breast-feeding, and other crucial elements of child health. The sisters then returned to their communities to teach what they had learned to lay health workers, who in turn taught still others. Seton has held similar sessions in other parts of Latin America.

In 1992 Seton made this program available worldwide. Since then, training sessions have been held in Ethiopia, Haiti, the Dominican

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symptoms found? The answer will make the spiritual issue concrete and enable the spiritual caregivers to:

- Design a plan of action based on such respect
- Design a set of outcomes that tracks spiritual healing

A 10-Step Action Plan

Following is a suggested plan for implementing a spiritual care program:

- Designate a spiritual care champion (or champions) at a high leadership level.
- Show the Spirit Care videos *An Invitation to Healing* or *Called to Care*[4] to sponsors, board members, the leadership team, and others at a meeting or retreat. Then ask the audience: What constitutes spiritual healthcare delivery in our organization?
- Ask department heads to show the video at staff meetings. Engage in a brief discussion in which department members talk about their own understanding of spiritual healthcare delivery. (The videos offer sample questions.) Arrange a follow-up session at which department members provide feedback on the initial meeting. Keep the sessions brief and focused.
- Identify interested staff members and invite them to form a Spirit Care team.
- Ask the team to identify a spiritual healthcare issue. Begin by asking them where, in the organization or community, there seems to be a particularly severe loss of hope, purpose, or meaning. Once team members have identified a target problem, ask them: What can we do about it? (Be specific here.) What outcomes would we like to see? How can we measure these objectives? Are there other community organizations we might seek as partners in this effort? (If so, invite them to join the team.)
- Ask other staff members to support the team. Celebrate its success.
- Organize additional teams, as needed, to address other spiritual healthcare issues.
- Include a showing of the *Called to Care* video in the orientation of new board members, employees, and volunteers.
- Involve mission, pastoral care, and human resources staff members in identifying and addressing spiritual healthcare issues, thereby deepening the common vision. Keep the process growing and expanding.
- Do not follow these steps slavishly. Be creative. Adapt them to fit your own organization.

Once an organization has developed strong, ongoing efforts to promote conscious spiritual healthcare behaviors in its staff members, a healing culture will begin to thrive there and the mission and values of the Catholic health ministry will flourish. □

For more information about Spirit Care and its videos and other resources, contact Sr. Marie Agnew, DC, 801 N. 2nd St., Suite 306, St. Louis, MO 63102; phone: 314-436-4033; fax: 314-436-8519.

NOTES

1. American Hospital Association, *Reality Check II: More Public Perceptions of Health Care, Change and Hospitals*, 1998, p. 13.
2. "CHA System Execs, Sponsors Grapple with Catholic Identity," *Catholic Health World*, November 15, 1998, p. 1.
3. *Merriam-Webster's Collegiate Dictionary*, 10th ed., Springfield, MA, 1993, p. 332.
4. Both produced by the Daughters of Charity National Health System–South Division, St. Louis, 1998. *Called to Care*, a companion to *An Invitation to Healing*, was designed for professional groups to use as a discussion starter or opening reflection. It describes behaviors fostered by the Spirit Care process.

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Republic, China, Sierra Leone, and Angola. To date, more than 600 women religious and lay workers have been trained.

Collaboration with Other Relief Agencies In 1995 Seton and DCNHS joined Catholic Relief Services (CRS), Baltimore, in reestablishing a hospital in Balombo, Angola. That project was so successful that Daughters of Charity from several counties have now established a permanent house there; the sisters and CRS still operate the hospital, despite a continuing civil war.

Seton also seeks opportunities for collaboration with other international healthcare relief organizations. In fact, it is one of eight members of the newly organized Consortium for International Health Services, which also includes Catholic Health East, Newtown Square, PA; Catholic Health Initiatives, Denver; Catholic Healthcare Partners, Cincinnati; the Catholic Medical Mission Board, New York City; CRS; Mercy Health Services, Farmington Hills, MI; and the Sisters of Providence Health System, Seattle.

Like the Loaves and Fishes

Human justice and compassion forbid us to ignore the suffering of our brothers and sisters, whether they live around the corner or on the other side of the globe. The Gospels teach us that if we trust God and are wholeheartedly generous in sharing our resources—no matter how limited they appear—those resources will multiply, like the loaves and fishes with which Christ fed the multitude. □

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