





Guiding Principles

for CONDUCTING GLOBAL HEALTH ACTIVITIES



"It's not enough to give a sandwich if it isn't accompanied by the possibility of learning to stand on one's own feet. Charity that does not change the situation of the poor isn't enough."

POPE FRANCIS, speaking at the Rome headquarters of the Jesuit Refugee Service, September 2013



The Catholic Health Association of the United States is pleased to issue this **Fifth Anniversary Edition** of the *Guiding Principles for Conducting Global Health Activities*. Originally titled "*Guiding Principles for Conducting International Health Activities*," feedback over the years and the projects of CHA members have underscored the need for a title change to reflect the reality that international outreach is a means of improving global health — that what is taking place is much deeper than mere "outreach."

Global health is most frequently defined as crafted by Jeffrey Koplan, vice president for Global Health at Emory University, and colleagues, in a 2009 Lancet article titled "Toward a common definition of global health."

Global health is an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide. Global health emphasizes transnational health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and is a synthesis of population-based prevention with individual-level clinical care.

CHA's members are working to achieve health equity — and it is a global endeavor. And this work is not done in isolation, our ministry is collaborating across disciplines. Catholic health care is partnering with universities and nursing schools and other non-governmental organizations to increase access and improve health.

This work calls for careful consideration. Although the COVID-19 pandemic has halted many activities, once travel opens back up, we must always remember that it takes so much more than passports, place tickets and good intentions to truly improve the health of any community. Advances in technology have eased the burden for global communication. Our deep roots in quality, assessment and evaluation compel us to renew global health projects with increased partner input.

The Guiding Principles included in this document have not changed. Those, we feel, remain relevant and timely. But, with the loss of physical connectivity — when the planes were grounded and no medical teams could travel — we felt it was an opportune time to consider a Modern Day Parable that relates to the pandemic.

THIS DOCUMENT INCLUDES:

I. Guiding Principles for Global Health
II. A Modern Day Parable for Pandemic
III. A Modern Day Parable
IV. Guiding Principles — Questions to Consider
V. Conclusion

As with the first edition, we hope the content compels leaders to consider new ways to meet the needs in new times. Catholic health ministry is committed to the Gospel mandate to provide compassionate, quality care with special attention to those most in need, including our global neighbors.

The World Health Organization, in its summary document issued in May of 2010, *Key Components of a Well-Functioning Health System*, defines what a well-functioning health system can do:

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- "A well-functioning health system responds in a balanced way to a population's needs and expectations by:
- Improving the health status of individuals, families and communities
- Defending the population against what threatens its health
- Protecting people against the financial consequences of ill-health
- + Providing equitable access to people-centered care
- Making it possible for people to participate in decisions affecting their health and health system
- "Without strong policies and leadership, health systems do not spontaneously provide balanced responses to these challenges, nor do they make the most efficient use of their resources. As most health leaders know, health systems are subject to powerful forces and influences that often override rational policy making."

Druce Compton

BRUCE COMPTON Senior Director, Global Health Catholic Health Association of the United States

Guiding Principles

for CONDUCTING GLOBAL HEALTH ACTIVITIES

CHA and its members have named six Guiding Principles for Conducting Global Health Activities. These principles bring to life the richness of Catholic social teaching and tradition. Based loosely on the "Oath for Compassionate Service" in the book *Toxic Charity* by Robert Lupton, and insights from a special workgroup CHA convened to examine current international health program practice in light of our ministry's commitments, they are offered to help Catholic health care most appropriately conduct international programs. They include:



PRUDENCE

Don't just do it

Good judgment requires controlling our enthusiasm to do good so that we also do it well, even in times of emergency. Technical expertise is necessary but not sufficient for action. International activity requires many things, including assessment, planning and evaluation.



AUTHENTICITY

Know thyself, know thy partner

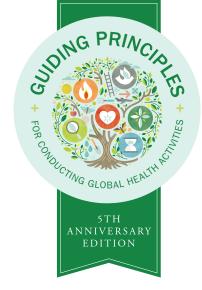
There are many motivations for U.S. and international organizations to engage in international health activities. An invitation from a true partner who is part of the local community and its health system, knowledge and understanding of our respective motives and full transparency regarding our goals are all necessary if we are to do our best work.



HONESTY

Trust is earned and learned

Meaningful partnership requires a high level of trust and multiple lines of communication. Both U.S. and international partners must recognize that the other likely perceives risks in being totally honest. Both must listen for things said and unsaid, which takes both time and practice.







PATIENCE

Build capacity, not dependency

We should neither conduct activities that a local community can do for itself nor participate in one-way financial giving. The process of getting to know your partner — in order to build capacity — often takes longer than expected and requires patience.



EXCELLENCE

Best intentions do not equal best practices

Something is not always better than nothing. Low-resource settings do not permit lower standards. The high standards we follow in the U.S. — in delivering health care and developing partnerships — should not be set aside when working abroad. The laws of the country must be followed, the men and women providing services must be competent in their roles, and outcomes must be measured by quality, not simply quantity.



HUMILITY

We all have something to learn

Partnerships marked by mutuality and respect build relationships where both the U.S. and international partners benefit and take away relevant lessons. True cultural competence is necessary for a two-way learning process in any development activity.



Ten Volunteer Groups, an Adaptation of Matthew 25:1–13, Parable of the Ten Bridesmaids by Michael Rozier, SJ, Ph.D., MPH



he Coronavirus pandemic has forever altered our lives. Pope Francis said it is helping us to see that the good of each

person individually is tied up with the common good of society as a whole, and vice versa.

And he insisted, "A virus that does not recognize barriers, borders or cultural or political distinctions must be faced with a love without barriers, borders or distinctions."

If, on the other hand, solutions to the crisis are tinged with selfishness or egoism, the Pope said, "we may perhaps emerge from the Coronavirus crisis, but certainly not from the human and social crisis that the virus has brought to light and accentuated." Instead, everyone — and Christians in particular — have a duty to work to promote the common good.

Thinking globally, we understand that COVID-19 created or exacerbated social divides. There were literal

divides as communities and many families quarantined and remained socially distanced. There were also divides in resources where goods and services stopped flowing to the places where they would meet crucial needs. In the case of medical mission trips, surplus donations and other global health activities, when planes were grounded and passports tucked away, we must ask: what was happening in the communities where reliance to health mission trips has been built? Did partnerships grind to a halt, or were new means created? Did experiencing scarcity — some foods, toilet paper, PPE — build greater awareness of daily struggles in countries where health systems are nascent?

As we try to imagine life where we have a safe vaccine for COVID-19 and can "get back to normal and resume our international medical missions," let us instead engage our imagination in the way that Jesus often challenged his disciples. A simple parable opens us up to both the promise and peril of global health projects and how our activity or

inactivity during the pandemic will define our treatment of neighbor.

Then the kingdom of heaven will be like this. Ten bridesmaids took their lamps and went to meet the bridegroom. Five of them were foolish, and five were wise. When the foolish took their lamps, they took no oil with them; but the wise took flasks of oil with their lamps. As the bridegroom was delayed, all of them became drowsy and slept. But at midnight there was a shout, 'Look! Here is the bridegroom! Come out to meet him.' Then all those bridesmaids got up and trimmed their lamps. The foolish said to the wise, 'Give us some of your oil, for our lamps are going out.' But the wise replied, 'No! There will not be enough for you and for us; you had better go to the dealers and buy some for yourselves.' And while they went to buy it, the bridegroom came, and those who were ready went with him into the wedding banquet; and the door was shut. Later the other bridesmaids came also, saying, 'Lord, lord, open to us.' But he replied, 'Truly I tell you, I do not know you.' Keep awake therefore, for you know neither the day nor the hour.

Then the kingdom of heaven will be like this. Ten groups of international volunteers had their projects suspended because of the COVID-19 pandemic. Five groups were foolish, and five of them were wise. When the foolish had their projects suspended, they stopped working on them altogether, assuming they would resume where they left off once the pandemic was over; but the wise focused on what they could do in the meantime. They stayed in touch with their international partners. They sent the resources the partners most needed. They continued formation programs for their volunteers. They learned about how the pandemic was affecting their partners' communities. As the virus continued to circulate the globe, the groups of volunteers got involved with other worthy projects. But one day there was declaration, 'Look! It is now safe to travel! Come, let us go off at once.' Then all ten groups of volunteers began preparing for their next trip. The foolish said to the wise, 'We have lost touch with our partners

and do not know what we can do. Let us help your partners instead.' But the wise replied, 'No! More is not always better and it is not just about helping, but about relationships. The trust we have built over time is precious and cannot be wasted; it is better that you start from the beginning, both with your volunteers and with your partners, to build the relationships that have been lost.' And while the foolish groups gathered together to figure out their next steps, the pandemic had ended, and the volunteers who were ready resumed their former projects and began new ones. And the planes took off. Later the other groups reached out to their neglected partners, saying, 'Please, let us come and help.' But their partners replied, 'Truly we tell you, we thought we knew you.' Keep engaged in the work that can be done, therefore, for you know neither the day nor the hour.

QUESTIONS TO REFLECT ON THE PARABLE

The original parable depends on knowledge of wedding customs in the time of Jesus. That we know relatively little about those customs makes the job of interpretation more challenging. The same is true when building partnerships across cultures. Even without knowing those customs, though, the parable draws our attention to the difficulty of preparing now for a kingdom that is to come some time in the future. Just as the bridesmaids have an experience where they are a part of a group, considering this parable and the questions that follow with others may be of benefit.

- + What does a relationship with international partners look like when travel is not possible? How might it be strengthened?
- + Has the shortage of supplies at home or work during the pandemic altered your appreciation for scarcity? How might this inform your global work going forward?
- + Even as we wait for activity in the future, how can we personally prepare for that moment? What can I build within myself to be a better partner?
- + What are my greatest hopes for global work in the future? What are my biggest concerns?





A Modern Day Parable

An Adaptation of Matthew 13:1–23, Mark 4:3–20, Luke 8:4–15, *The Parable of the Sowing By Michael Rozier, SJ, Ph.D., MPH*



e often imagine what it will take to build healthier communities in both the U.S. and abroad. But let us engage

our imagination in the way that Jesus often challenged his disciples. A simple parable opens us up to both the promise and peril of the good work of international health projects.

When a great crowd gathered around, he said in a parable:

A group of volunteers traveled halfway around the world to restore a failing orchard. As they worked, they saw the trees grow in health and returned home with renewed spirit. They told many stories of their success and began gathering volunteers for the following

year. But they did not see what became of the trees once they were gone.

Some of the trees that were watered by hand during their time and looked so strong had no source of continued water after they left, so the fruit never grew.

Some of the trees had low branches trimmed. The higher branches could not be reached by the local workers who were given no ladders of their own, so the fruit grew but withered and died on the tree.

Some of the trees were uprooted and replanted in another part of the field that looked better but that local workers knew often had terrible windstorms, so the fruit grew but was blown off before it ripened. But some of the trees remained in the part of the field recommended by local workers, had an irrigation system built with local materials and were trimmed in a way that the workers could still access all the branches long after the volunteers returned home. These trees bore fruit a hundredfold and the community had more to eat than ever before.

And he said, "Let anyone with ears to hear listen!"

Then those closest to him asked what this parable meant.

He said, "To you has been given the secret of curing the sick. The volunteers are well-intentioned medical professionals. The orchard is the community where they volunteer or send supplies. "The trees that were watered for a while but were left to dry out are the patients who were given short-term fixes to long-term problems. It seems better to give them medication or donate whatever supplies are available, but sometimes, something is not better than nothing.

"The trees that had fruit wither and die on the high branches because the local workers had no ladders are the patients who had complications arise after the volunteers left. The volunteers get praise for the good and the local health workers get blamed for what goes wrong after they leave.

"The trees that were replanted in a seemingly promising but ultimately devastating part of the field suffer because the volunteers failed to recognize that the local workers know

vital information about their own communities. Good intentions are not enough when people's lives are at stake.

"But as for the trees that remained in place, were irrigated properly, and could be tended by local workers, these are the patients whose health improved and remained strong for years to come. The volunteers used their expertise to do great work, but they respected the unique knowledge of local workers, they donated supplies that were useful, they provided care with the long-term in mind, and they built capacity by ensuring local health workers were strengthened and not undermined by their work.

"A hundredfold bounty is just the beginning. There is good work to be done, and with God, all things are possible."

QUESTIONS TO REFLECT ON THE PARABLE

Parables are always imperfect lessons, yet they still inform who we are and what we do on many levels. For example, a key lesson of the original Parable of the Sowing is God's generosity in scattering seed even where it is unlikely to grow.

While generosity would be a great lesson for international health work, this modern parable has a different focus. In reflecting on it you are encouraged to not just analyze it intellectually, but to give time to the emotional and spiritual insights that emerge from its reading.

- What are your initial reactions to this parable? Intellectually? Emotionally? Spiritually?
- + Can you see yourself in this parable? With whom do you identify?
- + Have you experienced or heard of similar struggles as these volunteers? What goes unseen after they leave?
- Where have you seen true progress or reward in international health work? What does that look like?
- + Are you and your colleagues open to the possibility that this work may require change from what you have done in the past? What are the barriers to this change?



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THE GUIDING PRINCIPLES

Questions to Consider





Good judgment requires controlling our enthusiasm to do good so that we also do it well, even in times of emergency. Technical expertise is necessary but not sufficient for action. International activity requires many things, including assessment, planning and evaluation.

What is the history of international health activities within the organization?

- + Know the international locations where the organization has had good partners and partnerships.
- + Identify the international locations where barriers have been experienced and dig deep to fully understand any barriers.

Who are the various stakeholders in the organization?

+ The many stakeholders can come from the sponsoring body, former congregational sponsors, clinicians, marketing, formation leaders and other groups.

What is the main motivation for conducting international work? What are secondary motivations?

There are many motives for international projects. They can include: answering a personal call to do this work, the formation of clinicians and associates, providing access to services and creating sustainability/capacity building for a given population. + Motivations must be surfaced. If the program is about helping associates and clinicians renew their commitment to health care or find personal renewal, it might be unwise when promoting the activity to primarily highlight the number of patients seen or pounds of items donated.

Is the international project part of the organization's strategic plan?

 International activities should be supported by the board and an explicit part of the organization's strategic plan with appropriate measures of accountability.

What organizational resources are available to conduct the international project and how were they determined?

- + Determine the human resources, financial assistance and in-kind donations that are available for each specific international health project.
- + In human resources, be sure that any persons participating are competent in the roles in which they are placed. An accountant should not be dispensing medications.

Can resources be changed as assessed needs are determined?

+ Conducting a needs assessment that places the requests of the international partner at the center could require an adjustment to any current or future project and could require different resources than those determined as being available.

Are resources "dependent"?

+ Before starting an international project, ask if the project is dependent upon one person's championing, participation or administration.



There are many motivations for U.S. and international organizations to engage in international health activities. An invitation from a true partner who is part of the local community and its health system, knowledge and understanding of our respective motives and full transparency regarding our goals are all necessary if we are to do our best work.

How did the project come to be?

+ No project should be conducted without an invitation — even in times of emergency.

Was the invitation from a partner who is part of the local community?

- + The person issuing the invitation should be a local partner who is a part of the community. This reflects the U.S. Catholic health care experience in which the foundresses and founders came at an invitation, and came to stay permanently in service to that community.
- + Even in times of emergency, it is essential that we not assume permission to operate locally.

Is the partner who made the invitation part of the local health system?

+ While the local pastor may be enthusiastic about the project, local health providers must also be involved from the beginning.

Are the multiple motivations of the local partner known?

+ Just as U.S. partners have multiple motivations, so too might the local partner. The local partner may want not only the health services provided but could also be looking at the economic benefits such as the purchases from local vendors and the hiring of local staff. s+ Talking through the projected outcomes of any project can surface motivations and create a more transparent and trusting relationship.

Has a local needs assessment been conducted and were local partners involved?

+ Sometimes the first time organizational staff are actually overseas in the local partner's community is when they arrive to run a clinic or donate supplies. This could indicate that an assessment of local abilities was not conducted and might negate the building of relationships of trust.

Has a local asset assessment been conducted and were local partners involved?

 Locally trained health workers or locally sourced equipment and supplies could be overlooked if only the needs of the community are assessed. Assets/human resources can only become known if sought out and surfaced.

Has a contract or MOU been signed?

- + The same due diligence and business acumen applied to U.S. partnerships should be a part of any international health project.
- + Understanding who is responsible for what in any interaction is important. In the case of international health projects, lines of accountability for any services provided, needed follow-ups and liability issues that arise must be clear.

For current projects, is it time for a new assessment?

+ Assessments should be done regularly. If a ministry has been working in or donating to a community for several years, new assessments should be conducted with the hope that progress has been made. If the needs of the community haven't changed nor the local assets/capacity increased in the years of a program, the project should be re-evaluated to surface gaps and root causes.

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Meaningful partnership requires a high level of trust and multiple lines of communication. Both U.S. and international partners must recognize that the other likely perceives risks in being totally honest. Both must listen for things said and unsaid, which takes both time and practice.

Is there a difference between the needs the U.S. partner perceives and the needs that the local community partner has identified?

+ If the needs identified by the local and U.S. partners are not the same, an agreement must be made before proceeding. Resolving the discrepancy in the identified needs and determining the core source of problems must be done in a culturally sensitive manner which includes deference to local knowledge in many instances.

Do the organizational resources identified in the U.S. partner's self-assessment actually meet the prioritized needs voiced by the local partner's community?

+ It is possible that the true needs of the community are outside of the U.S. partner's expertise or resources available for the project.

What liabilities does this bring to the organization?

- + Lines of accountability must be drawn and understood by both partners. If a medical mission team performs a surgery, and three weeks later the patient dies, both partners need to have already understood who is accountable.
- + If medical mission team personnel hand carry donations of medications (expired or other), this could be in violation of local and international laws.

What liabilities does this bring to the local partner?

* External presence may compromise the potential of growing a local economy in the wake of a disaster, or sideline local health providers if the activities are not at the invitation of and understood by all involved in the community.

What is measured? Are impact measures identified, or only measures of inputs and/or outputs?

+ The amount of money donated or the number of patients seen is less important than the impact the interventions are meant to have.

Are practices and procedures appropriate for the local context?

+ The local partner should know the competencies of the local staff and community and plan activities to dovetail with their capacity.

What is considered a "successful" project?

+ Outcomes and not motivations should drive evaluation.

How will "failure" be dealt with?

 International health activities require transparency in communicating the challenges experienced and lessons learned, as well as an ability to reassess continued activities.

Are long-term or short-term measures being monitored?

+ When a piece of equipment is given to a facility, the actual usage for a full year after donation and its impact on the health of the community should be evaluated.

"Where there is no work, there is no dignity."

POPE FRANCIS, on the Island of Sardinia, September 2013



We should neither conduct activities that a local community can do for itself nor participate in one-way financial giving. The process of getting to know your partner — in order to build capacity — often takes longer than expected and requires patience.

What needs to be done in order to fulfill the need?

 Generate discrete lists of appropriate interventions to be conducted and appropriate resources needed for those interventions.

What cultural aspects are built into orientation for anyone participating in an international outreach activity?

- + Cultural competency should be a core component of all orientation programs.
- Make sure participants in the project understand before any interaction that small gifts to individuals or families can create division within the local community.
- + Offering free candy or other items could undercut local vendors of such items.

How will impact be measured, monitored and communicated?

+ List key outcomes and determine what can be measured and monitored before work begins.

How will decisions be made when interventions need to be changed?

+ Situations in-country may require modifications to planned activities, but should not be decided unilaterally by the U.S. partner.

What do local health workers say they would like their U.S. partners to understand about their medical practices, procedures?

+ Local community members best understand their needs and the potential success of many proposed interventions. Never assume to know more or better. For example, they may know that malaria bed nets are used more for fishing than as bed nets and that the in-country efforts should be focused on education before distribution.

How is follow-up care coordinated?

+ Local health workers should be trained to look for expected side effects and the U.S. partner should anticipate the resources that may be needed to deal with complications after they leave.

Are the capacities of the local partners identified in the needs/asset assessment?

+ Locally trained health promoters can be used to deliver culturally sensitive educational messages on any number of topics, such as the benefits of immunizations and vaccines. 12 | | 13

"The new word for peace is development."

POPE PAUL VI, Populorum Progressio, 1967





Something is not always better than nothing. Low-resource settings do not permit lower standards. The high standards we follow in the U.S. — in delivering health care and developing partnerships — should not be set aside when working abroad. The laws of the country must be followed, the men and women providing services must be competent in their roles, and outcomes must be measured by quality, not simply quantity.

Is appropriate orientation being done for those involved in international projects?

+ Orientation should be designed and facilitated in a manner that provides participants time for personal discernment and knowledge that leads to cultural competency appropriate for the tasks assigned.

Is safety as seriously attended to abroad as in U.S.-based facilities?

+ Dispensing of expired medications or the dispensing of medications without child-proof containers to homes with children would not happen in the U.S. and should not happen in international projects.

Are the same professional standards being used in international projects?

+ A volunteer should not be fit into any given slot. For example, an untrained relative should not be assisting with a surgery or an accountant should not serve as the pharmacist if they would not be allowed to do so in the U.S.

Are the global standards associated with health systems strengthening incorporated into international project metrics?

+ Impact on the local health workforce and local health system finances can often go overlooked even though short-term interventions can impact them greatly.

Are any of the skills of the U.S. partner volunteers, leadership or administration transferrable?

+ Providing education around administrative policies to the leadership and governance of your local community partner, or continuing medical education to the clinical staff can promote long-term capacity building.

What kind of infrastructure can be built to address

+ Water-borne illness may be treated effectively with medications in the short-term, but a long-term infrastructure plan can be incorporated into a group's use of resources.

How many people in the organization know the local language?

+ Trusting relationships with the local community partner are more likely to be built if some of the U.S. personnel can speak the local language.



Partnerships marked by mutuality and respect build relationships where both the U.S. and international partners benefit and take away relevant lessons. True cultural competence is necessary for a two-way learning process in any development activity.

Are impact measures evaluated or are only inputs and/or outputs being measured?

+ The amount of money donated or the number of patients seen is less important than the impact the interventions are meant to have.

Are long-term measures established or are only short-term measures assessed?

+ When an x-ray machine is given to a facility, an attempt to assess its actual usage and its impact on the health of the community should be made a full year after the donation.

Is there a fear by the international partner that feedback perceived as negative could result in the loss of the partnership and the related funding, goods and/or services?

+ An international partner may claim everything went well rather than provide negative feedback during a formal evaluation and risk alienating the U.S. partner.

Is there fear by the U.S. partner that robust evaluations create a risk that some activity might be lost or ended?

+ If a group has been doing the same work for 10 years, it may be easier to continue the work than to assess it formally and risk finding out community health has not be improved over that time.

With whom, what and how do we communicate about the outreach program?

+ If the interaction is self-formational in nature, the language used in a press release should reflect this reality rather than the number of patients served or pounds of materials donated. All volunteers should be asked to consider the same emphasis for individual communications.

With whom and how do we communicate our lessons learned?

+ Even though it may not be in a press release, we should have a way of honestly sharing the strengths and weaknesses of the program with other entities within or connected to the hospital/health system.

In future planning, what needs to change in the way that we proceed?

+ How we promote the activity, our partnership agreement, the training of volunteers or the metrics used may need to be modified based on the experience and outcomes.

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Conclusion

Many still believe that all global health activities are worthwhile as long as they are motivated by good intentions. We hope that this document has provided you with a stimulating reflection on the reasons that belief can be misleading. Just as an initiative to improve the health of communities in the U.S. is a complex process that is not always successful, improving the health of a community in a low or middle income country requires the right human resources, a good business strategy, authentic partnership and constant re-examination.



We leave you with some food for thought from the Hebrew prophets and Catholic social tradition ...

"... and if you spend yourselves on behalf of the hungry and satisfy the needs of the oppressed, then your light will rise in the darkness, and your night will become like the noonday." Isaiah 58:10

"And what does the LORD require of you? To do justly, and to love goodness, and to walk humbly with thy God."

Micah 6:8

"Each one has a natural right to procure what is required in order to live." Pope Leo XIII, *Rerum Novarum*, 1891

"Interdependence must be transformed into solidarity, based upon the principle that the goods of creation are meant for all."

Pope John Paul II, *Solicitudo Rei Socialis*, 1987

"There are collective and qualitative needs which cannot be satisfied by market mechanisms. There are important human needs which escape its logic."

Pope John Paul II, *Centesimus Annus*(On the 100th Anniversary of Pope Leo XIII's *Rerum Novarum*), 1991

"The commandment to love our neighbor invites us to consider the poor and marginalized of other nations as true brothers and sisters who share with us the one table of life intended by God for the enjoyment of all."

A Statement of the United States Conference of Catholic Bishops, June 15, 2001

"Development is impossible without upright men and women, without financiers and politicians whose consciences are finely attuned to the requirements of the common good."

Pope Benedict XVI, Caritas in Veritate, 2009

"To serve means to work alongside the neediest, first of all to establish a close human relationship with them, based on solidarity. ... To serve means to recognize and welcome the demands for justice, for hope, and to seek ways together, a concrete path of liberation."

"... The poor are also privileged teachers of our knowledge of God; their fragility and simplicity will unmask our egoisms, our false securities, our pretenses of selfsufficiency, and guide us to the experience of the closeness and tenderness of God, ..."

"... True mercy, which God gives and teaches us, calls for justice, for a way in which the poor can find a way out of poverty. It calls for ... a situation in which no one is in need of a soup kitchen, of a homeless shelter, of legal assistance to have his right to live and to work recognized, to be a whole person."

Pope Francis, speaking at the Rome headquarters of the Jesuit Refugee Service, September 2013 "That is the purpose of our mission: to identify the material and immaterial needs of the people and try to meet them as we can. Do you know what agape is? It is love of others, as our Lord preached. ... Love for one's neighbor — that leavening that serves the common good."

Pope Francis, published interview in

La Repubblica, October 2013

"Our commitment does not consist

"Our commitment does not consist exclusively in activities or programs of promotion and assistance; what the Holy Spirit mobilizes is not an unruly activism, but above all an attentiveness which considers the other 'in a certain sense as one with ourselves.' This loving attentiveness is the beginning of a true concern for their person which inspires me effectively to seek their good."

"... We need to grow in a solidarity which 'would allow all peoples to become the artisans of their destiny' [157] since 'every person is called to self-fulfillment." Pope Francis, *Evangelii Gaudium*, 2013

"Our faith in Christ, who became poor, and was always close to the poor and the outcast, is the basis of our concern for the integral development of society's most neglected members."

Pope Francis, The Church of Mercy, 2014

"There is a kind of 'service' which truly 'serves,' yet we need to be careful not to be tempted by another kind of service, a 'service' which is 'self-serving,'"

Pope Francis, celebrating Mass in Havana's Revolution Square, September 2015

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"Our efforts must aim at restoring hope, righting wrongs, maintaining commitments, and thus promoting the well-being of individuals and of peoples." Pope Francis, addressing the U.S. Congress, September 2015

"For solidarity is much more than a "feeling of vague compassion or shallow distress at the misfortunes of so many people, both near and far. Solidarity is "a firm and persevering determination to commit oneself to the common good; that is to say to the good of all and of each individual, because we are all really responsible for all, because compassion flows from fraternity." Pope Francis, World Day of Peace, 2016

"How wonderful would it be if solidarity, this beautiful and, at times, inconvenient word, were not simply reduced to social work, and became, instead, the default attitude in political, economic and scientific choices, as well as in the relationships among individuals, peoples and countries."

Pope Francis, Video Message in Ted Conference, 2017

"We are called to live not as one without others, above or against others, but with and for others."

Pope Francis, May 22, 2017, Tweet

"In the service of the poor, there is no room for competition. Rather, we should humbly recognize that the Spirit is the source of our actions that reveal God's closeness and his answer to our prayers ... The poor do not need self-promoters, but a love that knows how to remain hidden and not think about all the good it has been able to do."

Pope Francis, Second World Day of the Poor, 2018

"Love is always at the service of others. Because love is seen in actions, not words." Pope Francis, June 15, 2018, Tweet

"The problem is not that we have doubts and fears. The problem is when they condition our way of thinking and acting to the point of making us intolerant, closed and perhaps even — without realizing it — racist. In this way, fear deprives us of the desire and the ability to encounter the other, the person different from myself; it deprives me of an opportunity to encounter the Lord."

Pope Francis, World Day of Migrants and Refugees, 2019

"Your own personal vocation does not consist only in the work you do, though that is an expression of it. Your vocation is something more: it is a path guiding your many efforts and actions towards service to others. So in discerning your vocation, it is important to determine if you see in yourself the abilities needed to perform that specific service to society."

Pope Francis, Christ is Alive, April 2019

"We were put in this world to love Him and our neighbors. Everything else passes away, only this remains. The tragedy we are experiencing at this time summons us to take seriously the things that are serious, and not to be caught up in those that matter less; to rediscover that *life is of no use if not used to serve others*. For life is measured by love."

Pope Francis, World Youth Day, April 2020

"Now, while we are looking forward to a slow and arduous recovery from the pandemic, there is a danger that we will forget those who are left behind. The risk is that we may then be struck by an even worse virus, that of selfish indifference — a virus spread by the thought that life is better if it is better for me, and that everything will be fine if it is fine for me. It begins there and ends up selecting one person over another, discarding the poor and sacrificing those left behind on the altar of progress. ... May we be profoundly shaken by what is happening all around us: the time has come to eliminate inequalities, to heal the injustice that is undermining the health of the entire human family!"

Pope Francis, Feast of Divine Mercy, April 19, 2020

"Let's ask the Spirit for the gift of unity, for only if we live as brothers & sisters can we spread the spirit of fraternity."

Pope Francis, May 31, 2020, Tweet



"Once we start to think about the kind of world we are leaving to future generations, we look at things differently; we realize that the world is a gift which we have freely received and must share with others. Since the world has been given to us, we can no longer view reality in a purely utilitarian way, in which efficiency and productivity are entirely geared to our individual benefit. Intergenerational solidarity is not optional, but rather a basic question of justice, since the world we have received also belongs to those who will follow us."

POPE FRANCIS, *Laudato Si*', 2015







To explore and consider the pandemic's impact of how we move forward in global health activities, CHA has developed a set of essays with authors who span the worldwide nature of our work. Access it and this booklet at **chausa.org/guidingprinciples**

The global nature of the COVID-19 pandemic offers an unprecedented opportunity for those of us involved in global health to look at current philosophy and practice.

We've had a universal experience of isolation, of shortages, fear and new rules. How might those shared realities help us consider new ways to renew our solidarity with our partners in lowand middle-income countries and to assist us as we build something different through our global health strategies?



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1875 Eye Street, NW, Suite 1000 Washington, DC 20006 (202) 296-3993 CHA advances the Catholic health ministry of the United States in caring for people and communities. Comprised of more than 600 hospitals and 1,600 continuing care facilities in all 50 states, the Catholic health ministry is the largest group of nonprofit health care provider in the nation. Every day, more than one in seven patients in the U.S. are cared for in a Catholic hospital.

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