

**Presentation**  
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My good friends in the Catholic Health Ministry:

I am delighted to be with you today at the invitation of Sister Carol Keehan as you explore “Living Mission in a Changing World.” Being present among so many competent and committed health care professionals somehow creates a confident sense that in this company one cannot help but through osmosis be healthy.

Among the productive and beneficial relationships I enjoy as Bishop is that with Mercy Medical Center headquartered in Des Moines. Under the leadership of David Vellinga and the recently appointed President, Robert P. “Bob” Ritz, and the Vice President of Mission Integration, Laura Wenman, the Church’s classical ministry of healthcare is achieved. From the humble beginnings of eight dedicated Mercy Sisters inspired by the vision of their foundress, Catherine McCauley, Mercy has grown to 7,030 employees. 1,265,126 persons were served by Mercy Medical Center in its various health specializations in 2012. The legacy of the Mercy Sisters shines brightly, rendering compassion and the Lord’s tenderness while delivering outstanding healthcare.

Pope John XXIII in his landmark encyclical, *Pacem In Terris* (celebrating its 50<sup>th</sup> Anniversary this year,) foresaw the emergence of the one world and the benefits and challenges this implied. Without the perspective of today’s popular understanding of “globalization,” Pope John sketched a broad vista of the “universal common good” of the whole of humanity (Nos. 132-141). In a prophetic passage, Pope John wrote: “National economies are gradually becoming so interdependent that a kind of world economy is being born from the simultaneous integration of the economies of individual States. ...[E]ach country's social progress, order, security and peace are necessarily linked with the social progress, order, security and peace of every other country” (No. 130). “...[N]o State can fittingly pursue its own interests in isolation from the rest, nor, under such circumstances, can it develop itself as it should. The prosperity and progress of any State is in part consequence, and in part cause, of the prosperity and progress of all other States” (No. 131) The interdependence among nations that Pope John describes, when it serves the “universal common good” of the “whole human family,” is another name for global solidarity (Nos. 132 ff.).

That world is here today. We find our countries and institutions expected to operate within this global context. For the Church in the United States, international outreach formerly meant a concentration on missionary activity – sending men and women abroad for classical evangelization which included addressing basic human needs in education and health care.

With the emergence of post-colonial nations, ecclesial relationships developed into a greater orientation toward mutuality – which emphasized Catholic social teaching. This implies a commitment to the life and dignity of the human person. U.S. Bishops today stand in solidarity with our counterparts and their congregations across the world in advocacy and support of this ecclesial vision enunciated in the Gospels.

In this vein, let me tell you a little about the work of the USCCB Committee on International Justice and Peace. The mandate of our Committee is to assist the bishops in advancing the social mission of the Church in international justice and peace through policy development, advocacy, education, outreach, and acts of ecclesial solidarity. The Committee advises the bishops on international public policy issues, especially integral human development, human rights, religious freedom, and peace.

Our Committee always consults closely with the Holy See and the local Church in other countries. Ecclesial solidarity is central to our work. At heart, our vision is motivated by faith, not by any secular ideology. We defend the human person, made in the image and likeness of God with an eternal destiny. Human rights, including the right to health care, flow from this God-given human dignity.

Attentive to Catholic Social Teaching and the experience of the Church around the world, our committee interacts with the United States Government as it exercises its prominent role in the world today. We analyze issues of poverty, injustice and conflict. In close consultation with the local Church and Catholic Relief Services, we engage the U.S. Administration to respond to the needs of all people, especially the poorest people in the poorest places on earth.

Exercising this mission has taken collaborators and me to Iraq, Israel and Palestine, Côte d'Ivoire, Ghana, Democratic Republic of the Congo, Nigeria, Venezuela and Cuba. This summer and fall solidarity trips have been arranged to visit Peru, Columbia, Rwanda, South Sudan, East Timor, Cambodia and Myanmar (Burma). Recently, other bishops and collaborators have been to Egypt, Turkey, Jordan, Lebanon, Sudan, Myanmar, former Soviet Republics and a number of Latin American nations.

We make solidarity visits to countries where poverty, pandemic disease, conflict and suppression exist. Our first intention, in every case where an arranged visit takes place, is to offer personal support and encouragement to brother bishops who oftentimes experience enormous stress in relative isolation. We thereby animate the Catholic or worldwide character of our faith and concretely experience the unity that we share. We work together to forge strategies to promote peace, justice and development, including representative and responsible government. Our guiding light is Catholic social teaching based on the Gospel. These efforts involve interactions with governments, civil society, inter-religious coalitions and international organizations.

A key partner with our International Committee is Catholic Relief Service (CRS), the outreach agency of the American Catholic Church devoted to disaster response, peace building and integral human development. Currently under the leadership of Dr. Carolyn Woo, CRS along with its Catholic partners in the Caritas Internationalis network, has remarkable impact in acting on our Catholic belief that every person as God's child is worthy of love and care. The constant

refrain of Dr. Woo is how privileged the American Catholic Church is to be able to serve our brothers and sisters in this manner.

Two cornerstones of Catholic culture and civilization, which have been a part of Evangelization outreach, are education and healthcare. In the past, the Church in missionary countries established schools and clinics integral to preaching of the Gospel. We are fortunate over the years to have benefitted from our predecessors, particularly women religious, teaming with other missionaries to establish clinics. They championed the human right of universal healthcare by serving in the remotest villages of the world.

Also to be applauded are the initiatives of doctors and groups of doctors who make periodic visits to underserved peoples to bring medical assistance for vision, hearing, minor surgeries, and medication for chronic conditions. So much is done out of a spirit of love and compassion which is the genuine motivation of medical personnel in these cases. They enable people to enjoy a healthy, productive, active life, thereby inspiring these patients to render service to fellow neighbors in their own countries.

Such undertakings of individuals and organizations targeted to assist a specific emerging community are remarkably effective and life-giving. Today, there a role for large, professional, global organizations, which will not only deliver firsthand care, but will engage in institutional development that will enable the poor countries and their citizens to take more and more responsibility for local healthcare.

As the vision of institutionalized and organized efforts takes hold, we are able to envision the evolution and the direction that lie before us in sharing modern healthcare with the developing nations.

I would like to identify three specific areas where I encourage focused activity of CHA either with heightened priority or with encouragement to initiate a new activity.

### Servant Outreach

CHA along with CRS and other agencies responded with organizational alacrity, in spite of severe logistical impediments, to provide for the victims of Haiti's earthquake both with immediate needs as well as long-term physical recovery. Your collaboration with Catholic Relief Services to rebuild the hospital in Port-au-Prince in Haiti is a wonderful example of the kind of assistance that CHA can bring to the developing world. Working with CRS, CHA was there for the poor and continues to be there for the distance – hopefully establishing a model for future tragedies of this nature where response has a lasting impact.

The partnership between CRS and CHA, and all you have learned in working together, could serve as a model. It is a mix of solidarity with the developing world and subsidiarity that respects the on-the-ground experience of local healthcare professionals. Faith-based institutions in the developing world are trusted and respected. They were in place long before big donors came with their big ideas and funding, and will remain long after some donors become fatigued. Just as our International Committee learns from the local Church in developing our policy

positions, I am sure that CHA will learn from local health leaders even as you share your expertise. It will be mutually enriching.

Working with CRS and other social agencies, international donors and various healthcare systems, the President's Emergency Plan for AIDS Relief (PEPFAR), has reduced AIDS-related deaths and new HIV infections by one third in Africa. Yet much remains to be done as each year more than one million Africans die and almost 2 million are newly infected. Despite the challenges, the HIV/AIDS initiative is a dramatic example of a coalition of healthcare agencies, church institutions, social and peacemaking organizations and governments forming a united effort that has been singularly effective in reducing a devastating epidemic.

Over many decades, CRS has developed deep partnerships with local communities, local churches and their institutions. I have seen this in my own visits to CRS AIDS and development programs in Africa. CRS shapes its initiatives in light of local experience, or rather, is shaped by the local community. Just as CHA's ministry in the United States has been formed to respond to local situations in our nation, so too, your work with CRS and local health institutions in other countries will enhance your work and shape it. It is my hope that your partnership with CRS will be expanded so that you replicate the Haiti success story in other corners of the developing world.

While CHA's core ministry is located in the United States, I urge utilization of your organizational prowess, access to remarkable medical skill and technology, and identification as an arm of the Church universal, to institutionalize service to the global poor in concert with Catholic counterparts throughout the world, especially CRS.

### Medical Education

Developing countries particularly in Africa are striving to establish and expand educational institutions of higher learning. The Catholic Church is a higher education leader. Pioneers in this effort are bishops, especially in Africa, who are supported by religious communities and well organized dioceses.

The response of U.S. Catholic Colleges and Universities, when called upon to assist with this initiative, has been to come together with a unified approach. These institutions search for how they can bring specializations and outreach in an efficient and equitably distributed manner to an expanding group of local Churches and countries. Our schools and medical centers have great assets. How can these best be instrumental in establishing and strengthening equivalent learning centers in developing countries?

Wealthier nations tend to absorb the more gifted human capital of poorer nations for their own benefit. As an authentic expression of selfless motivation and solidarity, would it not be more effective to provide medical education and the implementation of current technology in the countries where colleges and universities are being established and where the possibility of reasonable sustainability exists? The skills and practices imparted through on-site education have great benefit and a long-term impact. Representative medical institutions could plan together in organizing a strategic evolution to a Continental African healthcare educational and

treatment system. Over time, this education responsibility will be handed on to local educators and administrators.

### Advocacy

The medical profession is committed to treating the health needs of fellow human beings regardless of economic status, philosophical beliefs or political allegiances, and no matter one's status before the law. This is most admirable.

On a broader scale, however, I suggest there is a need for the healthcare community, and particularly the Catholic healthcare community, to advocate on a corporate basis on behalf of the poor in developing nations so that this significant population can benefit from your esteemed vocation in the effective delivery of a basic human right.

In my travels, I frequently receive the response when I ask about America. "We love the American people, but we hate the American government." This is unfortunate because in fact in our deepest identity the American people and government should be interchangeable. We are, after all, a government by and for the people.

What is the origin of the displeasure? Oftentimes, it stems from policies that support what is perceived as unjust and corrupt governments which are formulated on the basis of U.S. self-interests or local U.S. politics and political financial support.

Our Bishops' Committee on International Justice and Peace works to promote and preserve U.S. poverty-focused international humanitarian and development assistance. As you know all too well, the recession and high federal budget deficits have led to sequester cuts that have put pressure on poverty-focused international assistance. Most Americans think our nation spends 25% of its federal budget on foreign aid when in reality it is less than 1%. But that less than 1% saves millions of lives. We need you to join us in advocating for poverty-focused international assistance.

In relationship to the poor, wouldn't all of us like to see our wealth invested in policies that are life-giving, rendering hope and creating the possibility of vitality for the poor of the world? Could we not shift some of our resources to combined efforts and outreach of our government to organizations such as CRS and CHA and many other private agencies? Think of the qualitative difference such an approach could mean for millions in the world. Is not this the globalization that Pope John XXIII envisioned? Is this not what Pope Francis encourages constantly? Isn't that why Francis reminded us: "True power is service. The Pope must serve all people, especially the poor, the weak, the vulnerable." We can do no less.

As a crucial player in the emerging global neighborhood, I encourage the Catholic Health Association to welcome your Catholic and therefore world-wide responsibility. May you do so fortified by the Gospel, Catholic social teaching and the support of the constitutional guarantees of our own nation, particularly that of religious freedom, which our country's founders established to enable the human spirit to flourish.