Management issues in fulfilling the mission of Catholic Health Care Organizations

Good evening from St Elizabeth Hospital in Hyderabad Pakistan.

I was chair of the Administrative Council of St Elizabeth from 2001 until November 2011 when I was appointed to Rome, Donor Representative to the Administrative Council from 2011-2019, and now been appointed Chair of the Hospital Board in the recent re-structuring of the governance, administration and management of the hospital.

The topic I have been asked to discuss with you is **Hot Management issues in Catholic Health Care.** Some of the issues I want to look at are not just hot but are sizzling. Like how to deal with the demands of government officials for "appreciation" so that the hospital can remain open or so that its key services remain active. This is a milder way of talking about the hard reality of corrupt practices which threaten what we want to do as a Catholic Health Care organization.

To put my presentation in context, this is a brief word picture of St Elizabeth Hospital:

- It is in Hyderabad, in the southeast of the southern province of Sindh, 175kms from Karachi, on the Indus River, on the fringe of the Thar Desert which stretches to the Indian border
- where the population is predominantly Muslim with a big minority of Hindus and a significant minority of Christians
- the hospital was begun in 1958 by Dutch lay missionary medical personnel; is diocesan-owned; has Catholic lay administration and management; medical staff is Muslim, Hindu and Christian; nursing and auxiliary staff is Christian by our decision to be pro-active in overcoming social, cultural and economic institutionalized discrimination against Christians on the basis of their religion
- it is a 100-bed general hospital; with a strength in Mother and Child Care; has a Mobile Medical Outreach Programme which annually provides free primary health care to 50,000 Muslim, Christian and Hindu people who are in a situation of grinding poverty as agricultural bonded labourers to powerful Muslim feudal *waderas* [=landlords]; has Pakistan's first-ever home-based palliative care nursing service for terminally-ill cancer patients; has an attached government-accredited School of Midwifery
- St Elizabeth is continually "financially-confronted" due to the level of free charitable health care which it gives to those in greatest need in conformity with the mission of the hospital to manifest the compassion of God as Pope Francis has urged us in these past few days. [I wish the hundreds of millions of Euros spent by the Secretariat of State since 2014 on land speculation and the purchase of 60 Sloane Avenue London had been given to us in Catholic health care who work amongst the most deprived so that it could have been used for the glory of God and for the mission of Church.]
- seeks to become self-supporting through locally generated income but also has a network of donors
- in 2018 Pakistan spent just 0.67% of GDP on health care according to the latest official *Pakistan Economic Survey* which states that Pakistan depends on a mix of public and private health care. However the federal government of Pakistan has imposed the burden of hugely increased taxation on hospitals such as St Elizabeth due to the demands of the IMF.

Before dealing with some specific administrative and management issues we at St Elizabeth face and respond to in the Islamic Republic of Pakistan while fulfilling the mission of Catholic Health Care Organizations, I would like to assess the overall contextual question as to whether St Elizabeth Hospital is regarded by the government and/or in popular perception as a foreign organization in Pakistan because it is Catholic and owned and run by the Catholic diocese of Hyderabad.

When St Elizabeth was opened in 1958 just after the ending to the British Raj, it was called the "American Hospital" because it was opened by women from the Netherlands. Foreigners were understood to be British and anyone else had to be "American". The name stuck due to habit but has mostly been overcome by recent intensive and extensive attention by the hospital administration to correct "brand naming".

Although governance is a comprised of a mix of Pakistanis and foreigners, the administration and management of the hospital through which St Elizabeth interfaces with its local community, clientele and neighbours in Hyderabad and with federal and provincial government bodies has been entirely Pakistani since 2011 and all staff and employees are Pakistan. This has overcome the "foreign" label and perception although the hospital is well-known to be Catholic.

However, the wider and extremely serious issue that affects St Elizabeth as a Catholic organization and causes serious management problems is federal government legislation about INGOs and NGOs. This legislation has been introduced to control weapons-smuggling and funding of terrorism and the violence of politico-religious fundamentalist organizations but it has been used to disband and expel INGOs and NGOs which focus on women's and gender issues. "Neutral" organizations such as Save the Children have been negatively affected. Diplomatic missions in Islamabad report that many of the bodies they partnered with until 2017 in aid and development have been closed. In spite of ministers and permanent secretaries in government ministries declaring that "We know that the Catholic Church is not and INGO or a NGO. We and our wives went to Catholic schools", the legislation is being enforced by lower level against Catholic dioceses, religious congregations, bodies such as St Vincent de Paul, San Egidio and Focolare, schools and hospitals. Bank accounts have been frozen by the State Bank of Pakistan, it is impossible to open new banks accounts, and property ownership is being investigated. Although St Elizabeth is now unable to open new bank accounts, it has been minimally impacted by this legislation. I attribute this to the high regard which government authorities in Hyderabad have for the hospital's Mobile Medical Outreach Programme which hugely complements the government's health care system in deprived rural areas and the hospital's home-based palliative care for the terminally ill, the only such available in Hyderabad and in most of Pakistan. The overall resolution of the effects of the INGO/NGO legislation on the Catholic Church lies with the Church authorities to effect a memorandum of understanding between the government of Pakistan and the Holy See concerning the status of the Catholic Church, to which the government is open, and to effect an inclusive umbrella registration under one of the Societies Acts of all dioceses, congregations etc, and healthcare and educational works, about which assistance and support is available from the highest ministerial level. It is very easy to have a blame game against the government instead of being consistently pro-active ourselves in resolving such issues at the source. In spite of harassment

at lower levels by officials doing an "across the board" implementation of legislation, I assess that there is a genuine openness at senior government levels to the Catholic Church.

Returning to some specific administrative and management issues St Elizabeth, the ones which I want to highlight emerge from the above actual situation of the hospital. They are issues arising from:

1. *The political and religious environment and situation in Pakistan which has the obvious negative aspects but which also presents a valuable context and situation for inter-faith harmony and inter-religious dialogue*.

   The overall situation of Christians in Pakistan in Pakistan is best described as the intense discrimination of a minority on the basis of religion. Such religion-based discrimination is included as persecution in the report presented in July 2019 by Bishop Philip Mountstephen of Truro UK as a major contribution to the UK government's White Paper on persecuted Christians.

   However St Elizabeth is openly and freely able to carry out its healthcare ministry in Hyderabad according its Catholic identity, inspiration, and mission statement. Key principles of Catholic moral teaching relating to the dignity of life at all stages and covering the provision of health care are explicitly incorporated into the Position Descriptions for all senior administrative and management officers and into the contracts with all doctors and consultants whether Catholic, other Christian, Muslim or Hindu.

   The Catholic identity of the hospital is clear: pictures of Pope Francis, crucifixes in the administrator's office and management areas, Muslim patients and their attendants are attentive and caring for Catholics who keep the full Lenten fast in the same way that Catholics at the hospital facilitate Muslims in maintaining their annual fast. The only problem St Elizabeth has with putting up the crib at Christmas in the main entrance area is trying to find the statue of the Baby Jesus. It is continually taken off to rooms and wards in the maternity department as a means of asking for help for Heaven during difficult delivery cases.

   Maintaining security is always a major management issue due to the volatility of Muslim public sentiment in reacting on the revenge basis of "US versus THEM" to events in other countries which are perceived as being Christian. This is not a case of St Elizabeth being regarded as foreign but as being known as Christian. This threat has greatly diminished when the government exerted and imposed firm control over politico-religious fundamentalist groups in late 2018. There has also been a maturing in public opinion. Nevertheless, the hospital administration continues to collaborate prudently with the military and police.

   The professional collaboration of Muslim, Christian and Hindu professionals at St Elizabeth engenders the context for and promotes inter-faith harmony and inter-religious dialogue. Problems that arise among them are professional issues and not from

religion. The major problems with the doctors and consultants are financial but that is nothing specific to Pakistan or St Elizabeth.

2. *Government legislation and dealing with government bodies*

Pakistan has excellent healthcare and labour relations legislation but enforcement is loaded against the private/ charitable sector since government bodies cannot comply due to financial constraints. St. Elizabeth's strategy has been to anticipate government legislation by putting into practice obvious health requirements e.g. relating to Infection Control, incinerator for medical waste [St Elizabeth is the only hospital in Hyderabad with such], CSSD, pharmaceuticals, environmental issues. We have been well ahead of government hospitals and other private healthcare centres and hospitals. This has created a positive upbeat working relationship with government bodies.

As of January 2020, St Elizabeth has adopted policy and procedures for the Protection of Minors and Vulnerable Adults with a trained Child Protection Officer. By becoming compliant in this regard with the External Standards of the Australian government's Charities and Not-for-profit Commission, St Elizabeth has anticipated forthcoming Pakistan legislation on this matter. There is only one other hospital in Pakistan with a Child Protection Officer.

St Elizabeth's annual reporting emphasises collaboration with the federal and provincial governments in assisting Pakistan achieve the Unite Nations 2030 Sustainable Development Goals relating to health care. We are seen to be good partners which has obvious positive implications for how the hospital is perceived by the government.

A critical issue is dealing with external corruption. How to ensure the smooth running of the healthcare service of the hospital while at the same time maintaining Catholic moral standards and compliance with External Standards of donor countries relating to graft and corruption?

3. *Fund-raising and use of donor funds*

The key management issues at St Elizabeth regarding finance have and still revolve around staff competency in administration, in finance, and the professional and attitudinal requirements for effective Church management.

Competent personnel have not been immediately available so St Elizabeth has had to invest a lot of funding and man-hours/time in staff development. There isn't any point in saying that "no-one is able" if we don't enable people to become able. Examples of implementation are:

- St Elizabeth is an affiliated member of the semi-government Pakistan Institute of Management in Karachi and consistently sends staff for short and extended courses

- St Elizabeth Is financially supporting two staff members doing MBA in Management
- Key management employees were active participants in 5-day seminars in Church Management held on a national basis in October 2018 and October 2019
- The hospital Administrator will be attending the two weeks of intensive Church Management course work at PUSC in February 2020.

Hiccups and problems have emerged along the way but this has been part of the process of growing into competency.

A high level of financial and narrative reporting to donors has been the key to maintaining a reasonable stream of donations each in the range of US25,000-35,000. Proposing easily identifiable and immediately achievable projects with early and clear completion dates has been attractive to donor bodies.

In conclusion, I want to say that together with faith and competency, a positive pro-active attitude is essential to make sure that management issues in our mission of Catholic health care can be and are creatively responded to and effectively handled.

Fr Robert McCulloch

Missionary Society of St Columban

16 January 2020