

TABLE TALK

Young Leaders Reflect on Their Calling

EDITOR'S NOTE: In 2011, and again in 2012, CHA's "Tomorrow's Leaders" program honored outstanding young leaders in Catholic health care at the annual Catholic Health Assembly. CHA initiated the program to encourage young leaders to continue their careers in the ministry. In both years, honorees were invited to a Tomorrow's Leaders forum facilitated by the Rev. J. Bryan Hehir, M. Div., Th.D., of Harvard University. Participants in the 2012 forum were six of the honorees, along with six senior leaders in Catholic health care as guest participants. (Two of the honorees, Danielle Sullivan and Jonathan Timmis, were unable to attend.)

What follows is an edited version of the 2012 forum transcript, including an address to participants by Fr. Hehir, on page 72, on the role of institutions and the individuals who lead them in Catholic life.

Although the transcript has been significantly condensed for publication, the editors have made every effort to ensure that the meaning of the participants' remarks has remained intact.

Fr. J. Bryan Hehir: I want to take our six awardees and ask you two questions: Why did you join Catholic health, and why did you stay?

Josiah (Sy) Johnson: I worked in public accounting before I joined PeaceHealth. It was time for me to transition out of that firm. I worked in part with health care organizations, and I was reviewing and pursuing different opportunities, when PeaceHealth came up. A partner I worked with who had no background in [health care] — he was a finance guy — said, "I think PeaceHealth is a good choice. They really try to do the right thing." I joined PeaceHealth, and I stayed because I found it to be true.

Like all of us in Catholic health, we're not perfect and we do things that we regret. But we're very aware of our mission. We talk about it all the time. We know what we're here to do — serve our communities, all of those in our communities, whether it's financially beneficial or not. And we pursue that as aggressively as we can.

David Belde: I didn't really realize this fully, but Catholic health care is willing to hire theologians. There are very few places where you can get a job in business as a theologian. A real, practical way to do theoretical work is in health care.

The nature of the work lends itself to that kind of reflection. I've also been struck by the desire and the need to meet social needs. That is a significant part of our work, and we may not do it perfectly, but to have a sense that our work contributes to well-being and flourishing both to individuals and societies is extraordinarily gratifying to me personally.

Fr. Hehir: So how do you try and make theology fit into the organizational structure of American health care?

Belde: That's a great question. I think really the most practical way is how do we impact a person's ability to live fully? It's continually reminding that we are not simply in a business to grow; we're in a business to make social change. That's probably also the biggest challenge too. I think all of us around this table have faced that tension. Our language for that at Bon Secours, I believe, is to liberate people, to get them away from the things that bring them down. And so that enables and impels us really to do work outside of hospitals too. We're doing basic things inside of communities that are not related to health care — micro-lending and things like that.



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Josiah (Sy) Johnson
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Gregory Kearns
Director, strategic management
Bon Secours Baltimore Health System,
Baltimore



Tracy Neary
Director of mission outreach and
community benefit
St. Vincent Healthcare, Billings, Mont.

Gregory Kearns: I thought I was going to be a doctor all the way through the last semester of my senior year, and then decided that wasn't it. I went searching and found the master's in health care administration programs. [I competed] for a scholarship at VCU [Virginia Commonwealth University] that Bon Secours was putting out there. Part of the scholarship was to start working in the field with Bon Secours in their Richmond ministry, and at the end of my second year, I found myself interviewing for a position at the health system.

[In my role at Bon Secours] I feel I'm making a real difference in the community. We've gone through some difficult times, and we've gone through a couple of divestitures, one of which I

staffed in our Michigan ministry. I participated in the closing ceremony that we did with Beaumont [Health System], who ended up buying one of our hospitals. It was one of the most seminal events of my time with Bon Secours thus far, because so many of the sisters came out to Michigan. I've had to sit there and watch them go through this really difficult transition period. It was evident to me that at that point, it was my responsibility, and all of our responsibility, to make sure that this shrinkage in Catholic health care did not continue to happen.

The second most seminal experience with Bon Secours was the transition from sponsorship by the Sisters of Bon Secours to a public juridic person, Bon Secours Ministries. And in that transi-

GUEST PARTICIPANTS

Rev. J. Bryan Hehir, facilitator

Parker Gilbert Montgomery Professor of the Practice of Religion and Public Life, Harvard University, and secretary for health care and social services, Archdiocese of Boston.

Sr. Patricia Eck, CBS

Congregation leader, Sisters of Bon Secours, Marriottsville, Md.

Sr. Carol Keehan, DC

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Danielle Sullivan
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Saint Joseph's Rehabilitation and Residence,
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Jonathan Timmis
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tion, the sisters have placed an incredible amount of faith in involving lay people much more in the future of their ministry. And again, I feel that compelling responsibility to stay with the sisters, to stay with Bon Secours and in Catholic health care. More and more lay people are going to be called to meet that challenge and that demand for leadership. So even though I face callings from other non-Catholic entities, the heartstrings are being tugged by Catholic health care and Bon Secours.

Rich Roth: I probably even have a more basic reason for getting in initially. I was actually doing health care in different ways since I was raised, from cleaning doctors' offices as a job as a kid through, actually, before grad school. ... I had a chance to meet and talk to some people at Catholic Healthcare West [CHW, now Dignity Health]. I remember one of my first interviews there with head of mission at the time, Bernita McTernan, and having a great conversation about charism and what she sees as the values of Catholic health care. It was very different than I would've thought Catholic health care is in a lot of ways, in terms of the holism, the values. I remember this conversation about bringing in alternative medicine into mainstream care, and thinking about that. So I decided to work for CHW. I came at a pretty interesting time. The entire team leading CHW at that time generally left, and the new team came on ... Being in that kind of place [with the] challenge to try to preserve something that was so deeply felt and meaningful to so many people, but to do it in a creative way, where decisions were made on behalf of whole communities — to involve them and to support them was an incredible experience to me. I think I've been really blessed in my life that my bosses have given me chances to explore things. And I see that throughout our organiza-

tion, this kind of deeply held value to letting people find their own roads and blossoming. Dignity Health has been a place that allows you to do that, and that's why I've stayed.

Fr. Hehir: And as you look ahead, do you feel there are large, new challenges about maintaining the things you hold most deeply?

Roth: I think there's going to be transformation in a lot of ways. What does it mean to support a community over time? I think that the challenge is upon us to create that value and to extend that. It is going to be challenging because it's going to be very different than it had been in the past. I do think with these challenges there are tremendous opportunities.

Reggie Ripple: I went to Catholic school, then Catholic college, and my first internship happened to be at a Catholic health system. They offered me a job, and it just seemed to fit. I feel I'm sheltered somewhat because I haven't experienced the other view of how things are done. The cutthroat that goes on in other businesses, I don't see that at our tables. It's really decisions that are made are about how we do the right thing at the right time for the masses whenever we can. And for me as a person, it just feels right.

Why do I stay? It's been my first job, and I'll probably end up dying there because of commonality with the people I work with. Their values match mine, which matches the system. And so again, it feels right.

Fr. Hehir: As you watch them make the right decisions, how conflicted is that? Do the right decisions just kind of flow out of staff meetings, or is it getting harder?

Ripple: It's getting a lot harder, especially with the resources being limited and competing agendas sometimes. But at the end of the day, we always say, "If we're focusing on the patient, then the right decision can be made." Our health system does a lot of charity care. We are looking at the people who don't have access and can't afford it. And they're in our decision-making.

Fr. Hehir: So are the biggest challenges coming from the nature of American health care, from the nature of American society or from the Catholic Church?

Ripple: In my opinion, it's more the society, the American society.

Tracy Neary: In contrast to Reggie, the first woman religious I ever met was on the job. I grew up in frontier Montana, where it literally was about a 100-mile round trip to the hospital or to fast food. I was a volunteer [emergency medical technician], so I certainly had a sense of health care, but growing up and going to college, I pursued communications, organizational communications and public relations. I started at St. Vincent when there was a position open; I'd been working as a television news reporter for a local CBS affiliate. And my job was mostly the cops and courts beat. So every day it was watching somebody's life play out and wondering why — what was the path that led us to this point and place? And certainly, being surrounded by a lot of the negativity in the world, I wanted more fulfilling work. I wanted to fix things; so I didn't want to report on it objectively. So when a position came open at the other hospital in town — we're in a competitive marketplace — I looked at it, but knew that I wanted to be at a place where I could also grow my personal faith. My dad grew up Catholic and my mom grew up in the Mennonite faith tradition and [we] went to a Methodist church with a Christian missionary alliance pastor. I call myself a spiritual mutt of sorts, an eclectic mix. But I always certainly had a strong sense of God's sovereignty over the world and wanting to be obedient to that call in my life. So I was thrilled when a position opened up at the Catholic hospital in a community relations role. I was stunned that they hired me. I had no experience. I was just exactly doing what I was called to do in a perfect environment.

Community benefit was another duty that quickly evolved as needing more time and atten-

tion. And I got to be the first person in that role. [My boss] really had a vision for the importance of that work for building the position.

And it's easy to stay. I don't have a plan, but wonderful opportunities just keep opening up in front of me. It's also been a delight to then fall in love a little bit with the history of religious in the United States. And I'm learning more about the Catholic faith tradition. That has been delightful too.

Fr. Hehir: One question on the media side. When you try and explain the Catholic hospital or system you work for to the wider public, is it hard, easy, or impossible?

Neary: That was one of the happiest things about moving into the community benefit role — not feeling responsible to try to have an answer for the news media anymore. But when you can bring a reporter into your space and have them see what it means in the trenches, serving another person in need the way that we do — it seems really hard at that level to think that this is not the right direction.



Photos by Dan Z. Johnson

Joseph Swedish and Tracy Neary.

Fr. Hehir: As you look down the middle term, five to 10 years, where are the biggest challenges coming from? From the society as a whole? Law? Policy? The values of the society, the nature of American health care? After all, no matter how many good intentions and good values we have, you still have to survive within a system that we didn't create. It's a system that is there. Or do the biggest challenges come from the Catholic Church? What makes life complicated?

Neary: Again, I frame our question somewhat in the scope of my work in the community benefit world. So much of that challenge to me in the community benefit ministry [is] how do we work with public health so that together we can actually improve the health of the communities that we serve. We're so focused on sick care. It's the paradigm we live in. Even talking to colleagues, it's sometimes hard to get people to be kind of upstream into the prevention side of the work. So that's certainly one of the biggest challenges to me. How can we find the shared meaning and purpose that we have in the public health ministry with the shared purpose of public health? Where are the things that match and align?

Fr. Hehir: And by public health you mean government, Medicare, Medicaid?

Neary: Yes, the larger public health system and even more to the focus on prevention and wellness. How should our ministries be investing, be deploying [professionals], keeping people healthy at home? I often say that if I did my job perfectly, we would just shut down. There would not be sick people. We would not need to have a hospital here if we truly could bring wellness in our communities.

Belde: I think a significant challenge we face today is to exist in a business system, a financial system, an economic system that in many ways can run counter to the moral tradition out of which we operate. Like others, I have for a while been trying to make a distinction between capitalist values and capitalist techniques, thinking that if we employ certain techniques, we are not fully embracing all capitalist values. I am not sure it works. I think this is a challenge for us in terms of what it means to be Catholic.

Roth: [Regarding Catholic health care leadership], it's almost like, what's at the center? What are you really driving discussion around? Is it around the bottom line? Is it around that market leadership role? Or are the central, focus areas the community and the patient? I think our challenge is to make sure that the decisions that we're making to grow service lines are not for the sake of growth and the sake of the bottom line. It's for the sake of the community and the patients that we're serving — to make sure that we're doing what's best for them. If you become the market leader because you're doing the right thing, good



Brian Yanofchick and David Belde.

for you. But it should be because we're doing the right thing. We're doing this to serve the patients and the community. We're being called to serve.

Ultimately, there are organizations that are better at population health, better at understanding communities specifically. As you think of FQHCs and community health organizations, I think our challenge is going to be how we build those partnerships in a meaningful way that continues the charisms that have been built, but in these different forms.

Fr. Hehir: So you see lots of relationships? Lots of contractual, institutional connections?

Roth: There's going to be a very strong blurring in the lines.

Fr. Hehir: You've all talked about these values that drew you, or at least eventually captured you once you got there inside the system. So now, here, I'll go to the Mennonites for a minute. They, the Mennonites, are a very powerful, significant religious tradition, but small. And the Mennonites live with a conviction that the wider society is not going to share their values. So the Mennonites, for example, would never take government funding for anything because they have a deep, theological conviction that no matter how good a society is, it's never going to be the Sermon on the Mount. So therefore, they are committed to live the Sermon on the Mount and illustrate to the rest of the society what life could be. But they don't build big churches; they don't think that a lot of people are



Robert Stanek, Fr. J. Bryan Hehir, Sr. Carol Keehan, Reggie Ripple and Stephen Moore.

going to take to that.

So as you think about these relationships that you're going to enter into because of the dynamic of health care, do you think Catholic health care has values that are sharable with others, or are we going to spend all our time, because we have to, in the core things we have because we're never going to convince anyone else that we've got common ground? Because, as you notice, the Catholic tradition has not been the Mennonite tradition. We started with Nero and we figured we can find some common ground with him; and then, we worked it up from there.

What do you think about this in a society that has changed a lot in different ways, in law and policy? And is constantly changing through court decisions? I wake up many mornings, bless myself and then read the morning papers. At least in Boston, that's the only way you can do it, because you can't just take the paper without hope.

So are these values sharable? Or are they defensible, but probably not sharable? And therefore, how do we make these alliances with the government, with corporate life, with technical [advances]?

Neary: Even at our local level, in our little town of Billings, we're trying to think about how can we collectively improve the health of the community. We are at the table with our competitive

hospital. We are at the table with the public health department. We're doing drug needs assessment. When issues come up, we look at them together. Will we work together on the issue of unplanned pregnancy? No. Will we work together on issues of obesity? Yes. We will not match 100 percent on things. But we absolutely do have common ground and must have common ground. And my bias, of course, is at the local level. It has to be there where the people are, where those relationships are made, that we find the commonality in the things that bring us together.

Johnson: I think it kind of depends on what among our values we lead with. I think about what PeaceHealth is, its core values, which are part of the Catholic tradition, [such as] justice and collaboration. And I think some of those core values translate well to working with the community and pursuing the things that we've been discussing. There's a tiny micro-list of [things we don't do] — a small fraction. I think if you lead with the larger values and the larger principles, those, to me, match very well with what the nation needs in terms of health care.

Fr. Hehir: And you find that when you sit with lots of other people around the table?

Johnson: It depends if you look for conflict or

look for common ground. If you come at it from the right perspective, common values in Catholic health, they're right there with you. And my perspective is that in Catholic health we have had the right values for a long time, but haven't lived them aggressively enough — and if we had been more aggressive, we could be further along in leading the country to some of the solutions that I think we all seek.

Kearns: I would like to come at it from this naive perception that, yes, we're all here to improve health status — and that's why you do what you do as a FQHC [or] as a university medical center [or] as a Catholic health center. We're all here to improve health status, and that's why we're at the table. I'd love to say that that would make a partnership, and we're going to have great collaboration, and next year all of our health status indicators are going to look better. But that's not the case.

I feel like we have to sit at the table and go through really difficult discussions around what does a win look like for your organization. I think we're about to start doing that in West Baltimore as we pull together a primary care coalition with other FQHCs, a university and another Catholic health system right down the street. Our challenge is going to be, what's that economic win for you?

Second, we have to realize that every single organization has some crazy cultures that we're not proud of or that we don't really like. You have to realize at the end of the day, we're all human beings and have all of the wonderful things that come with being human — and that we're difficult to work with. How do we work with different cultures? And how do we find the facilitator who is going to kind of help us rise above that and get to our common goal and define what our wins are? And ultimately, again, get back to how do we improve the health status of this community? Because that is what it's about. That's why you're giving grants to the FQHC. That's why you went into the business of medicine. That's why you're being trained to be a doctor at a university medical center. So I think we're all doing this for the right reason, but there all these other competing factors. There's this mess of being human with our [different] cultures.

Fr. Hehir: You've got to remember what Reinhold Niebuhr, the dominant Protestant theologian of the 20th century, said. He said, "The only Christian doctrine for which there's empirical evidence

is original sin." After that, things come a lot more clearly. I want you to understand that.

We haven't heard from the elders much here.

Sr. Patricia Eck: I think for the creation of partnerships, we will see that will be more difficult from the [Catholic] Church's perspective if certain partners are doing things that don't comport. [Regarding] the comment about the capitalist growth strategy, when that is the underpinning of a lot of the business in [the health care] industry, and the environment that business is in in the U.S., every group has to make their own decisions that are the best for them. And you have to balance it out, and sometimes they don't balance in a community. And so then the question becomes: Where are the trade-offs, and what is it that you're going to trade off?

So I think that as we're moving into the future, it's going to be harder and harder, and I do think that the notion of the theological presence that sits with us in a leadership role going forward is going to end up being really, really important. Because I think we learn how to make good decisions while we're making them. And we need the players sitting at the table helping us discern how to make good decisions.

Robert Stanek: I was going to focus particularly on the three segments of [the challenges] that you raised: church, government, politics. I would classify the first two as external, environmental factors that we have to be prepared to respond to, including the institutional church. We function within the church, but frankly, that is an external challenge to us from a Catholic ministry provider perspective. ... And [in terms of] Catholic institutional ministry, it is primarily driven by hospitals. They are still the economic driver of our delivery system today. But, if you look at what's happening, that fundamental business model is in the beginning of a significant change. I think so many of us have heard, "No margin, no mission; no mission, no margin." Well, I think it's going to evolve to, "No outcome, no income." Because it really is going to be based upon how well you do whatever service you provide. And that is a wonderful opportunity for Catholic ministry, because if you look at Catholic ministry historically, studies have proven that our outcomes as a ministry are pretty strong. So I think the first challenge for us is how we make sure that we hold onto that heritage of great outcome, particularly at the institutional level.

The second comment goes to the issue of community benefit. And I think the reality of that new

business model, if we're really honest with ourselves, is that we probably have Catholic ministries that, again, are institutionally based, that are going to be very challenged going down into the future [and] they may not be able to survive in their current form. But, Catholic ministry doesn't necessarily equal hospital. It equals service and presence. The challenge is how can we effectively change in a proactive way dealing with the politics, dealing with legislature activities and, frankly, dealing with a hierarchical church? That is not going to get any easier.

Fr. Hehir: OK, we're getting a consensus on that. A couple years ago, we concentrated at this [assembly] on the Affordable Care Act and what its implications would be in terms of American health care, American social policy. What do you think that implies for these kinds of issues? It's going to be a major change in American health care. Is it going to make it harder, easier? Are there new opportunities or are there opportunities with also some severe challenges, so that you've got to defend as well as grasp the opportunity? What's your sense?

Kearns: As Bob [Stanek] was laying out, yes, we're at the beginning of something that's completely changing the way we do business. I think that the focus is really around collaboration and care coordination, taking care of patients in the primary care setting. Making sure that once they leave your hospital, they're not coming back. [The Centers for Medicare and Medicaid Services] is already changing the way we get paid. And there's been a lot of work already underway. So I think the ACA is going to certainly afford us good opportunities from the standpoint of more coverage of our communities with Medicaid expansion, as well as the establishment of the exchanges. I think we're still going to be marching down that path for years to come.

Stephen Moore: With the charity population, you spend right off the bottom. It's not the Medicaid or Medicare adjustment; we spend over \$400 million in charity care. And we spend probably \$40 million or \$50 million out in the community addressing [community] needs. And so [we now have] an opportunity to look at whether there is a better way to be caring for our employees and the poor. And I think we're clearly now utilizing the technology through virtual health services — looking at our high utilizers and building e-clinics around them. And I'll finish up with a story

about our Catholic heritage and women religious, many of whom were called to different points of the country to begin educational programs, and then, because of epidemics or other needs, were asked to switch immediately and go to health care. It's part of our story, and it's about the St. Joseph Health System in Albuquerque, N.M.

Five years ago, we went through a very painful discernment for two and a half years about selling the last Catholic hospital in the state of New Mexico. There was enormous amount of gnashing of teeth. The bishop and the [parishes] were up in arms. They were accusing us of eliminating Catholic health care and Catholic identity within the [diocese].

So we transformed that and ultimately sold the hospital and created a foundation and started a community health program. And that program is now seeing well over 600 moms and babies per day. They've reduced child abuse rates in the city of Albuquerque and the surrounding areas by over 50 percent. Those children, who are children of the poorest of the poor, are now coming literate into preschool because of the interventions they've had. And the opportunity for us to reinvent ourselves and [carry out our] Catholic mission there transcends the whole hospital business. I think all of this is giving us an opportunity to sit there and say, "Can we be as adaptive as our women religious [have been] and redefine our delivery of care?" I see this as a great time to revisit the question, "What are our mission, vision, and values?" And how we, with good capitalist business principles, can reinvent ourselves to more align with what that mission, vision and values are.

Belde: I just want to name that as a kind of moral creativity. That's what that is, and what that story is about — and that creativity itself, and our responding in that innovative way, is an ethical dimension of our work.

Moore: With an enormous amount of fear and anxiety inside. But I think the greater the fear and anxiety, the better chance one has to be morally creative.

Sr. Eck: What it is for me anyway, it's really understanding need and responding to the need. Religious congregations came and went and responded to whatever the need was. And over time, that developed into institutions. And I say it frequently: One of the challenges for us is to figure out where is health care going to be in five years and to be creating it now.



At honorees' reception: Sr. Patricia Eck, CBS, Gregory Kearns and Rich Roth.

How do we understand the need and enable the creativity to get to that point? How many of us in health care in the institutional setting knew — I mean, we all, I think, from a practical perspective probably knew — that we had way too many people in our emergency rooms. But the growth model kept being fed because it enabled other things, rather than [prompted us to] say, “The response to need was never intended to be institutional. It was intended to be creative.” And so I do think that the opportunity is now to get back to the community and understanding the need in the community to be at the heart of our response.

Sr. Keehan: We have to be an integral part of the conversation as [the Affordable Care Act] gets rolled out, particularly the exchanges, the Medicaid expansion and the new rules of the road. A lot of what we did, and why we did it in our efforts to care for the community, were not because we stopped and said, “Oh, this is the right way to do it.” Or “Let’s be as capitalist as we can and make

as much money as we can.” We, many, many times were locked into a perverse reimbursement system. And that’s where I think we’ve got to stop and step back and say, “What can we do?”

We’ll never get a perfect reimbursement system. But what can we do, as a pretty sizable piece of this system, to make the reimbursement system 20 percent better this year, and maybe two years from now another 20 percent better? Because, like it or not, that exercises a huge, huge impact on what we do. And it goes back to capital, it goes back to just wages, to just benefits — all those things we give those people who have to be out there being creative and caring — and what system in the world gets paid better for its mistakes than for its successes? We have to be a voice: a moral voice, and a business voice. And I think that’s always been the genius of our early sisters. While they were very much into the moral voice, they were spectacular businesswomen in the most simple, almost naïve, way.

FR. J. BRYAN HEHIR ON CATHOLIC INSTITUTIONS, SOCIETY AND THE INDIVIDUAL

When I first was asked to do this, I was asked to say something about how honorees like you, individuals in a large system, relate to the larger question of institutions. So I'm going to say something about the relationship of mission, institutions and individuals, and how individuals exercise leadership [within institutions].

MISSION

The question of mission, of course, is used by all kinds of organizations. IBM has its mission. The U.S. Army has its mission. Probably the Mafia has a mission, for all we know. But the fact of the matter is that when we talk about mission in terms of the Catholic reality, it's everything everybody else means, plus a good deal more. Because I think with most organizations, mission means, "What are your objectives, and what's the motivation that gets you to pursue the objectives?" For us, it's that, but also in a religious sense, is the notion that mission is about being sent. That is to say, in addition to the objectives and the intention, it's being faithful to what originally sent us forth to do this work — the sisters, a long time ago, the church as a whole. So mission is, in a broad sense, something we share with others and, in another sense, is wider than the way others think of it.

INSTITUTIONS

So then the question becomes this matter of institutions and individuals. And to some degree, what I want to do is, in a sense, to locate your work; to talk about the substance of institutions, [and about] why institutions matter.

Catholic health care is very similar to Catholic Charities and Catholic education, because all three of these are what we now, in some of the public debates, call "affiliated institutions" to the church.

I always think of these institutions as "bridge institutions." That is to say, they are rooted in the church; they are in a sense moved by values that come out of the Catholic tradition, but they exist as institutions to serve the whole society. [These institutions] try to put, in a sense, the life of the church — its tradition, its values, its commitments — at the service of the wider society. We're open to everyone. We exist to go beyond the community, but not away from it. And so that's

the first thought about these institutions: They mediate between the life of the Catholic Church and the life of American society.

So what does American society offer us? Opportunities and challenges. How



Fr. Hehir

do you maintain the life of the Catholic tradition not only inside the community of the church, but as you function in a wider setting?

Catholicism is institutional by instinct, I always have felt. That is to say, we started building institutions really early in the life of the Catholic Church. By the fifth century, you've clearly got the monastic tradition. By the Middle Ages, you've got control over every major institution in the society — health care, education, etc. And in the American setting, we carried the institutional instinct of Catholicism to its logical fulfillment, if you will. That is to say, there's no place in the world that has the density of the fabric of [Catholic] institutions that exist here. If you take the size of Catholic health care, if you take the size of Catholic Charities, and if you take the largest non-profit school system in the country, we are woven throughout American society in a way that's hard to disengage because we do so many different things.

It also is an expression, these institutions, of a deep, theological principle in the Catholic tradition: that God works through the human. That's what the incar-

nation symbolizes. God saves the world in human fashion, and God will always work through the human. So these institutions are simply an expression of [that] larger truth. We create institutions to feed the hungry, clothe the naked, educate the young and the old. It's God's work, but in secular terms, if you will. And our institutional ministry is not only pervasive through the history of the church; I think it's pervasive through American society. There are other religious traditions that may be more focused than we are on one topic or another, but there's no religious community in this country that has the breadth and the spread and the pervasive impact on American life that ours do.

So what do institutions do? They provide a permanent presence that [impacts] human life over time, so you don't start every year from scratch. You don't start with each generation from scratch. You start with a generation that inherits something that's been built, that is ongoing — and people fit into it and carry it forward. Institutions also project our values into the society. But our institutions carry these values with them the way you folks have talked about "doing the right thing." That's not just an individual set of choices; [they amount to] an institutional presence.

So institutions are about two things: They're about persistent presence over time, and they're about projecting values. Now, when you think about projecting values in the American political system, what we face is a society that is marked by a secular state, a religiously pluralistic society, a market economy and a global power.

AMERICAN SOCIETY

The secular state, when it's at its best, will neither favor any religious tradition nor impose any discrimination on a religious tradition because it's religious. So the secular state is to function in American society to set us free to prove the quality of our witness. Set us free. No special help. No special discrimination.

A religiously pluralistic society means that no matter how deeply we feel that abortion is wrong, euthanasia is wrong, minimum wage is a necessity, basic health care is a right; no matter how deeply we feel about that, we live in a society where not everybody starts at

that point. So the ability to persuade is part and parcel of our ability to succeed. That's what a religiously pluralistic society means. It means in our one society, there are groups of people who have deep disagreements about the ultimate questions of life. And the question about whether you can create a core of shared values when we disagree on ultimate questions is the pervasive question of a pluralistic society. In other parts of the world, when people can't do that, they go for the guns. And so, it is quite remarkable that a society of this diversity, so far, has been able to [create shared values]. We don't look so great right now, but better days may be ahead.

INDIVIDUALS

So institutions are rooted in the tradition, they abide by values, then they relate those values to a changing context. And now you come to institutions and individuals and what the linkage is. My argument is: Mission is where we begin; institutions are what we create to fulfill mission — but institutions don't function on their own.

Institutions provide a sense of permanence in the midst of change. They give us standard operating procedures. They give us continuity and stability. You walk into a Catholic health care system, and people can tell you how long we've been around, why we're here. That comes with institution.

The problem with institutions and with traditions is our assets can become our liabilities. The very sense of stability can bring complacency. [Loyalty to the roots] of a tradition can make us fearful of change. Our conviction about how we've done it may blind us to what we may need to alter just a bit without changing the things that are unchangeable.

So the question about how institutions and traditions maintain creativity and develop has a lot to do with what I call the ambiguity of institutions. Institutions do things for us that we can't do alone. But institutions won't do things well if the right kind of individuals are not part of them. So into the ambiguity of institutions step individuals — and that becomes the question that is really behind honoring you today.

The significance of this event is to recognize your work, thank you for your

accomplishments and try really hard to persuade you to stay with us because of what you found here and what you can bring to it. We're into the process of passing on values, traditions, commitments, forms of presence — but we're doing it in a changing context. And in that changing context, we've got to ask what kind of individuals do we need? What kind of individuals exercise leadership? And what does it take to exercise leadership? Because individuals, when they step into an institution, in order to play their role, have to do things. Individuals have to make choices: Where will I work? What does it mean for me to contribute? They have to seek excellence, or else, given the weight of the tradition, we keep going through the same things all the time. But the search for excellence drives us forward.

VOCATION

And I would say, in the end, individuals have to be able to distinguish and then put together a sense of a job, a profession and a vocation. Those are different steps.

Jobs are not bad things, especially if you don't have one. In an economy that's 8.3 percent unemployed, we come to understand what John Paul II said when he said, "Unemployment is not just economic. It robs a person of their sense of human dignity. We were made to work." A job is no small thing economically — or humanly.

Now think about how a job becomes a profession. What a profession adds to a job are standards of excellence, standards of performance, a kind of vision about how a job can be done in a particular way. To move from a conception of what you do as a job, not to move away from it, but to locate that within the framework of a profession — medicine, law, ministry, business, politics — there is a difference between people who do their job and people who do their job as a commitment to a profession.

The third step is a vocation. The sense of vocation means that it's not all my creation. That what I'm doing is to respond to a call, and that the call fits who I am, what my character is, what my sense of possibilities are. Those individuals who are necessary to shape and develop institutions are those who can put together job, profession and vocation.

LEADERSHIP

And finally, leadership, I think, has its own kind of characteristics. Leadership's a big topic these days. There are scores of courses on leadership, [yet there's] a big debate underway over whether you can teach leadership or not; whether it's an art rather than a science.

My own sense is that leadership has three components: an intellectual component, a moral component and an inspirational component. The intellectual component is conceptual — that is to say, a basic capacity for leadership is a capacity for understanding the nature of the problems you face and the nature of the institutions of which you're a part. I think that takes a kind of knowledge that is a mix of both vision and analytical capability. People who have great vision but not good analytical capability oftentimes drive institutions into bankruptcy. When people have only knowledge and no vision — [that knowledge] can be rote. So there's an intellectual capability that is fundamental to leadership.

There's also, then, a moral capability and that's not conceptual — that's about character. Power without restraint is destructive. Knowledge without wisdom is limiting. And so you can have powerful people and smart people who lack a larger framework of moral vision, and their very talent can become a threat to others. Technology [and] globalization, for example, are processes that have their own logic, but not their own ethic. And if people who work in those fields have no ethical framework, then leadership is dangerous.

And the third piece of leadership is inspirational — it's what I would call catalytic. Leadership means the ability to persuade others to invest their lives in a sense of what the vision and mission is.

And so we honor you today because people you work with feel you have these capabilities. The beginning of them, half-way advanced, and the promise of fulfillment. You don't work alone. You work in a tradition. You work in institutions. And, you also work in a society that you don't get to define, but you do get a chance to change.

We don't want you to go away; we want you to do some of these other things.

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